UNDERSTANDING THE EXPERIENCES OF THE-BEREAVED:

Interpreting how the bereaved give meaning to their loss in the context of a suicide-bereaved self-help support group

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Submitted in fulfillment of the requirements for the degree of Doctor of Education in the Faculty of Education at the University of Melbourne.

2001
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DECLARATION

This thesis contains no material which has been accepted for any other degree in any university. To the best of my knowledge and belief, this thesis contains no material previously published or written by any other person, except where due reference is given in the text.

Signed: [Signature]

Jon Stebbins
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ABSTRACT

Empowerment for those supporting the bereaved lies in understanding the processes by which meaning is constructed out of a loss. My concern is that models currently underpinning understanding and practice in grief recovery provide limited assistance to loss and grief practitioners. These theories, based around set stages and tasks with pre-determined objectives, offer stereotypic "after the event" perspectives on the recovery process. This has value as background information, but in the extreme promotes a clinical, de-personalised approach to understanding and support.

My experiences over more than a decade of working alongside the suicide-bereaved in particular, suggest that a more enlightened pathway lies with people and their stories. Working in an empathic dialogic relationship, with an emphasis on understanding rather than closure, is more appropriate in assisting those treading the very sensitive, very personal, bereavement path. Furthermore, the narrative grounded approach is more in tune with the processes involved; and more likely to lead to productive outcomes in both the short and long term.

The presented model argues that bereavement recovery is a re-educative reconstruction process: trialogic; semiotic sign or symbol related; recognising significant personal autonomous control; genetically or organically activated and driven; dynamic and ongoing; and constructed out of the individual’s socio-cultural knowledge base. The model further argues that recovery is best constructed in a climate of empathic understanding and genuine non-judgemental acceptance of the bereaved individual’s current perceptual world. In expounding and supporting this model, the tradition of pragmatic educational philosophy has been found useful— in particular, relevant aspects of the theories of Carl Rogers, John Dewey, Alfred Shutz and Charles Sanford Peirce, I contend that the proposed model may be applied to all forms of profound loss, however the main context for this research is a Bereaved-by-Suicide Support Group.
FOREWORD

In this thesis I will introduce the reader to special people. Iconic figures in this research and in The Compassionate Friends Bereaved-by-Suicide Support Group which I help facilitate. Their experiences have kept alight the flame of inquiry within me, and helped maintain my passion for this research. Their stories have provided data that is both rich and moving. Although they come from all walks of life, each shared one goal in common – a will to survive and a need to understand the devastating personal experiences that follow the death of a deeply loved son, daughter, brother or sister by suicide.

The people speaking out of this research are both ordinary and extra-ordinary. Extra-ordinary, in that each, somehow, found the will to fan a feebly flickering desire to go on living a satisfying, fulfilling and valuable new life. Yet without undervaluing the extra-ordinary nature of their achievements, they may also rightly be viewed as ordinary, because their feats are but a reflection of the ordinary and attainable scenario played out by people everywhere, every day, in all parts of the world. They reflect the ongoing flow of human existence – people meeting, facing, and in their own way understanding invariably complex, difficult and often terrifying experiences, and creating and shaping brave new worlds for themselves. Such people as are graphically illustrated by the survivors of wars and natural catastrophes; more quietly found in the unreported attendances at self-help support group meetings, or played out behind the closed doors of family homes. The very ordinariness of the everyday human fight for survival continually undervalues the iconic status of their efforts.

So I applaud and thank the people who stand front-stage in my research for their openness and courage. For their willingness to share their experiences with me, and allow these experiences to be filtered through the "biases" of my own world of
reflections. But above all I thank these people for the warmth of their friendship and the invaluable part they have played in assisting me in my own journey of recovery following the death of my son, Matthew, also through suicide.
ACKNOWLEDGEMENTS

I would like now to thank those whose encouragement and support has sustained me over six challenging years.

Above all I wish to acknowledge the help and support given me by my wife, Sue. In a very real way she is a part of this research, for she has walked closely beside me as a friend and partner in our search for meaning following Matthew's death. In relation to this thesis, I am particularly thankful for her exceptional leadership in The Compassionate Friends Bereaved-by-Suicide Support Group. Her knowledge and quiet encouragement has helped me extend and document a greater understanding of the universal experience of grief.

I would also like it recognised that my two lovely daughters, Kylie and Rahnee, who have travelled their own painful path to recovery after losing a cherished brother, were also an important part of my research journey. The open naturalness in which they have kept memories and mementos of Matt as an ongoing part of their lives has been a constant confirmation that this thesis has viewed bereavement from a robust and healthy perspective.

My choice of thesis was very demanding. The sensitive personal component made me aware that I would need special supervisory support. To a very special person, my supervisor Dr Rod Fawns, I offer deep thanks, beginning with his warmth and empathy, and extending to an exceptional and rare skill he has of balancing sensitivity and encouragement with an uncompromising expectation that the research will maintain the highest academic rigour.

Finally I warmly thank my doctoral peers – the post-graduate group Dr Fawns formed. For me, the weekly meetings in which we took turns to discuss aspects of
our ongoing work, was a vital part of maintaining momentum, strengthening philosophical and theoretical frameworks, and obtaining that all-important broader critical perspective. In particular I would like to thank Gerry Healy for his special contribution to this group and to my work.
SYNOPSIS

"...it is (important) to fuse historical memory with subjectivity, but,...,In unintegrated states such as those we experience during trauma, loss, illness or betrayal, a person's survival is contingent upon a pursuit of the body's most practical objectives...a pursuit that is not dependent upon the belief in the wholeness of identity or subjectivity. Rather, in moments of extreme stress or loss, we operate out of fragments and shards of the self, out of remembered strategies designed to cope with the particularities of our environment" (Salvio, 1998, p.22).

Research in the last decade of the 20th century has shown that the issue of escalating suicide rates is an issue for genuine community concern (Baume, 1996). Recent research has been centred on the increase in suicide rates amongst adolescents, young adults and the elderly, whereas research into support for those left to cope in the aftermath of suicide has been minimal. The research reported here seeks, in part, to redress this imbalance.

The central context for the research is a Bereaved-by-Suicide Support Group within The Compassionate Friends organisation in Victoria. Hence the thesis also offers insights into the contribution of self-help support groups to bereavement support. In this context they are viewed as alternative temporary "cultures of knowing", turned to when the individual's familiar social groups are unable to provide the discursive symbolism or "signages" necessary to construct plausible meanings for alien experiences.

Although the data from which the arguments in this research were generated came from personal interviews and a range of close contacts with the suicide-bereaved – family and friends left to deal with the aftermath of suicide – it is my contention that
the model of grief recovery argued in the thesis may be applied to all forms of profound loss.

Understanding the processes by which meaning is constructed out of painful loss experiences, is the beginning of empowerment for those who would support the bereaved on their often arduous journey. My concern is that the models currently underpinning understanding and practice in grief recovery provide limited guidance to practitioners in terms of a perspective to assist them in defining strategies for working alongside the bereaved. These theories, based as they are around set stages and tasks with pre-determined objectives, offer stereotypic "after the event" perspectives on the recovery process, which may have some use as background information, but in the extreme promote a clinical diagnostic de-personalising approach to understanding and support.

My experiences as a bereaved parent, and over a decade of working with the suicide-bereaved in particular, has led me to believe that the pathway to enlightenment lies with the people and their stories. Working with them in an empathic dialogic relationship, with an emphasis on understanding rather than closure, is more appropriate in assisting those who are treading a very sensitive, very personal, unique path. Furthermore, this dialogic, narrative grounded approach is more in tune with the processes involved; and is more likely to lead to productive outcomes in both the short and long term.

More specifically, the model or perspective put forward in this thesis argues that bereavement recovery is a re-learning process of reconstructing meaning; dialogic, semiotic sign or symbol related, and, given the circumstances, a process recognising a significant degree of personal autonomous control. This process is genetically or organically activated and driven, is dynamic and ongoing, and constructed out of the individual’s socio-cultural knowledge base. The model further argues that the most productive recovery is constructed in a climate of
empathic understanding and genuine non-judgemental acceptance of the bereaved individual's current perceptual world of knowing.

In developing this model, I have found the tradition of pragmatic educational philosophy useful, and in particular have drawn on relevant aspects of the theories of Carl Rogers, John Dewey, Alfred Shutz and Charles Sanford Peirce, to explicate and support a more appropriate perspective for analysis of support structures for the bereaved.
CHAPTER 1

INTRODUCTION TO RESEARCHING THE GRIEF RECOVERY PROCESS IN THE CONTEXT OF THOSE BEREAVED-BY-SUICIDE

This research is concerned with increasing our understanding of the process of grief recovery, and providing more informed support for those who experience profound loss. My work in the loss and grief area has been with the suicide-bereaved, and the main data in this thesis is drawn from the stories of family members who have been left to pick up the pieces in the aftermath of suicide. The impetus for my research has been a growing concern that current theories underpinning grief support provide limited guidance to bereavement support practitioners.

SUICIDE AND COMMUNITY REPERCUSSIONS

A mounting level of concern

Death by suicide has a profound impact on the community, and in fact has become a serious concern throughout the western world. Data from the Australian Bureau of Statistics (1999), the Commonwealth Department of Health and Family Services, 1997A/B, and Baume (1996), gives us some indication of the depth of this concern in Australia. For example:

- Suicide is now the leading cause of death in young Australians (and this includes road deaths). In particular the suicide rate of young males (15 to 24
years) has quadrupled since the early 1960s, and although numbers for this group have now stabilised, rates for young people as a whole continue to rise.

- In 1998, 2683 Australians died by suicide, up by 316 or over 13% from 1995 (2367), although summary data for 1999 suggests a fall of 7% for that year (ABS, 1999).

- Assuming that each person who dies is – conservatively – surrounded by at least ten family and friends who are deeply affected by the death, this means each year the equivalent of a large rural city is devastated by the impact of suicide.

- Medical records and reports from those working with vulnerable people suggest that 100 times this number may seriously attempt each year (Baume, 1996), which expands the numbers affected by suicide to the size of a very large rural city – perhaps the size of Geelong – each year.

- Male suicides outnumber female suicides by 4 to 1, but medical records and other estimates indicate that more females attempt suicide.

- Males over the age of 85 not only have the highest suicide rates, but have shown the greatest rate of increase since 1964 (Australian Bureau of statistics, 1995), although there is a suggestion this is falling slightly (ABS, 1999).

- Suicide rates are significantly higher in rural, aboriginal and gay communities (Baume, 1996).

- At a different level, Raphael (1995) has calculated the economic impact of suicide in the community. She estimated on 1989-90 figures that suicide deaths costs our Australian community (directly and indirectly) “at least in the range of $450 million annually” (p.7). Translate this to new millennium figures, and this is seen to be an enormous economic drain – each year. Raphael also estimates that a further $460 million per year may be added as the cost to the community of attempted suicides. And, again, that was for 1989-90 figures!

However, significant as the above statistics are, they do not convey the full impact. They do not, for example, indicate the level of pain and suffering and trauma that
suicidal individuals, and many families, have undergone over often years before the person kills themselves. Many families report hours with doctors, psychiatrists, psychologists, social workers, and years of worry and fear. And if hard drugs are involved, they report days, weeks and months spent in hospitals, courts, and endless rounds of helping agencies seeking help that is either elusive or absent (The Compassionate Friends Suicide Support Group discussions, 1989-2001; Lifeline Melbourne & Victorian State Coroner’s Office report, 1997).

Finally, the statistics do not reflect the complexity behind the years of pain, bewilderment, suffering and trauma, experienced by those who are left behind to reconstruct their lives and families after suicide. Initiatives in the area of suicide tend to focus on suicide-prevention, particularly suicide-prevention amongst young people, which is to be applauded. However, what is missed is that the stability of future families depends on the cohesion and security of those families that precede them. Grief in its multiple forms is the precursor to suicide — loss of loved ones, of love, trust, faith, of self or part of self, and even personal belongings. The grief engendered by a deep personal loss underpins all suicides, and the context within which such grief may be supported is the individual’s familiar social groups, of which the family is of prime importance.

Taboos and suicide

Suicide is a deeply emotional issue. For starters, it strikes at the very roots of our sense of mortality. Secondly, as a reaction to the Western ethos of “John Wayne” individualism, there is a stigma of “weakness” surrounding the act. Thirdly, the more recent open exposure and discussion of suicide has brought it more starkly to the fore as an option for solving life’s serious difficulties. Hence, for these reasons, it raises fears and reactions to those fears.
In relation to these, serious debate is currently raging on whether or not it is safe to expose the community, particularly the vulnerable developing young community, to open discussion on the issue of suicide. This debate has particular relevance for school communities and young people creating adult roots. Is it ethical (let alone safe) to expose the vulnerable members of our community such as these to the idea that death might legitimately be added to the methods used to solve seemingly insurmountable problems?

There is conflicting opinion and evidence about an open up-front approach to the issues of suicide (for example, Callahan, 1996), and the question of safety remains one of the urgent current research directions. As Raphael (1995) says, evidence from suicide-related research studies is still very patchy, although the future is hopeful, as each year sees more resources put into this area.

My own opinion is that openness and discussion can be combined with reasonable care and safety. I believe the strategy is not to avoid or ignore the associated pain and danger, but to develop ways of managing it while working on the issues, and encouraging continual research. Working in the face of this social prohibition has direct relevance for this research. Those left behind to cope after the suicide of someone close must re-create a new meaning for their lives, and how can this be done without dialogue?

Therefore, talking about suicide (or more accurately, about the fears behind this issue) is vital. Unfortunately the complex of fears associated with our own mortality, is a topic that is avoided by all sections of the community – including the research community. Even a cursory examination of the grief and bereavement literature (Raphael, 1995; Stebbins & Stebbins, 1995; Parkes, 1991, 1993) indicates this. Although this thesis is not directly dealing with the taboos of death and suicide, it does contend that understanding, knowledge and personal growth is constructed in
dialogue. To stifle dialogue is to place barriers in the way of those attempting to come to terms with profound personal loss.

**Research focus**

Therefore, although the base data for this thesis comes from one specific area of deep debilitating loss (death through suicide), the broad focus of the research is on a better understanding of the general bereavement process and increasing the effectiveness of our support when an individual experiences any profound personal loss. This is done in the belief that this will not only have short term benefit for the bereaved person standing before us, but will contribute in the long term to a more cohesive and less destructive society.

**PERSONAL AND METHODOLOGICAL PERSPECTIVES**

**Personal**

In 1987 my son Matthew died by suicide. In 1988 I first attended The Compassionate Friends Bereaved-by-Suicide Support Group in Melbourne, and joining this group was very significant in my personal quest to understand this devastating experience. Central to my involvement in the group, especially in those early days, has been the support I have received from others who, like me, were also struggling to create a new life. In 1990 I became co-facilitator of this group, and now as a leader, I have the opportunity to support others as I was supported.

On a different level, I have been professionally involved in teacher education, at both the initial training and the advanced professional development levels, for over thirty years. For most of these years I have also continuously practised as a counselling, developmental and educational psychologist. As I became more involved in working alongside the suicide-bereaved, I found myself challenged, as
a professional with an added interest in research, to identify and understand the 
processes involved as the bereaved re-built their lives, and the part played by 
suicide-bereaved support groups in the journey of grief recovery.

I should also add that I served for a number of years on the Board of Management 
of the Victorian Chapter of The Compassionate Friends, have also developed 
programs for and trained the volunteer counsellors and group leaders within the 
organization, and hence have an understanding of the wider structures and 
management of the organization under which the support group operates.
"Recovery"

Throughout this thesis I have used the term "grief recovery". In general terms it is meant to convey "a coming to terms with, or developing an understanding of, a loss". As the thesis unfolds, it will become apparent that this is a most inadequate term in this context, as it implies some static reachable goal, whereas the thrust of my thesis is that the bereaved do not "recover", but are involved in a process of "recovering". However, "grief recovery" is commonly used in the literature, and so I have used it for want of a more appropriate alternative.

Aims

This thesis grew out of a growing personal concern that the current models being drawn on to explain grief recovery were both confusing and limiting. The major theoretical focus is on a view of grief recovery as the completion of a series of defined stages and tasks, and although these provide a useful backdrop of stereotypic scenarios against which bereaved individuals might be matched at times in their journey, and suggest certain psychological tasks they might be engaged in at certain stages in recovery, they do not indicate the internal and external processes at work, or how each individual comes to understand their traumatic experiences. My personal experiences in undertaking my own journey, and observing others on their grief recovery journey, is that grief recovery is not stereotypic, but is an ongoing, dynamic, living, creative re-growth process. Furthermore it should be viewed as a natural part of the normal flow of life's experiences. This thesis explicates this interpretation.

The central focus of this research is to inform and extend professional practice – including my own professional practice in the field. One of the realities that must be faced in the current political climate, is that there are no indications that resources
allocated for community bereavement support – including suicide prevention and postvention programs – will increase greatly in the foreseeable future. All the signs have been against this for well over a decade. It seems obvious that majority public and governmental opinion will only allow the expansion of services on a part-time or voluntary basis. Given this political reality, it is important to consider how community based self-help groups might be better organised to thrive and survive, as well as maintaining maximum effectiveness.

Therefore, in working towards the establishment of genuinely effective avenues of support for those in need, it seems that helping agencies and helping programs must become “smarter”. This means knowing what programs and support avenues are capable of, who they serve, and how they should best be seen to function. It means balancing effectiveness, responsibility and efficient use of resources. It means careful planning, careful research, careful use of scarce resources. But above all it means knowing how to support, which implies the confidence of understanding the process being supported.

Therefore, behind this thesis lies a personal-professional vision related to bereavement-support in general, and to suicide postvention in particular – a vision that this thesis might contribute to a future matrix of informed community resources, available to meet the complex and changing needs of the bereaved, and in particular the suicide-bereaved. It is hoped that an integral part of this vision will be a clearer understanding of the grief recovery process, and a greater knowledge of the contribution that resources such as self-help support-groups might make to this process.

Specifically, therefore, in the context of suicide-bereavement, this thesis has sought to understand how the bereaved give meaning to their experiences; how they re-construct their world and themselves in their world following a profound loss; and how self-help support groups might contribute to this re-construction.
**Important note:**

Although it is my belief that the findings in this research may be applied to all levels of bereavement, and perhaps to the interpretation of all experience, in the context of suicide-bereavement, the thesis is necessarily focussed on profound or significant personal loss.

**Research questions**

The specific questions for which answers have been sought may be stated as follows:

(1) What is revealed in intensive interviews with the suicide-bereaved and monthly meetings of The Compassionate Friends Bereaved-by-Suicide Support Group that might inform a developmental process of grief recovery?

(2) What is revealed in the interviews and group meetings about the contribution of the support group and leadership in this context?

**Methodology**

(1) *Theoretical underpinnings*

This is a narrative-based ethnographic research study, carried out within a social-constructivist framework. The rationale and methodology relating to the efficacy and contribution of such studies has been well documented in the literature (Peshkin, 2000; Burgess-Limerick & Burgess-Limerick, 1998; Woods, 1996; Van Manen, 1994, 1990; Polkinghorne, 1995; Zellermayer, 1997; Busier et al, 1997; de Laine, 1997, amongst many others). Not only is it unnecessary to reproduce this
material at this point in the thesis, but it would seriously interfere with the flow of
the argument, as the research itself may be seen as an unfolding narrative.
However, detail of thesis methodology – rationale and context – is important, so I
have included in Appendix 1 a detailed discussion of the rationale related to
efficacy and appropriateness of a narrative based ethnographic study such as this.

Two important assumptions related to this research, however, are to be
emphasised:

(i). The first assumption is that the data relating to understanding how the suicide-bereaved give meaning to their experiences is to be found in the stories they tell of
their experiences. I emphasise this because it is my belief that a central flaw in
current theories of grief recovery is the attempt to fit stories into theories, rather
than drawing theories out of the stories.

(ii). This research is about meaning construction, and although this is largely
examined within the context of a self-help support group, the focus is not to prove
the efficacy or otherwise of self-help support groups (although it was probably
inevitable that as the group members interviewed in this research told their stories,
an evaluative sense of the group also emerged). The study assumes that the self-
help support group is an effective medium of support – that structures and
processes in place assist the support of vulnerable people exploring sensitive
personal issues.

The contention that self-help support groups are effective in helping those who
attend has support in the research literature (which is surprisingly sparse
considering self-help support groups have been in existence since the beginning of
time!). These studies suggest, for example, that these groups do, in general terms:
• help those who attend develop informal support networks, and new relationships
• help combat a sense of isolation and loneliness
• help promote a sense of normalcy
• give a sense of hope
• provide information and ideas for problem solving

(Kearney, 1991; Gaffney et al, 1992; Gottleib, 1988; Videka-Sherman & Lieberman, 1985; Farberow, 1994; Roberts et al 1997; Stebbins & Stebbins, 1995, 1999B)

There is convincing anecdotal testimony to suggest that from its beginnings in May 1983, The Compassionate Friends Bereaved-by-Suicide Support Group, from which the subjects in this study have been selected, has been an effective and significant factor in helping many people move productively on from the trauma of the suicide of someone close to them. Statements such as the following have been common:

"Thank you for being there for me and picking up the pieces. When I had nowhere to go, you rescued me" (Thank-You card, 1997)

"Finding a group of people who made me feel normal has stopped me from going insane" (verbal comment after a recent meeting, 2001)

(2) Researcher-Subject relationships

In this study I selected and interviewed a number of bereaved family members who attended or are attending The Compassionate Friends Bereaved-by-Suicide Support Group in Melbourne, and this forms the core of my research data. The five I chose as subjects of the study (two men and three women) had attended for at least one year. Four were bereaved parents and one a bereaved sibling, and
without making any claims of total representation of the group, I believe the personalities and stories I have chosen are sufficiently varied to provide a reasonably representative snapshot of the people and issues in the group at any given time. Appendix 2 provides more detail on my choice of interviewees, the mechanics of the interview process, and the structure of the questionnaire that guided the direction of the interviews.

The Compassionate Friends is a world-wide self-help support organization dedicated to the support of parents, siblings and grandparents following the death of a child (at any age and by any means). Chapter 2 provides a detailed picture of The Compassionate Friends organization in Victoria, and, more importantly, the Bereaved-by-Suicide Support Group, from which the majority of the research data was obtained. (Appendix 3 outlines the broader Compassionate Friends organisation worldwide and in Australia generally).

As intimated, the interviews with the five individuals constitute the core meanings I have worked with in my research. Their narratives enable the reader to gain depth access to the world of the suicide bereaved, however the total meaning or data base of this research is more extensive. I have also drawn on conversations from a wide range of other contacts and involvements. For example, before the research began, I had already shared with each interviewee, over a number of years, many intense as well as relaxed times together, both within the monthly support group meetings, and during other related activities (social events, memorial services, counselling and leadership training programs). I have also included material from my conversations with others bereaved by suicide, with whom I have shared and worked over more than a decade, mainly through my involvement with the ongoing Compassionate Friends Bereaved-by-Suicide Support Group, but also with others I have met in short term support groups and workshops, seminars, conferences, and in personal counselling.
Although in the interviews themselves I designed a more systematic and formal structure by working within a designated set of questions related to the thesis aims (stated above), I am aware that they retained an element of being "conversations with intimates", because each interview was part of an ongoing established relationship, with its inescapable overlay of intimacy and informality. Therefore objective formality in the standard scientific tradition, was an impossibility. I also believe it would have been inappropriate. Busier et al (1997) observe that this type of research will always involve, to varying degrees, "intimate relationships", and it is important to acknowledge the degree of intimacy, and to have some understanding of its influence.

Understanding the (healthy) scepticism that exists, particularly from those trained in the scientific tradition, to subjective elements in research, I would also like to make it clear that I have sought to maintain a critical and open vigilance in recording all those personal aspects or elements of the study that might challenge the validity and cross-referencing of the findings.

My personal belief based on ongoing contact is that the additional meaning I obtained from the more extensive nature of my contacts with my subjects has strengthened and complemented the interview data. In particular I believe my contact with the processes and membership of The Compassionate Friends Bereaved-by-Suicide Support Group, has placed me in the rare position of having access to very special information not readily available to "outsiders" who may study such groups. In this sense, therefore, the intimacy I shared with those I interviewed is a strength in the research structure and methodology.

I have introduced the very personal nature of my relationship with my subjects so that the reader may not only follow my research journey, but may also begin to assess for themselves the impact or influence that this intimacy has had on the shape of the research and its outcomes.
(3) Educational focus

As stated, this thesis places the focus directly on "process-oriented" bereavement support, as opposed to "states-oriented" support. A developmental approach to understanding our experiences requires, I believe, a different conception of grief, a different mind-set, and leads to different helping practices. The conception of grief recovery – what I have called a "model" – that is outlined in Chapter 5 and interpreted in Chapter 12, supports this more dynamic approach, and, appropriate to research for a professional doctorate, embodies guidelines for those working with the bereaved.

As an educationalist, the principles and practices of teaching/learning are comfortable companions. Also, in my practice as a counselling, educational and developmental psychologist, I am more comfortable viewing therapy and learning as synonymous processes, and uncomfortable when they are perceived as separate. In my view an educationalist is a therapist/counsellor-helper, concerned with managing the social and psychological conditions of learning, particularly with adult learners, where there is substantial prior experience to be drawn upon.

The model developed in Chapter 5 is grounded in educational theory. In particular I have drawn on the thinking of the social pragmatists, concerned as they are with the balancing of ends and means in growth and development, to help me transcend a static perception of "grief recovery". This adds, I believe, a new dimension and a new direction to the currently influential, more diagnostically oriented and stereotypic, approaches to explaining the grieving process and working with the bereaved. In particular, I suggest that a pragmatically grounded educational model better equips helpers to walk alongside the bereaved on their grief recovery journey, rather than adhering to rational behaviourist models, which foreground assessment rather than pro-active assistance.
I will argue that when a person is confronted by a new experience, and in particular a significant grief experience, a pragmatic educational re-construction process is initiated. An “inquiry” which seeks to find personal meaning in the experience. In developing this argument I have specifically drawn on the educational or growth related work of four social pragmatists – John Dewey, Alfred Schutz, Carl Rogers and Charles Sanford Peirce.

I will also argue that the initial reference point for the grief recovery process is the socio-cultural “knowing” of the bereaved person, and because this knowledge base is usually found wanting when the loss is profound and traumatic, as in the case of suicide-bereavement, the process of grief recovery is often perceived as being “reconstructed out of chaos”; a re-growth or re-education process that seems to begin in largely uncharted waters.

This view of grief recovery is continually reinforced as I listen to the bereaved in the suicide support group meetings. For example, two widely separated members of Compassionate Friends support groups reflect the beginning of this process:

“...the path I’m on is one that’s far from clear
I stumble through this darkness praying light will re-appear”

(Sally Migliaccio, TCF, Babylon, NY, Newsletter, 2001)

“When I close my eyes I can see myself sitting in an open space, crouched down. I scream...
My body is cramped and my hands are stretched out, they shake...
I scream and scream while I ask myself ‘How could this happen, can’t anybody do something?’...
How can he be dead?”

(Carla Spelt, TCF, Perth, WA, Newsletter, 2001)
The special focus of this thesis is the grief recovery process in the self-help support group – in particular The Compassionate Friends Bereaved-by-Suicide Support Group. The model of grief recovery developed in the process of the research (Chapter 5) and illuminated more fully in Chapters 12 and 13, is intended to provide an analytic tool for understanding how such groups assist the bereaved. As I will show in the model, a meeting in progress may be represented by a complex and rich mosaic of dynamic “signing” activity, where “signing” represents the range of meanings given to an experience (thoughts, feelings, images, etc.). In this process, each member mutually influences and assists each other member to shape and re-shape their experiences, towards a personal understanding of the issues involved.

Within the group context, the model is also used to explain and give meaning to the role of the leader/facilitator. Leadership is presented as both influential and influenced. The leader is seen as a group member or co-learner, as well as a person with specialized knowledge and experience that enhances the learning and processes of the group.

Finally, I would like to re-emphasise my belief that those grappling with a serious personal loss are engaged in socio-cultural processes in which they possess tacit experiential knowledge. Similar processes, I argue, are involved in understanding all life experiences. All that differs is the nature, the intensity and the complexity of the issues involved. I state this because I am most concerned that the grief recovery model presented in this thesis does not set grief apart from other life experiences. Those who are grieving a significant loss are still intimately involved in the mainstream of life, albeit requiring, for a time, extra support and understanding.
CHAPTER 2

THE COMPASSIONATE FRIENDS BEREAVED-BY-SUICIDE SUPPORT GROUP

INTRODUCTION

The special meaning in this research is in the stories of members who have attended the suicide support group within The Compassionate Friends organisation. Following a brief outline of the potential supports available to the suicide-bereaved, I will first explain the overall structure and functioning of The Compassionate Friends organization, and then focus in more detail on the specific support-group chosen from within this umbrella organization to anchor my research — The Compassionate Friends Bereaved-by-Suicide Support Group. I will describe the structure and function of this self-help support group, and finally take the reader through a typical support group meeting.

SUPPORT FOR THE SUICIDE-BEREAVED — THE FULL RANGE

This research is about understanding how the bereaved find a meaning for their loss experiences, so that we can, as helpers, better support them. Specifically it is focussed on those left behind in the aftermath of suicide — the suicide-bereaved. In general terms, there are three main areas of support for those who have suffered a significant loss, such as the suicide of someone close:

Family and friends
Professional support agencies; government or private
Self-Help agencies
For the “normal” bereaved, it is usually family and friends who provide the main support. In fact for all bereaved, the initial reaction is to look to their familiar social and cultural groups, with their related knowledge base, for understanding, support, and answers to questions. The expectation will be that within that knowledge base will be that which will enable them to come to terms with the new experiences and to “get on with life”.

For many however, and particularly for alien experiences such as suicide, their own social and cultural groups are unable to fully or even partially support them. Searching for answers, many seek additional help outside, from professionals (counsellors, clergy, psychologists, psychiatrists, medical practitioners, etc.) or via the sharing of experiences with other bereaved persons in self-help support groups.

Those experiencing particularly “complicated” grief (I avoid the terms abnormal or pathological as being inaccurate and unhelpful), are more likely to link into the professional psychological or medical support agencies, rather than attend a community-based self-help support group, which is usually set up for the “normal” bereaved. Some experiencing very complex grief reactions do attend these self-help support groups, because they are open to everyone, and because the line between “normal” and “complicated” grief can be blurred (Middleton, 1998; Clark & Goldney, 1995). Normal reactions can often be very intense and seem quite bizarre. However the needs of those with complex grief are often so strong that they are usually quickly referred on for one-to-one professional support. In these instances they may well also attend special professionally-led therapeutic groups.

This thesis focuses on one only of the avenues of potential support for the suicide-bereaved – support via a self-help support group, established by bereaved people, led by bereaved people, and usually attended by those experiencing “normal” grief.
reactions. Unfortunately the research into the function and efficacy of such support groups for the suicide-bereaved is sparse and varies in quality. Farberow, (1994), makes this point, and also gives a good overview of research up to the early 1990s. In this thesis I do not intend to discuss the question of “What is an effective support group?” Nor will I attempt formally to establish the effectiveness or safety of the group at the centre of this research. I am satisfied that there is sufficient evidence that the group featuring in this study is both safe and effective. The evidence I refer to is both formal (Stebbins & Stebbins, 1995, 1999A, 1999B), and informal – years of discussions and feedback from those who have attended the group as bereaved people seeking help. Within this thesis, sufficient detailed descriptions of the group and how it functions is available to provide the basis for independent and informed judgement.

SELF-HELP SUPPORT-GROUPS FOR THE SUICIDE-BEREAVED

There are many different types of support groups for the suicide-bereaved, as there are for others seeking specialized help for particular issues and afflictions. For the suicide-bereaved the first split separates those with special psychiatric or complicated psychological problems from those whose grief is essentially normal, although still associated with severe emotional stress. The research reported here is concerned with the latter which is the type of group most commonly found in self-help organizations. These organizations are generally unable to cater directly for the very complicated or severely traumatized bereaved.

Groups for the severely traumatized bereaved have a structure that is similar to those set up for the “normal” bereaved, however their goals are different; they have a greater, but not exclusive, focus on more active psychotherapeutic interventions. Hence in this research reference to these groups will be minimal.
The two main types of support groups to be found in community organizations for the “normal” bereaved are:

1. Open-ended ongoing support groups
2. Closed fixed-term support groups

(1) **Open-ended ongoing support groups.**

These are run on a regular basis, usually each month or fortnight, and are common in self-help organizations. The community expects that self-help groups will always be regularly available to those who need them. Members enter and stay for as long as they feel the need for support. Some attend regularly; others attend irregularly. A few will eventually move into a leadership role. This pattern is typical of most community self-help organizations, and certainly of The Compassionate Friends, the umbrella organization for the research in this thesis.

The “work” in these groups is defined by the needs expressed by the specific individuals who participate in the support groups. Many writers have likened the grief process to a journey (Klass, 1988; Stroebe et al., 1993; Klass et al. (Eds.), 1996; Kramer & Kramer, 1993; Raphael, 1996). This very apt metaphor is reflected in those who attend the open-ended support groups. The ongoing nature of these groups means that they typically have a mix of people at all stages of grief from those in the raw early stages to those well down the track. This also reflects a strength of these groups. Older members offer a sense of hope to new members, and the grief of new members gives those further on a measure of the achievements and the movement they have made.
(2) *Closed fixed-term support groups.*

These are typical of the support groups run by government funded agencies, and are usually run by employed professionals. They typically run for eight to ten weeks, and the same participants attend each meeting. Participants are usually at about the same stage (eg. between three and six months into their grief)

As noted previously, research into suicide survivors’ support groups is sparse and varies in quality. As Farberow (1994), who is the pioneer in the field of suicide survivors’ support groups (he ran his first group in 1937), states “A review of the literature on suicide survivors before 1980 reveals a number of studies of the effect of suicide on survivors, but relatively few describing group programs directed toward helping the survivors (my italics)” (p.171).

Farberow (1994) notes that the effect of suicide on survivors has been researched as far back as Cain and Fast (1966), who examined reactions following the suicide of a parent. They reported guilt, distorted communication between children and surviving adults, identification with the deceased parent, and some children feeling they themselves were doomed to suicide. Farberow also reports the work of Herzog and Resnick (1967) who found three common reactions within five families who experienced the suicide of an adolescent were denial, hostility towards authorities who certified the death as suicide, and guilt. This study illustrates the shift in community attitudes to suicide. Although there is still a stigma attached to it, it is no longer as intensely avoided as it was thirty years ago.

Themes of denial, guilt, depression, anger, breakdown in family cohesiveness, loss of parenting confidence, a sense of isolation, a search for meaning, are common themes that recur constantly in the suicide-bereavement literature (Cantor, 1994;
Farberow et al. 1987; Sapsford, 1995; Silverman et al, 1994; Stillion, 1996; Van der Wal, 1989; Valente & Saunders, 1993; Dunne & Morrish-Vidners, 1987; Stebbins and Stebbins, 1995). These themes are also seen reflected in the data to come out of my interviews.

As stated, research information examining the structures and functioning of self-help support groups for the suicide-bereaved, is sparse. I suspect that this has something to do with the fact that most of these groups exist in volunteer-based organizations run by volunteer practitioners, and are led by volunteer practitioners, rather than those with a research orientation and research experience. Those volunteers who might have the training and experience to research these groups are too busily involved in running the groups and supporting the needs of expanding numbers of those who attend.

Although there may be a dearth of research data on self-help support groups, there is a growing body of knowledge about the therapeutic value of sharing and comparing and reflecting on stories, which is the core internal function of the self-help support groups (White and Epston, 1990; Walter, 1996; Nerkin, 1993)

THE WORLD-WIDE ORGANIZATION OF THE COMPASSIONATE FRIENDS

Objects and functions

This study researches the stories of people attending a suicide-bereaved support group, and as indicated previously, the umbrella organization under which this group operates is The Compassionate Friends (TCF) branch or "Chapter" in Melbourne. This is one chapter of a world-wide volunteer-based self-help organisation set up to support parents, siblings and grandparents where a child—of any age—has died. It incorporates all types of death. TCF offers a wide range of supports and resources to the bereaved, and to those inquiring on behalf of the
bereaved, including crisis counselling and a number of support groups. Appendix 3 outlines the structure and functions of The Compassionate Friends worldwide and in Australia generally – the wider context of the research.

THE COMPASSIONATE FRIENDS' BEREAVED-BY-SUICIDE SUPPORT-GROUP VICTORIA

The Compassionate Friends Bereaved-by-Suicide support group (referred to also as "the support group") in Melbourne, has been functioning since 1984. Prior to this, those bereaved by suicide attended general grief support groups.

The rationale behind this group’s operation

The way the group featured in this research is structured and functions, reflects a particular approach to assisting the grief recovery of the bereaved:

- Firstly its structure and function reflects the rationale of the self-help group movement generally
- Secondly it reflects the world-wide rationale and operating principles of The Compassionate Friends organization
- Thirdly it reflects, and is compatible with, the beliefs and reflected-upon experiences of the current leadership of the group (of which I am a part).

The most important operational belief in self-help organizations is the belief that those who have been through a loss experience can offer an extra dimension of support to others experiencing a similar loss. The empathic link between members supports a mutual learning process. Those who have learnt to survive offer hope and a path to the newly bereaved; those who are newly bereaved act as a gauge of progress to those further on in their grief recovery. In the case of The Compassionate Friends this belief carries through all bereavement-contact aspects
of the organization. All volunteer helpers must be bereaved parents or siblings or grandparents. All group leaders must be bereaved parents (for the General or Bereaved-by-Suicide groups) or bereaved siblings (for the Siblings groups).

Also within The Compassionate Friends organization, an important principle is that all who contact the organization have a right to expect that those whom they contact to support their grief should have a personal understanding of the grief process they are undergoing. They also have a right to expect that those they contact should be “safe” resources. This means firstly that those counselling one-on-one or over the telephones, or those leading groups, must have reached a comfortable level of resolution of the issues associated with their own grief. In practice this usually translates into potential helpers being at least two years on in their grief, and having undertaken a stringent selection process that starts with an interview by a panel from the Committee of Management to assess their suitability to counsel or to lead a group.

Secondly, “safe” means that those counselling or leading groups must be adequately trained to support and/or lead. Suitable training programs at TCF for counsellors and group leaders have now been in place for over nine years, and I have been directly involved in designing and running these programs. They consist of two parts:

- Basic volunteer support skills (with related theory) such as listening, referring, resourcing; knowledge about the grief context and the grief process; working at TCF centre, for the general volunteer counsellor/helpers;
- Teaching and group leadership skills and related knowledge for those leading groups. Those supporting the leadership of groups are also encouraged to complete this training.

In relation to the suicide support-group being studied in this research, the current co-ordinator/leader of this group has additional tertiary and short course training in
grief counselling on top of the above TCF-based programs. I, as main support facilitator in this group am a tertiary lecturer and a registered and experienced counselling, developmental and educational psychologist and group facilitator. Finally each of the ten support helpers who assist the coordinator/leader and support facilitator have undertaken the basic volunteer training program, and seven of these also have the skills and training to lead the group if necessary.

Thirdly, "safety" means that when a new group is set up, or when a new leader takes over an existing group, trained leader/facilitators will work with the new leaders for the first few meetings.

Finally, the reverse side of the "safety" coin is addressed. Defuse (immediately after incidents or meetings) and debrief (more extensive and regular) counselling is provided to help maintain the welfare of all volunteer helpers – counsellors, leaders and other centre helpers. This service is provided, as appropriate, by a mix of members who are well on in their grief recovery and by outside professionals.

**An alternative rationale or view of the group**

Another way of looking at the operation of The Compassionate Friends Bereaved-by Suicide Support Group is to view it in relation to its processes (interactive and collaborative) and its conceptualization of change (therapeutic and educational).

(a) Interactive and collaborative

The importance of interactive and collaborative processes in learning and personal growth situations has been discussed by educational writers such as John Dewey (1916) and Carl Rogers (1951), and so it is not necessary to go over this well worked ground in this thesis. Suffice to say that in situations where the learners have the added disadvantage of being bereaved, processes of interaction and
collaboration must be applied with even greater sensitivity. In particular the leadership must be aware of the impact of grief on normal functioning. For example the bereaved often find it especially difficult to concentrate and remember.

(b) Therapeutic and educational

The operation of the support group under examination – its structure and function – embodies both educational and therapeutic processes, and there are both therapeutic and educational goals. As might be expected, roles shift and change, however leadership in this group is equivalent to a team approach to teaching. All on the leadership team must have, to a greater or lesser extent, an understanding of the educational and therapeutic processes operating.

The specialized "teaching/counselling" knowledge in this group is the specialized knowledge about the grief process (especially that relating to adolescent and adult grief for this particular group).

Recognizing that there is a strong educational component as well as the more traditionally accepted therapeutic component in the operation of the group, allows me to draw on knowledge from the fields of educational theory, practice and research, as well as the theory and research associated with therapy and groups, and the small but growing body of knowledge specifically associated with the self-help support group movement. I view the link between the educational procedures and structures and the basic therapeutic interventions as a very strong and close one. In my view education and therapy are often synonymous terms, and this is especially so in the group to which I refer here.

The basic therapeutic interventions involved are those that also define any effective educational experience as well as any effective self-help group experience.

According to many therapeutic researchers (Rogers, 1951; Carkhuff, 1969; Hersen,
1989) these same interventions also define any effective therapeutic experience. These interventions may be grouped under three headings:

- **The establishment of an atmosphere of support, encouragement, empathy and safety.** In this case to encourage the bereaved to talk about and clarify their experiences, as a precursor to moving on and re-defining their lives.

- **The provision of relevant knowledge and experiential strategies.** In the grief area it is knowledge and strategies about the grief process, and strategies and processes for handling the issues faced by the bereaved person. This knowledge comes from a combination of knowledge passed on by the leadership from their training studies, and, perhaps more importantly, assisting members to come in contact with the “personal-experience knowledge” of those others in the group who have faced and overcome similar issues.

- **The establishment of ongoing networks of support.** Again, in this context it is networks between members within the group, or where necessary, with professionals outside the group.

Two conceptual frameworks or models of therapy are put forward as particularly relevant in terms of describing the therapeutic processes at work in the group – Carl Rogers’ Client-Centered Therapy theory (1951), and Narrative Therapy theory as developed by Michael White and David Epston (1990). Each of these have an educational base. Rogers’ contribution lies in the conditions his research suggested were necessary and sufficient for effective change or growth. White and Epston put forward theory and evidence that showed that important learning could grow out of an holistic focus on the personal story or narrative.

The curriculum content and the contextual elements within the suicide support group may be different from that in the traditional classroom, however it is possible
to observe an inter-relational educational process (Van Manen, 1994; Roberts, 1996) taking place in which the leaders/facilitators, the bereaved attending the group, the grief-related stories and topics, and the context in which the group takes place (place, time, organizational umbrella) interact dynamically with the potential to produce change and growth.

It seems reasonable to suggest that the beginning of this process, as with any teaching situation, lies with the coordinator-leader, although the impetus to continue and the directions the process take then shifts to all members attending the group, with, one might expect, major input from those on the leadership team.

I will revisit the process of change or growth later in the thesis, when I re-look at the process of grief (Chapter 5).

**Structure and function**

The detailed report on a meeting (below) is intended to give a concrete picture of how The Compassionate Friends Bereaved-by-Suicide Support Group functions. First, however, the following points summarize the main structural or organizational features of this particular support group, and although under the current leadership there have been some changes to the structure and function of the group, and these changes have been important, they have not been major. The main "shape" of the group has been in place from its inception:

- As stated earlier, it is an open-ended ongoing support group, as found in most ongoing self-help support organizations. There is no set time, pattern or expectation on attendance. *Table 1* shows the patterns of attendance of five attendees over a recent twelve month period (1999-2000), and illustrates the typical variety (*Appendix 4* shows the full attendance pattern for the group over an earlier twelve month period). Some will attend one meeting only; others will
attend for a time regularly or intermittently, even up to a number of years. Many will show a tapering attendance over time. A few will move from a member to a leadership or leadership-support role within the group. In this type of open support group, this freedom to attend as they choose is a logical structure for an organization catering for a continual influx of new members. It is also an important alternative for those who seek a support group that allows them to take the initiative and seek support as the need arises. It also recognises that the grief resolution process is rarely a smooth and steady process, but encompasses peaks, troughs and plateaux.

TABLE 1
ATTENDANCE PATTERNS
THE COMPASSIONATE FRIENDS BEREAVED-BY-SUICIDE SUPPORT GROUP
(Oct 1999-Sept 2000)
(No meetings December or January)

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Attendance patterns of five attendees, illustrating typical variations across a twelve month span.

- Meetings are held regularly on the same day each month (the first Monday) and at the same advertised venue. Bereaved people often take time to decide to attend support groups, and the knowledge that the group will always be
available when needed is reported by bereaved people to be very important (Stebbins & Stebbins, 1995).

- **Each meeting follows a simple three-part format.** An informal welcoming time (about 30 minutes); a formal segment involving a brief input on a grief-related topic (e.g. The value of rituals) plus the more important and longer opportunity for all to share aspects of their stories and experiences (usually between one and two hours depending on numbers); and a final informal "wind-down" time (from 30 minutes upwards). This three-part format has a certain natural logic, and is the pattern followed by TCF support groups worldwide (e.g. Klass, 1988). It is also the format reported or implied by others involved with self-help groups (Farberow, 1994; Clark & Goldney, 1995; Clark et al., 1993). It is perceived to give the leadership the security of a regular and systematic structure, and to help the participants work systematically on their grief. It also provides opportunities for interaction between participants, and aids the establishment of both formal and informal outside networks of support.

- **The coordinator-leader** is assisted by at least one **support-facilitator** (essentially a co-leader) whose main task is to support the coordinator-leader by monitoring and assisting with the group processes. There are also a number of **support-helpers**, who help with one-to-one support and in the general organization. TCF policy will not allow a leader to operate without back-up support. The leader, and support facilitator(s), are themselves also bereaved by suicide, and must be at least two years on in their grief recovery.

- **The leadership team meets for a light meal before each meeting** to share and “clear their own needs”, and discuss the program for the evening. **The team also meets briefly after the meetings** to “defuse” and to apportion tasks.
• **Ongoing defuse counselling** (immediately after the meetings), and **debrief counselling** (more extensive and regular maintenance), is available for the leaders and support-leaders as needed or requested.

**REPORT OF A SUPPORT-GROUP MEETING**

To get a feel for the structure and functioning of this group, part of a recent meeting is outlined below – the full report of the meeting is included in *Appendix 5*. Changes have been made to protect anonymity, however the interactions and range of issues are as reported, and is typical of most meetings. The Coordinator of the group, Sue, leads the meeting; and I am the main support facilitator in this group.

**Setting and Pre-meeting**

The setting is a suburban community centre. (The leadership team met at the centre at 6pm and over a light meal shared “how things had been for each of us over the last month”, and finalized the evening’s program). The large pleasant room has been set up by the leadership team, with the chairs in a circle at one end, and cups laid out on a nearby table for a welcoming cup of tea. A second table is set up near the entrance door with name tags, a book to record names and personal details including those of the person who has died – this data is later recorded on The Compassionate Friends data base – notices, reference books and other useful resources.

Sylvia, one of the support helpers has arrived with little gift-wrapped packets of seeds, tied with a note of hope, for the mothers to plant on Mothers’ Day. A thoughtful, caring gesture.
Informal

People begin arriving from about 7.30pm, and Sue, the Coordinator/leader and her leadership team (facilitator Jon, and support helpers Sylvia, Barbara and Hannah) greet each person as they arrive, and record their names in the attendance book. Those attending for the first time are noticeable by their tense white faces, reflecting deep pain, and, commonly, fear and bewilderment. A team member, often with a gentle hand on the arm, quietly attaches to each of these, welcomes them, records their personal details, and leads them off for a cup of tea and a quiet chat. They then either stay with them or leave them in the care of other longer-term members. Others who have attended meetings before use this time to renew contacts.

Formal

Shortly after 8.00pm all are invited to be seated for the formal meeting; leaders spread around the group. Sue, as coordinator, opens the meeting by welcoming everyone, introducing new members and making a special point of praising the courage it has taken to attend. She then reads out a short focusing piece. Tonight it is The Compassionate Friends Credo which defines why all are there, and emphasises that “we need not walk alone”. This is followed by a brief time for notices, news from members, and information from TCF central. This brief introductory segment not only sets the context, but also allows those attending to sit and settle down to “a sense of group”.

The formal grief-work then begins, opening with a brief reference to the “ground rules” (Listening etc.), and a short reflective time on the up-coming Mothers’ Day – its significance and associated difficulties. An appropriate topic such as this is usually discussed at this point in the meetings. Tonight mothers in the group are
encouraged to share the meaning of Mothers’ Day for them, and their strategies for handling the day. Sandra says she will spend some time alone with her memories of her dead son, and some time with the rest of the family. Penny, who has a new look of calmness about her, reports that this is the first time in three years that she has looked forward to mothers’ day, and her later sharing about her surviving children being more settled explains why.

We then move into the most important part of the meeting, where each person has the opportunity to share their stories and their current issues. On Sue’s invitation David starts this process. When his twin brother (21 years old) suicided two years ago, David started drinking heavily, to the point where he recently spent five months in an intensive detoxification program. We get a rare smile as he reports that he has been feeling much better lately, less exhausted, and that his job and study are going well. Many present indicate pleasure at hearing this, for his openness and courage has touched many.

_The leader applauds his new energy, comments on his lovely smile, and draws out that he keeps regular contact with a counsellor whom he trusts._

Ewan, David’s father, looks very tired. Having travelled over 150 kms from the country to attend the meeting has no doubt contributed, but Ewan also looks quietly pleased as he indicates that his bouts of depression are becoming more spaced, and now tend to be several days apart. Finally he bounces a little as he shares that his original high energy level is returning. Ewan and David have been attending intermittently for a year.

Kris (20 years, and with two young children), whose 20 year old brother died over two years ago of an intended drug overdose, has been attending regularly for nearly two years with her father (Bert), sister (Samantha – not present this meeting) and brother (Paul). She “has been busting all day”, she says, to tell us
how she had got talking to a young father when they were dropping off their children at school that day. He had mentioned that he was a single father, and that his wife had died. Kris's sympathetic response and her sharing that her brother had suicided had led to him confiding that his wife had also suicided. This, said Kris, was the first time he had ever told anyone, and they had sat for some time discussing the issue of shame. Kris felt really good that her openness and non-feeling of shame had been so helpful.

The group discussed and compared for a short time the different ways they had felt the stigma of suicide, either from within themselves or from others – or both. The idea that the person who had suicided must be seen to be responsible for their own final decision was acceptable to some but not others. Jon closed this by reflecting that the parental feeling of responsibility for their children was one of the most difficult issues to resolve, and siblings had very similar difficulties.

The meeting then passed on to Paul, a tall gangling young 17 year old, and Kris's young brother. He looks self-conscious and shakes his head, as he usually does, when asked to speak. He will chat with group members later over the informal "cuppa".

Like Kris and Paul, Bert, their father, first attended the group about four weeks after their son and brother died. Bert speaks with feeling of the importance of the group to him. Of the sense of sanity and normality he gains from attending, and of the sadness in him that his wider family and friends no longer talk about his son. He says he had moved beyond anger about this, and now feels indifferent to these people, although when pushed gently by the facilitator, he admitted that the anger still lurked. He shrugs in a resigned way, and says how thankful he is that his three remaining children and he are able to speak openly together.
The leaders later felt that Bert needed extra support and contact over the next month. He had just changed jobs and shifted house, and seemed particularly unsure, flat and lost. One of the team agreed to contact him over the next week or so.

[THE MEETING PROCEEDED IN LIKE FASHION, WITH ALL MEMBERS GIVEN THE OPPORTUNITY TO SPEAK. THOSE WHO "PASSED" WERE RETURNED TO LATER]

Finally, Sue, the group coordinator-leader, whose 18 year old son had died over ten years ago, shares with the group the terrific jolt she received recently when she met her son's old football coach, and discovered that he had not heard about the death. There was both pain and pleasure in talking with him about her son and what had happened, and reliving memories.

She then concludes the formal part of the meeting by

- Reading a short piece on hope,
- Thanking everyone for their contributions and emphasizing how this helps others in the group,
- Commenting briefly on two of the themes that had emerged,
- Warning everyone that they may feel flat and tired over the next two or three days and that this was normal, and
- Inviting everyone to stay and share supper – perhaps with someone whose story had particularly touched a chord in them
- And finally reminding everyone not to hesitate in contacting one of the leaders or the central TCF help line if they felt in need of extra support.

The final informal "cuppa" time may well be the most important part of the meeting, certainly it is vital in that this is when individuals forge bonds of ongoing support and healing. The leadership team especially uses this informal cup of tea time to
speak with those who seem particularly vulnerable. However, the most noticeable thing at this time is to observe the members themselves busy establishing and consolidating support networks.

Finally, after the others had gone, the leadership team meets briefly to check each other out, and to ensure that those who had seemed to be especially vulnerable were contacted soon after the meeting. All first time members are contacted during the week following the meeting.
CHAPTER 3

CONFUSION AND INCONSISTENCY IN GRIEF RECOVERY THEORY

"Memory remains haunted, the phantoms of the dead knock at the doors of conscience. Why would we seek closure or healing so soon? Closure smacks of denial. My conscience says "no". A "no" to closure. A "yes" to haunted memory. Let us not rush to closure too soon. This is no time to shut down our hearts in denial. Let us open our hearts and listen to the sound of rustling leaves, of feathers rustling. We have arrived too late already. The dead return in our memories. And it is to this return that we must turn. Haunted memories beckon us to speak about the dead".

(Morris, 1999)

INTRODUCTION

In this chapter I will briefly review the research and theories currently in vogue on the nature of grief and grief recovery, and in the process challenge two predominant aspects of these theories:

1. Of most significance, I will challenge the stereotypic or outcomes approach to understanding grief recovery that is embodied in stages and/or tasks theories. I contend that such theories do have value, but value that is largely retrospective. Although they provide snapshots of potential points on the grief recovery path, the bereaved can only be located according to these "points" in retrospect. Therefore these essentially static theories also have serious limits.
They do not explain how the bereaved give meaning to their experiences, and this minimises their value in terms of working alongside the bereaved.

2. I will also challenge the widespread belief amongst influential bereavement-support professionals that “detaching from the lost object or person” is a central task in grief recovery. I highlight this specific aspect of the theories and practice because I believe this aspect of current theories, above all aspects, embodies current community attitudes to death and the grief that follows a profound loss. The significant point in relation to the detachment concept is that it is not supported in the stories of those who have come to terms with a profound loss. Furthermore it runs counter to the thinking of those who view grief recovery in holistic terms as a natural part of the ongoing flow of life experiences.

GRIEF AND THE GRIEF-RECOVERY PROCESS

Introduction

The writers on which I base my discussion of current theories associated with the nature of grief and the grief recovery process are: Fraud (1917, 1961a); Lindemann (1944); Parkes and Weiss (1983); Parkes (1991, 1993); Worden (1983/1995); Engel (1964); Bowiby (1961, 1969, 1973, 1980); Kubler-Ross (1973); Raphael (1986); Rando (1984, 1986); Klass (1988); Klass, Silverman and Nickman (1996); Silverman (1998); Marris, 1986, 1996; and Neimeyer (2000). These represent a cross-section of current influential thinking in the field of grief.

In relation to what I believe is currently the most debated issue in the area of loss and grief – detaching from the loss versus maintaining a continuing bond with the lost object – I will draw on the research and writings of Klass (1984, 1996); Silverman (1998); and Klass, Silverman and Nickman (1996), to support my challenge.
In the ensuing discussion, I also prepare the ground for a new perspective on understanding the process of recovering from a significant or profound loss—the model developed in detail in Chapter 5.

**Defining grief recovery**

The grief literature clearly indicates that “reaction to serious loss” is, as Stroebe et al. (1993) emphasise, very complex, very personalized and has diverse consequences. People *manifest* their grief in many and varied ways, and even show variations in the way they express their grief from moment to moment. But what is also noticeable when we examine definitions of reaction to loss, is the degree of confusion and inconsistency in terminology and concept. To anchor discussion, characteristics include:

- It is a natural/normal reaction, which is a normal part of the flow of living
- It is a perceived interruption to the normal flow of life
- It may be abnormal or pathological
- It is a universal experience
- Loss may be physical (person or object) or symbolic (status) loss
- All loss results in deprivation of some kind
- The nature, intensity and length of grief varies according to an unique combination of psychological, social and physiological factors
- It involves completing certain tasks, or managing certain stages
- It is work (ie it takes energy)
- Its origin may be seen in attachment theory (the organism’s need to attach so it can feel secure and survive)
- Its completion occurs when there is detachment from the lost object or person
- It is a process involving phases or stages. Not necessarily linear.
- It involves attempts to deny the loss
- It involves cries for help
- It involves re-construction of a mental representation of the lost object, person or symbol
- It involves actions to help accept the reality of the loss (rituals etc.)
- It is a healing process
- The normal process can be interfered with by unsound intervention, poor conditions, or poor individual coping resources
- The goal of a personally comfortable recovery can be interfered with by unsound intervention, poor conditions, or poor individual coping resources

(Sources: Bowlby, 1969, 1973, 1980; Parkes & Weiss, 1983; Rando, 1984; Klass, 1988); Shuchter and Zisook (1993); Raphael (1984/96)

Confusions may be seen about what constitutes the "reality" of a loss, between "natural" and "normal", between "finite" and "continuous". In relation to this thesis, however, what stands out in the above list is the inconsistent reference to grief as a state of being and grief as a process in defining grief recovery. There is also only oblique reference to grief recovery as an ongoing process. It is on the dislocation between state and process, and on a perception of grief as ongoing that I will focus in this thesis. Strangely, most influential theorists write of grief recovery as a process, yet they link their definitions to states of being, to stages, or steps or tasks to be fulfilled, and the concept of "detachment" in the literature is the most potent example of the confusion between state and process.

I contend that this confusion has created serious problems for those who would understand and support those working their way through a serious loss. As previously noted, in the practical helping situation perceiving grief recovery in terms of a series of stages or tasks certainly provides a useful map of the potential territory that may be travelled by the bereaved. But we work with people, not maps,
and descriptions of potential positions or past achievements offer minimal assistance to helpers working alongside the person who is bereaved.

Why this particular confusion has persisted is open to conjecture, although I suggest one part of the answer may be found in the powerful influence of Freudian theory, and another part of the answer probably resides with the fear and mystique surrounding death in our society, reflected in peoples’ attempts to create a distance between themselves and their inevitable mortality.

_Freud and his influence_

Current definitions of the grief process have been heavily influenced by Freud's early work, and by beginning with Freud I am drawing attention to (a) the beginning of modern grief theory, and (b) the fount of the detachment controversy currently claiming the attention of writers and practitioners, and a focus in this chapter. Interestingly, Freud did not actually put forward a coherent theory of grief. However, in his landmark work "Mourning and Melancholia" (1961a), which he wrote in 1917, he described the process of childhood detachment from the parent as a grief process. In this theory he equated the "reality" of resolution with detachment from the lost parent-object and attachment to new objects. In this early developmental thinking we see the beginnings of stages and tasks theories as well as the linking of grief recovery and detachment.

As Klass, Silverman and Nickman (1996) point out, although Freud was not originally talking about grief after death, "...he generated a world view for those who followed him" (p.6) This is most graphically illustrated by the persistence of the detachment concept, put forward as part of his theory of childhood development, and then becoming a central component in the resolution of all losses.
Only when Freud's own daughter and grandson died did he acknowledge that grief as detachment and re-attachment did not work for him. In letters to Ludwig Binswanger and Marie Bonaparte (Jones, 1957) he expressed an inability to detach from his feelings of loss, and confessed to resisting forming new relationships (re-attachments). In fact he later stated that:

“Although we know that after such a loss the acute state of mourning will subside, we also know we will remain inconsolable and will never find a substitute... And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish” (Freud, 1961a, p.239).

However, although his own experiences forced him to acknowledge that grief may never be completed, and the process of cutting old attachments in order to form new ones did not work for him, he did not re-adjust his theories to incorporate these experiences. So it says much for the power of his reputation that the incompleteness of his early work has been allowed to still permeate the theory and practice of grief recovery. Only now is detachment and its relation to grief recovery finally being seriously scrutinized, with a growing body of opinion that this generated “world view” is not sustainable, and the greatest pressure for this has been the resistance from bereaved persons themselves, who find the idea of detaching, as in “cutting off”, quite abhorrent. I recall listening to Stan Alves, successful 1997 coach of St Kilda in the Australian Football League, speaking over the radio. He shared how he talked each day with his son Matthew, who had died five years previously. He spoke of sharing his triumphs and disappointments, and of doing his best to make his son proud of him. In listening to Alves (and others like him), there was no sense in which these continuing dialogues seemed abnormal or pathological, as many current theories of grief would suggest. On the contrary, Alves indicated that they were comfortable (and comforting) normal continuations
of their previous relationships – albeit in a changed form ("Magic 693" radio, 20 September 1997).

**Tasks of Grief**

Generally speaking the tasks of bereavement are the actions that people take to adapt their personal narratives to what has happened, with the aim of reclaiming the meaning they have lost in their lives (Steeves et al, 1993). The conception of completing certain tasks in grief began in earnest with Lindemann (1944), and his influence is still quite marked. He introduced the term *grief work* (a very apt term), and suggested three main tasks:

1. Emancipation from the emotional and psychological bondage of the lost object/person; from a relationship of presence to one of memory. The person does not forget or stop loving, rather there is a shift in emotional energy towards other relationships. What stops is investment of fresh energy in the lost object or person.

2. Readjustment (emotionally, socially, physically) to an environment in which the lost object or person is missing; adopting new roles and skills, re-allocating functions once performed by the missing person, and redefining your own identity to reflect the reality of the loss and the consequences.

3. Formation of new relationships, where emotional energy from the previous relationship is re-invested in new people or objects.

Lindemann’s inclusion of “detachment” is interesting and perhaps best reflects the confusion about this concept. The implication in the definitions of his tasks is that emotional energy is finite and transferable and that memory has no emotion attached to it. This runs counter to an holistic evolutionary construction of meaning. Even the language is suggestive, with the use of terms such as “emancipation”,
"bondage", and "re-investment" placing a negative connotation on a continuing relationship.

Over the ensuing years writers have modified the tasks' definitions, and even attempted to clarify the inconsistencies in the concept of detachment, although the reluctance to let it go completely has persisted. For example, in the second edition of his major work _Grief counselling and grief therapy_, Worden (1983, 1995) – who is influential in the grief counselling area, suggested four tasks, of which the first two reflected an "emancipation" similar to Lindemann. He attempted to expand on his own original definition of "emotional withdrawal" by stating that this is _not_ a complete detachment, but a "...relocation (where) the task... is to evolve some ongoing relationship with the thoughts and memories... in a way that would allow (the bereaved) to continue on with their lives" (p.17). Clearly he was clinging to a modified detachment. Like Lindemann, he agreed that the bereaved cannot forget or stop loving, and yet advocates withdrawal of emotional energy! Inconsistent and confusing. Seemingly they are both advocating memories without attachment of emotion, and the stories grieving people tell clearly indicate that they find this (a) impossible, (b) depersonalising, but above all (c) insultingly disrespectful to the love they still have for the lost object or person.

Probably Parkes and Weiss (1983) and Bowlby (1980) have put forward the most widely accepted _current_ task-related models of grief. Their theories incorporate three tasks that are very similar to those of Lindemann, although there is an intellectual and diagnostic emphasis which tends to reflect their medical/psychiatric backgrounds, and not surprisingly the notion of detaching from the lost person or object is retained.
Grief work

It is interesting to note that all the writers above emphasise the need for the bereaved to confront and consciously work on their grief. Stroebe and Stroebe in an article entitled "Does 'grief work' work?" (1991), reported that over an eighteen month research period, widows who did not confront their loss did not differ on their depression scores from widows who worked through their grief (although widowers showed better adjustment if they consciously worked on their grief). They claimed that this suggested that "grief work is not always as essential to bereavement as theorists and clinicians have claimed" (p.479). I mention this finding here, because I suspect that their claim reflects a confusion about the strength of the need that individuals have within them to understand their life experiences. This contention links into the model presented in this thesis to explain how people give meaning to their experiences (see Chapters 4 and 5).

Phases or stages of grief

As stated earlier, most writers considered there were several phases or stages in grief recovery, which have a linear logic, but through which people do not move linearly. Again we start with Lindemann (1944), who, in his research with traumatized people, observed several common characteristics in their grieving:

- Somatic distress
- Preoccupation with the image of the lost object
- Guilt
- Hostile reactions
- Loss of normal patterns of conduct
- And for some the appearance of traits of the deceased person.
From these data he described three phases in the resolution process:

1. Shock, disbelief up to denial
2. Acute mourning – the beginning of acceptance, but with intense feelings of loneliness and other strong feelings, loss of interest in daily affairs, insomnia, loss of appetite, preoccupation with the image of the lost object or person
3. Coming to terms with the loss, with re-entry into life, and a reduction of the preoccupation with the image of the lost object or person

Once again Lindemann's work sparked considerable interest, and once again, with minor modifications, his stages have remained essentially intact. The number of stages has varied from three (Bowlby, 1961) to four (Parkes, 1974, 1993 and Parkes and Weiss, 1983) to five (Kubler-Ross, 1969) and even six stages (Engel, 1964), although it is currently accepted that there is the potential for three major phases or stages (involving the completion of certain psychological tasks) in the journey of re-growth. Each phase has many "faces", and movement through the phases in the long-term is linear, but in the short term is non-linear, showing movement backwards and forwards between the phases – in particular between phases two and three.

**Phase 1:** A stage of shock, essentially physiologically controlled, where the autonomous nervous system acts to firstly control the practical tasks of the grief event, by pumping adrenaline in to the blood stream, and secondly acts to control the "volume" or intensity of grief, by pumping pain deadening endorphins into the body.

For most significant personal losses, this is a relatively short stage (perhaps up to three months). If trauma (which commonly involves flashbacks and terror-filled images) is present with the grief (which commonly involves memories to hold on to), then this shock phase may be extended or returned to at different times.
Phases 2 and 3 are oscillating phases. Grieving people seem to move backwards and forwards between the two.

Phase 2: A phase of what Neimeyer (2000) calls “loss orientation”. Where the bereaved “…engages in intense 'grief work', experiencing, exploring, and expressing the range of feelings associated with loss” (pp.18-19). The focus being on understanding and getting the loss into perspective.

Phase 3: This is the “getting back into life” or getting on with life” phase. What Neimeyer (2000) calls “restoration orientation”, where the bereaved “…focuses on the many external adjustments required by the loss, concentrating on work and home responsibilities, establishing and maintaining relationships, and so on…” (p.19). This phase is a “head” phase, where the intense grief feelings are put aside. Neimeyer tends to see this third phase as an avoidance phase, and suggests that what we have is an “intrusion-avoidance cycle” (p.19). In my opinion this places too negative an emphasis on what is certainly a movement between pain and practicality, but one where the person has much more autonomy and control. I tend to see it more positively as indicative of the double-edged drive within the bereaved to both understand the experience, and to move on with their lives.

As stated earlier, I believe that incorporating a general conception of tasks and stages into an understanding of the grief process can be quite useful (providing one leaves out any consideration of a "detachment" stage or task). A background conception of common phases or tasks does give a rough measurement of where the individual is at a particular time in his or her recovery process. My concern is the conception that these stages or tasks actually describe the grief recovery process. Such a focus on expected behaviours, rather than on the person, threatens what should be a very individual connection, and which may include

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temporary regression. There is a real danger that the person will be lost in a myopic adherence to stages not being reached or tasks not being completed.

**New conceptions of detachment in grief recovery**

I will complete this chapter by briefly examining the changing view of “detachment” theory – for much of the 20th Century an incomprehensible cornerstone of theory and practice in grief support. A growing number of workers in the field of bereavement recovery have seriously questioned and rejected this. In particular they have rejected the concept of emotional detachment. Writers such as Marris, 1996; Klass (1988); Klass, Silverman and Nickman (1996); Stroebe, Stroebe and Hansson (1993); Steeves et al (1993); and Neimeyer (2000) now agree that an ongoing dynamic relationship, albeit a different relationship, is an integral and healthy part of the loss experience. They have accepted that the weight of evidence in the stories of the bereaved has not only reflected an intense need to maintain an ongoing and enduring dialogue with objects or people in situations of profound loss, but has indicated that retaining the relationship is a central and normal part of personal recovery from a loss.

Klass, Silverman and Nickman (1996) offer some interesting further suggestions on why the detachment concept has persisted, especially in the light of such strong evidence against it. They call the detachment model of grief recovery a 20th Century phenomenon, “an artifact of Western modernity” (p.14) and state that “Only in the past 100 years have continuing bonds been denied as a normal part of bereavement behaviour” (p.5). They note that this is “not the operant model in human societies in other times and other places” (p.14) – and our own indigenous Aboriginal culture would support this.

Klass et al relate the detachment theory influence to the western emphasis on independence and single relationships. They speculate that western style
relationships are so stylized that there is no room for considering that someone could carry their love for their dead child into new relationships, and enhance the relationship rather than detract from it. This makes some sense, because if we carry the concept of "independent man standing tall and alone" to its extreme "insane logic" then it does suggest that any form of social bond equals dependence equals evil!

Others have attempted to equate the rise of the detachment theory of grief resolution with the rise of economic rationalism. Closely linked to the notion of western independence, economic rationalism lauds efficiency and accountability of time. Hence the helper/therapist who can get sad memories swept away would certainly appear to have "efficiently fixed" the problem!

Although prior to the mid-1990s there were some signs of dissatisfaction with models of grief that did not allow the grieving person to incorporate aspects of the deceased into their remodeled self in a dynamic and ongoing way, these voices were rare. Pincus (1974), for example, observed that successful resolution of bereavement involved the mourner identifying with aspects of the deceased and incorporating these into a new sense of self. Klass (1988) in his early work with bereaved parents within The Compassionate Friends organisation, found a mismatch between his observations and current grief models, particularly over integration of the loss. He also observed that identification formed a part of most parental bereavement patterns. In fact he noted that "Most of the parents to whom I have listened should have been classified as among Lindemann's most severe cases" (p.xiv), in that they were clearly resisting "detaching" from their dead children. Yet to him they appeared quite normal.

My own experience supports this. In my counselling practice and my work with bereavement support groups, the issue to emerge most often from the stories has been (perceived or real) attempts by family and friends or professionals to break
the continuing link with their dead loved one. In a recent Compassionate Friends suicide support group meeting, for example, most of the twenty-five who attended expressed disappointment and/or anger at perceived "blocks" by friends and family to acknowledging or discussing their dead son, daughter, brother or sister. This expressed hurt goes deep. One mother stated angrily that she felt she was being blackmailed. She felt her family was implying that if she did not "stop talking about her son and feeling sorry for herself", she would be excluded from the family. (The Compassionate Friends Survivors of Suicide support meeting, 1999).

As I see it, bonds with the past conceptions of grief recovery associated with detachment have at least been weakened if not broken, with writers such as Klass et al (1996) calling for grief recovery models that allow for more healthy ongoing bonds with the lost object or person. And although these writers in general still essentially adhere to a stages and tasks framework for understanding the complete grief process, rejection of detachment conceptions has moved us closer to a broader perception of grief recovery, incorporating a dynamic, ongoing process, with a more appropriate integration of stages and tasks theories.

Rejection of detachment theory also paves the way for a more realistic examination of what has been labelled "unresolved" or "pathological" grief – both "conditions" most commonly being created out of perceived inappropriate detachment.

The movement towards a more realistic social constructionist view of change has been slow in the field of loss and grief, although Klass et al (1996) have indicated clear directions. They suggest that a healthier grief model, one that would be more in line with the reported experiences of the bereaved, would be one that accepted changed bonds, rather than broken or severed or devalued bonds. Their conception is based on the belief that people are interdependent, and that this interdependence is sustained even when death strikes. They remind us that data abounds to
"...suggest that the bereaved remain involved and connected to the deceased, and that the bereaved actively construct an inner representation of the deceased that is part of the grieving process...(Furthermore, the psychoanalytic concept of internalization)...does not accurately describe the process occurring in the experiences reported...What we observe is more colourful, dynamic and interactive than the word 'internalization' suggests" (p.16).

This framework outlined by Klass et al (1996) signals the direction of the research that follows.

**Conclusion**

In this chapter I have argued that although Freud has made a brilliant contribution to our understanding of human motives and development, in the area of grief recovery he left an unfortunate legacy. The influence of psychoanalytic theory and in particular his detachment concept has had on grief theory and practice, and perhaps on general developmental/growth theory more generally, has been immense. Not only has theory and research been held back, but at a more personal level the pressure to "detach" has caused profound distress over nine decades. We are now seeing a movement away from this Freudian influence, with redefinition of the grief process to accept as natural and healthy that the bond of attachment to a lost object or person should continue, perhaps in a changed form, as a dynamic and ongoing relationship in harmony with the relationship present before the loss occurred.

The interview data presented in this thesis strongly supports this contention. A central and common theme in each of the stories presented in this thesis suggests that it was the opportunity and encouragement to acknowledge and speak about
their dead loved ones that brought each of them along to The Compassionate 
Friends Bereaved-by-Suicide Support Group in the first place, and contributed 
directly to their sense of recovery.

Michael (1998) in her acclaimed novel *Fugitive Pieces*, writes with a poet’s eye 
about Ben’s profound loss, damaged lives, and the association between speaking 
about the dead and the indestructibility of the human spirit. She indicates that 
dealing with debilitating grief is about personal history, and time is a blind guide. 
The dead do not die. They live for as long as memories survive. The data in this 
thesis supports this, and insists that assisting the bereaved and finding 
explanations to enhance this, should reflect this continuing bond.
CHAPTER 4

TOWARDS A PRACTICAL THEORY OF BEREAVEMENT SUPPORT

THEORETICAL FRAMEWORKS

The aim of this thesis is to understand the processes underpinning the grief recovery of those who have experienced a profound loss, such as a death by suicide. The ultimate goal is to offer more informed practical support. In this respect I am searching for a theory of praxis – a theory that will give meaning to discursive action. Central to this research is an inherent belief that meaning is the end result of a mutually influenced social shaping process – and appropriately the research makes constant reference to the group context.

Working towards a more cohesive model of meaning re-construction in this context suggests that four particular issues demand attention:

1. What is a conceptual explanation for the experiences of the bereaved; the experiences they bring to the group?

2. What is a semiotic framework (a framework explaining the signing activity – thoughts, feelings, images) that will help interpret the interactions of the bereaved with their social environment – in particular their sharing with others in the support group, and what explanation can be given for how the new meanings are constructed in social interactions such as those in the support group?

3. What type of support will best facilitate the process of grief recovery?

4. What is the nature of the social interactions that shape these experiences?

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1. UNDERSTANDING EXPERIENCE

To understand the nature of experience, and how we give meaning to this, I have drawn on the explanation given by John Dewey, considered by Scheffler (1986) to be the greatest exponent of pragmatic thinking. Dewey perceived all issues pragmatically, and in an evolutionary sense, as grounded in their times, to be considered against the backdrop of current social, moral, and intellectual mores – as problems of men, not of philosophy.

Dewey saw education as the metaphysical process which led to the creation of our fundamental selves; the process which led to the construction of the ideas (dispositions, thoughts, emotions) which were represented in what he called our “habits of mind” or socio-cultural knowing. Predictably, he saw effective “learning institutions” (and in this research I am viewing a support group as a “learning institution”) as those that developed creative flexible habits of mind, capable of dealing with the complexities and uncertainties of life.

It is not within the scope of this thesis to review Dewey’s immense contributions to human advancement. My focus will be on his contribution to our understanding of the nature of experience, centered in his book *Art as Experience*, published in 1934 – a central reference in this thesis. Many consider this creative contribution to aesthetics to be his finest work (Jackson, 1998; Garrison, 1996).

Before doing this, however, it is important to understand important key precepts, reflecting his social pragmatism, and persistently underpinning his total thinking. The following summarises those that seem to be of particular importance to this thesis:

- Education is the ongoing process of an executive or controlling intelligence
• Understanding the process of education is fundamental to understanding the
  genesis of ideas (dispositions, thoughts, emotions) which are our
  representational selves in the world

• Dewey took great pains to produce his own fine-textured definitions of the key
  concepts he discussed. This is significant because many of the terms he used
  are in common usage (for example experience, habits, science), yet under his
  pen have been given very specific meanings which may or may not embrace
  the common usage

• Theories are only of value if they contribute to human understanding and
  practice – the core of the social pragmatic stance

• All issues must be understood in the context of current social, moral, and
  intellectual thinking

• Dewey advocated a social constructivist view of learning or knowledge
  acquisition, which builds from an evolutionary framework, out of our past
  experiences, and is grounded in Charles Peirce's semiotic theory

• He had an holistic (organic relationship of subject and object) view of the world.
  This was an Hegelian influence he met during his undergraduate years, which
  emphasised holism, continuity, development as a process, and the power of
  ideas.

Dewey's conception of experience is detailed and precise, and incorporates three
important elements:

• A biological emphasis on experience as a product of the interplay between the
  environment and the person

• A creative emphasis, where there is a deliberate cognitive alteration via
  reflection of the current internal and external perceptual mix, and

• The Peircian semiotic theory of meaning formation
The central ingredient in the reflective process is the perception of relations, especially the relations between our actions and their empirical consequences. This reflects the most profound aspect of his definition of experience – that it both determines our actions and makes them meaningful, and is created as a consequence of those actions. Or putting this another way, experiences have no meaning for us until we sign them (attach some meaningful perception or representation, be it a word, a feeling, an image), and our signing activity comes from our past experience. This continuous holistic link between knowledge and action ("doing is essential to knowing", Schefler, 1986, p.199) with the emphasis on experience or education as active testing of prior understanding related to current experiences, is important in the context of this thesis.

This is not to say that theories or ideas cannot exist and have value outside current practice or action. Clearly they do. It is not possible, for example, to design action that will directly capture the Peircean semiotic processes of knowledge construction. These processes must remain true beliefs. However, in this context, such theory may be used to generate practice-related ideas.

Dewey defined the end product of giving meaning to our experiences as personal habits, and those habits which tended to be broadly socially shared he called customs. These were perceived as both the end products of learning (meaning construction) and the context within which new learning was generated. In a pragmatic sense the habits and customs within an individual’s perceptual world defined that individual as a personal and social being.

The implications of this aspect of Deweyan thinking in relation to this research is that the beginning of constructing meaning in a new significant experience, such as the suicide of someone close, lies in understanding the personal habitual perceptions and accepted cultural customs that influence needs, beliefs and
purposes, and that represent the person at the time they encounter the new experience.

When an event or experience occurs, the person is immediately engaged in an organically generated process, the goal of which is to construct or give meaning to that experience, and Dewey saw the full process represented by a series of linked or “rolling” two-phase stages. This view is supported by Schutz (below). At the completion of each of the two phases, meaning is established. At the completion of the first of the two phases the meaning is organically established – an automatic meaning organically created out of the individual’s store of “habits of knowing”. At the end of the second of the two-phase process, however, a cognitive consciously understood and controlled meaning is created via reflection on the phase one meaning – again by matching it against the individual’s store of habits/customs. The overall process towards understanding an experience becomes a movement of finer and finer tuning towards greater and greater meaning or understanding.

Outlining the two-phase stage in more detail:

This two phase process is a central part of the conception or model of grief recovery further developed in Chapter 5. Again it is important to emphasise that the first phase in this construction of meaning process is a pre-cognitive response. The meaning embodied in the response is the outcome of the organic individual instinctively attempting to match the signs of the experience/event against the stored knowledge in their current socio-cultural knowing. In the grief recovery context, this is a pre-cognitive embryonic beginning to later cognitive understanding of the loss and related new identity formation.

Real understanding or appreciative cognitive awareness, however, occurs in phase two, when the individual reflects on the experience and his or her initial reactions. This is where inconsistencies are considered, gaps are recognised, and perceptual significations are consciously arranged into a more personally-meaningful order.
Dewey (and Schutz) supported the centrality of reflection in creating understanding, suggesting that it is only when we look back in moments of reflection that we consciously understand our experiences or focussed aspects of them. At that time we take the initiative to selectively choose and order the elements of our experience.

The ongoing nature of the process occurs because each reflective phase inevitably produces a new context, followed as it inevitably is by interaction with "others" or new events in the environment. The "others" may be people directly, or perceptions out of direct conversations, or the writings of others, or the imagined reactions of others. Hence the process is semiotic, as well as ongoing, essentially unstoppable, and theoretically infinite.

In the case of a complex and novel experience such as suicide, it might be expected that it will take considerable time and many reflections before a comfortable and cohesive understanding is reached. However, Dewey in particular described this active reflective process, or executive intelligence, as a very rich qualitative mix of affect, need, intuition, selective attention and imagination, complex and powerful.

Although the process of change/learning/growth/recovery is presented as a dual phased process, and Dewey could see differences between the pre-cognitive and cognitive phases, or as he put it, we can distinguish background (pre-cognitive) and foreground (cognitive) as distinct phases of emergent thought, he refused to recognise any unpredictability or inconsistency between the two phases. He insisted that rational cognitive reflective inquiry emerged smoothly from the pre-cognitive reactive response, although the links may not always be initially obvious. Like Rogers (1951) whose contribution to this thesis will appear later in this chapter, Dewey advocated a belief in "organic holism", and emphasised that
accepting a break in continuity would amount to a separation of self and non-self - the creation of a functionally artificial dualism.

Most events in our lives are experienced or recognised by us as similar to past familiar happenings, and there is a relatively smooth transition from phase one to phase two, simply because ingredients are readily available in our previous socio-cultural habits or knowing from which to construct a reasonably rational automatic meaning for the new experience. When, however, we experience a new or traumatic event such as suicide, a smooth transition from phase one to phase two is often not immediately experienced, simply because very few people have had previous experience in dealing with the impact of a suicide. Hence problematic, inappropriate, ineffectual and apparently disconnected first reactions might reasonably be expected – and often are.

This is where Dewey’s insistence on maintaining a focussed belief in the holistic continuance between phases one and two is important, because it enables us to keep a balanced perspective on apparently inappropriate reactions following a profound loss, which has important implications in terms of supporting people following loss. It reinforces the need to hold to the principle of mind-body holism, it emphasises the power and importance of reflection, it maintains the educational imagination loop may see that perspective, and vital to the process of grief recovery, it embodies a sense of hope (that answers may be found).

Dewey also contributed further to our understanding of the reflected meaning of an experience. Of central importance, he saw the attribution of meaning as more than just developing an awareness. Rather it was a process moving the person towards a fine-grained appreciation of an event – understanding its complexities, its subtleties and how it fits into our total life experiences.
Dewey (1930) makes an interesting observation about the link between impulse (drive or need) and intelligent reconstruction (cognitive reflection) in change or learning (what he calls renewal of habit). The acceptance of mind-body dualism allows the steady release of impulse or drive energy in a healthy and balanced way, such that the process of meaning construction is able to flow continuously. However, Dewey says that if conditions do not permit renewal to take place continuously it will take place explosively. He likened the blocking of continuity to sparking a revolution, with its associated devastating costs.

This sense of a natural process being blocked is what I observe in the aftermath of a suicide death. The outward signs are the confused and extreme reactions of shock. I interpret this as the organismic inner drive mechanism searching to re-establish the mind-body links from an inadequate established world of knowing. The person's organised and familiar habit renewal activity has been severely interfered with. This often calls for a totally new line of reconstruction activity to be established, such as seeking for a new culture with "answers" (as in attending support groups), and this occurs against the background of those habits that have remained undisturbed. Dewey believed it is the impulse energy that activates a process of Peircean semiotic recombination activity (bringing signs from our past experiences together to form new meanings) towards the re-establishment of a semblance of continuity and order in the reaction-reflection process of habit renewal.

In analysing the nature of human experience — the meaning established in the two phase process — Dewey identified four important attributes:

A. An experience has a quality of completeness and cohesion at any particular time. The implication is that, at any given moment in time, a person always has some sense of "complete" understanding of an experience as an active process rather than a state. In this sense, Dewey clearly perceives the concept
“understanding” as a process, an ongoing never-ending process, involving a series of “complete” meanings, a process towards greater and greater refinement of meaning. He speaks of knowing rather than knowledge, learning rather than learn, and therefore in the context of this research thesis, the process becomes recovering rather than a state of recovery.

B. Dewey saw each experience as unique – but with commonalities that unite all experiences – and with a unity which can be named, but which is not distinguishable at the time as emotional, practical nor intellectual, for these terms make distinctions that only reflection can make within the experience (Jackson, 1998, p.8). This unity is what makes the experience stand out from what went before, and from what comes after – an individualising quality.

However, Dewey also accepted that we cannot ever accurately describe the singular unity/quality of an experience. We can only describe emotional or practical or intellectual aspects of the experience, upon reflection. At the very best we can only recapture part of the original experience accurately, for we are always only focussing on a part of the full experience. The implications of this for giving meaning to our experiences are important. Such a conception impinges on what we mean by the “truth” of an experience. It would seem that as we progressively shape our understanding, what we can hope to reach is a “personal truth” and not an “absolute truth”.

C. Thirdly, Dewey saw an experience having a unifying complex emotion – but, like his use of other commonly used words, that “emotion” needed to be viewed very differently from the way we normally think of emotions. His concept of "unifying complex emotion" has a context associated with it, and is usually a combination of known emotions such as joy or fear, with differing intensities and time spans, in other words, set in a context, and hence “complex”. To complicate the picture further, each moment of understanding
reached has attached to it a "unifying complex emotion" that defines only the meaning of that moment. Hence "unifying". What we are doing is working towards an ultimate ideal final "unifying complex emotion" that defines the total experience. But as Dewey points out, in the telling of our experiences, we are forced to use inadequate language, and deal with partial perceptions. Therefore, probably the best we can hope for, is that in the telling and retelling and reshaping, we will move closer and closer to the essence of the full unifying emotion relating to the experience.

Dewey placed great weight upon these core complex "emotions". To him they were the unifiers at each moment of knowing. "The moving and cementing force" (Jackson, 1998, p. 49). "Emotion (he said) works like a filter through which perceptions are screened" (op. cit.,p11). This allows features of the environment to fade or to stand out.

As indicated, Dewey thought that the unifying emotion often changed upon reflection and the influx of new experiences. Many off-shoot emotions may appear on the way through the narration of an experience. However, he emphasises that it is the identification of the unifying emotion, often in a particular gesture or sign, the explication of which he attributed to Peirce, that makes the story a cohesive entity – and helps propel the person towards a sense of greater and greater understanding.

D. Dewey also points out that the meaning of an experience may have extrinsic characteristics such as the loss of a child affecting family cohesiveness, or it may have intrinsic characteristics, such as the loss of the child bringing intense inner pain. Extrinsic meaning is usually represented in instrumental effectiveness, and intrinsic meaning seen in the emotional value to the individual. He further indicates that extrinsic meaning, following reflection, always generates intrinsic meanings, and that it is often the extrinsic meaning of an experience that is the first stage of deeper personal understanding:
“Every reflective experience adds new shades of such intrinsic qualifications... (It enriches) the immediate significance of subsequent experiences. And it may well be that this by-product... is incomparably more valuable for living a life than is the primary (extrinsic reference)”

Dewey’s pragmatic emphasis on the need to link theory/ideas and practice — if theory is to serve the search for answers to the issues facing society — is central, I believe, in developing a thesis devoted to the improvement of professional practice, and a model attempting to better explain how the bereaved approach recovering from their loss.

2. CONSTRUCTING SHARED MEANING – WITH SPECIAL REFERENCE TO THE SHARING OF MEANING IN THE COMPASSIONATE FRIENDS BEREADED-BY-SUICIDE SUPPORT GROUP

Dewey turned to Peirce’s semiotic theory to explain the social mechanism of learning behind the development of his habits of mind. Both shared a belief in an evolutionary process of knowledge construction.

In this thesis I am particularly interested in the social emphasis in Peirce’s conception of meaning construction, which creates an integrity with the evolutionary base to his thinking on pragmatic inquiry, including the detailed representational system he was developing to explain the growth and the nature of knowledge. I will show that this not only has direct links to Dewey, but also ties in with the thinking of Shutz and Rogers whose contributions are discussed later in this chapter.
Consistent with social pragmatic thinking, Peirce (CP, 1965-66) proposed that epistemological inquiry began from our own world of reality – our everyday experience – and that a universally determined world did not, in practice, exist. It is on that basis that we investigate the norms which govern cognition.

In essence he suggested that inquiry, or understanding experience, begins when our previous settled beliefs (Dewey’s habits, and as we shall see, Shutz’s typologies and Rogers’ idiosyncratic perceptions) are disturbed – when changes occur in our internal or external environment. It ends when we feel we have a new answer to the questions underlying the experience, and resettled beliefs. We reach this new state of equilibrium by what he saw as the pragmatic acceptance of those perceptions that make the belief fallible in the current ordinary world. If it works now it is “truth” – until circumstances alter that perception.

As Scheffler (1986) puts it, with Peirce “…we begin in the middle of things. Thought or inquiry (his emphasis) arises in a perceptual and motivational context” (p.44).

This links to an important contrasting contribution from Rogers. Rogers (1951) describes a strong inner motivational drive, whereas Peirce suggests some vague inner dis-equilibrium, then quickly moves on to discuss outcomes (belief, habits).

**Peirce’s semiotic triad**

The essence of Peircean logic is that there are no universal laws of nature that provide ultimate explanations, no Cartesian certainty, only personal explanations that work, or if they do not, are modified or changed until they do. Hence his theory of logic is a theory of personal norms. But he did recognise some logical systems, the most important being his logic of relations, and within this his conception of the irreducibility of a triadic mutually-influencing relationship between self, other and the knowledge domain in the construction of meaning. The following diagram illustrates this:
This system logically recognised that all knowledge is fallible, and that all elements in the personal universe that affects our belief or habits (our “knowing” in the world) were open to change, depending on contextual influences.

The sign

The semiotic theory that Peirce developed around his conception of the logic of relationships is perhaps his greatest contribution to epistemology. The core of this was that all human interactions were interactions of signs, the personal denotations that people gave to objects, thoughts, feelings — in fact all representations of experiences (CP 2). Hence in the diagram above, it is not an interaction of self or other or domain that occurs in communication, but sign activity that represents each of the elements. Understanding, meaning, learning, growth, development, change — in Peircean terms these are all represented by an interpretation of signs. In this thesis, this conceptualisation is very significant, where “grief recovery” is taken to be “understanding”, meaning growth, development and change. Peirce distinguished different signs according to the features central to arriving at an interpretation, for example a feeling as one “sign” in a relationship. I will expand his notion of signs in Chapter 5, when I outline my model of grief recovery.

Although it is possible to argue against the rigid stance that Peirce takes on the notion of universal laws (that they do not exist), we can at least say that a world based on probabilities has some security. The implication that the next event may not fit the probable law is a vital conception in the world of helping or caring or
support. It forces helpers to proceed with caution and to listen carefully to the actual links and relations, rather than assume a continuing certainty. After all, 99% probability means the next event could belong to the 1%!

This philosophy of the certainty of uncertainty, combined with a pragmatic acceptance of what currently works, underpins Peirce's triadic semiotic theory of meaning construction. It is in this sense of "current best fit" that I am embracing it, and I will return to discuss it in more detail in Chapter 5.

3. DEFINING THE FACILITATIVE CONDITIONS OF GRIEF RECOVERY

In the context of this research I am drawing on Carl Rogers' work for two reasons. First because he has outlined a useful explanation for why people seek to construct or reconstruct their understanding of their world – the motivation for growth or learning or change, or recovery from a loss. But more importantly, because Rogers has focussed on what I believe is the most important, the most fundamental, and the most undervalued aspect of the process of knowledge creation – the conditions or atmosphere or context that will best facilitate such change or learning or growth or recovery.

Both aspects of his work are important and closely linked – motivation itself is a condition – however I will discuss these aspects of his work separately.

Griffin (1991) described Rogers' approach to understanding behaviour as an optimistic existentialism. I prefer the term "personally responsible existentialism", because at the core of Rogers (1951) major theoretical constructs was a firm belief that personal experience was the ultimate authority in interpreting experiences. This also aligns him with the social pragmatists and the social constructivists, because Rogers saw construction of knowledge and construction of self as two sides of the one coin; one could not exist without the other.
He also recognised that within this linked duality, the individual was able to
(a) perceive some experiences as linked to but separate from the core self (for
example "My parents see me as inadequate in some ways, but I do not"),
(b) perceive some experiences as consistent with the self (for example "I am
practical"), and
(c) perceive that some experiences were actually denied to self-awareness (for
example, the experience of actually dealing with the anxious concerns of another
person).

Rogers put forward his theory on self and knowledge construction in a number of
propositions. He did this so that they could be more easily examined for flaws or
inconsistencies. Some he regarded as assumptions, others as hypotheses to be
tested. Below I have listed the first seven and the last three of his nineteen
propositions (the full set is included in Appendix 6), as background to the
discussion of four particular themes that relate to this thesis, and particularly to the
model expanded in Chapter 5.

The themes are:

- The essentially social constructivist emphasis in his theory
- The nature of the internal motivational driving force
- The conditions under which individuals best change, grow, adapt, learn (that is,
  the conditions under which meaning is best constructed or re-constructed), and
- The development of an autonomous awareness and control of understanding
  within these conditions
Rogers' propositions

1. Every individual exists in a continually changing world of experience of which he is the centre. The core of this is that this private world can only be fully known to the individual.

2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality.

3. The organism reacts as an organised whole to this phenomenal field.

4. The organism has one basic tendency and striving – to actualize, maintain, and enhance the experiencing organism. Again this emphasises Rogers' belief in organic holism.

5. Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.

6. Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.

7. The best vantage point for understanding behaviour is from the internal frame of reference of the individual.

and

17. Under certain conditions, involving primarily complete absence of any threat to the self structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences.

18. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more
understanding of others and is more accepting of others as separate individuals.

19. As the individual perceives and accepts into his self structure more of his organic experiences, he finds that he is replacing his present value system – based so largely upon introjections which have been distortedly symbolised – with a continuing organismic valuing process.

**Social constructivist emphasis**

Although Rogers developed his views initially out of his experiences in psychotherapy, he later made it clear that he saw them relating to all fields of human growth and interaction (See for example, *On Becoming a Person*, 1961).

It is clear that Rogers' focus is on the individual, and on the potential power of the individual to control his or her world. However he also clearly saw the individual's signage of the world as the result of an inner directed shaping of the social environment. Here he seems to differ from such as Dewey, although I contend that it is only in emphasis. Dewey foregrounds social outcomes, behaviour, or experiences. Rogers holds the person in the foreground, and in so doing his awareness of the importance of environmental or social forces is often missed. It is there, but he gives the person much more power to control it. Direction begins from within, rather than from without.

It is this almost unshakeable belief by Rogers in the power of the individual to exert considerable control over his or her own destiny – given the right support – that has, I believe, led to at times quite unfair and often vitriolic criticism of his work. Griffin (1991), for example, stated that Rogers' "...existential glorification of personal experience has created a cult of self-worship" (p.23), a highly emotive mis-interpretation of Rogers' proposition that our personal experience is the touchstone for personal reality. My belief is that Rogers' strong focus on the person
was quite confronting for those with Skinnerian beliefs in behavioural shaping, because it was perceived to imply an anti-social attitude, and threatened hierarchical beliefs about position and power.

Along with many others, Griffiths also labelled Rogers' therapy "non-directive". Again, I believe this indicated a lack of understanding of Rogers' thinking. It was not a term he used, and any viewing of his counselling, as, for example, in the filmed "Three Approaches to Psychotherapy" series, indicates quite a strong element of directiveness. I will not take the criticisms of Rogers' ideas further, except to note that they exist, and point out that his work also generated strong emotive support. The suggestion is that, like Dewey, Rogers at times, threatened fundamental beliefs about personal and social being.

**Motivation for change**

Rogers believed that the beginning of understanding or knowledge construction, which in total became the perception of self, began from within. In each person, from birth, there was a drive to actualise, maintain and enhance the person in relation to their environment (internal and external). Propositions 1 to 6 in particular describe this drive.

Like many theories espousing an inner directing state, this becomes essentially statements of belief, however he does specify some aspects that are testable. For example, he states that only the individual can provide information about their inner world (see Proposition 7), that the organism acts or reacts as a whole to new stimuli, that their behaviour (actions, thoughts, feelings) are goal-directed and the goals may be identified, and that emotions lie at the core of such behaviours. These latter two aspects are also quite significant in Deweyan thinking.
Optimum conditions for change

Propositions 17, 18, and 19 outline in general terms what Rogers' saw as the necessary and sufficient conditions for change to occur, summarised as an environment of safety and security, communication of acceptance of the person, and conditions indicating a lack of threat. In later writings he defined these more usefully in behavioural terms (for example, Rogers, 1959). What is interesting is that even in 1951/2 he recognised that these conditions were an integral part of an educational process.

"... what is being described here is a learning process, perhaps the most important learning of which the person is capable, namely the learning of self. It is to be hoped that those who have specialised in theory of learning may utilize the knowledge from that field in helping to describe the way in which the individual learns a new configuration of self" (1951, p.519-520).

Specifically, Rogers identified three behaviours as representing the necessary conditions in propositions 17 – 19. These were empathy, unconditional positive regard, and congruence. Although researchers from Carkhuff (1969) to Egan (1999) have extended the study of conditions, his original qualities as he defined them have largely remained intact:

1) **Empathy.** Rogers defined this as the ability to assume, in so far as we are able, the internal frame of reference of another person; to perceive the world as the other person perceives it; to perceive the other person as they perceive themselves, laying aside all external frames of reference in so far as it is possible; and finally communicating this empathic understanding to the other person for confirmation. In social constructivist terms, Rogers was emphasising the need to share and confirm the signage in figure in the speaker's world, and
for both interactants to recognise the coming together of perceptions.

2) *Unconditional positive regard*, was defined as the non-judgemental acceptance of the person. At its deepest it communicates a deep respect for the capacity of the person to control their own destiny, (to take responsibility for their own recovery). This does not negate the importance of support from others. It merely emphasises that support must emanate out of the world of the other, and with their autonomous consent. Similarly, unconditional positive regard for the person does not necessarily involve acceptance of the person’s behaviour. This, in fact, is the issue about which change is being negotiated.

3) *Congruence or genuineness*, was the recognition of the need for the communication of consistency and genuineness in the interactions. In the conversations, ensuring that the words and the feelings of those setting the conditions (beginning with the leadership) were matched.

Rogers saw the goal of support as the establishing of a two-way interchange of these conditions or qualities, but he argued that it was the person recognised as being the authority or initiator in the context (teacher, counsellor, leader of the support group, etc.), who held the initial responsibility or moral agency for creating the support climate – establishing the conditions in the context of the interactions, whether one-to-one or in the group setting.

Rogers, referred to the authority of his own experiences as the main evaluative determiner of the presence or otherwise of these conditions. If the learning, changing, growing or recovering process was proceeding appropriately, then this would be organically experienced as a positive feeling, as well as other more objective criteria related to the person coping in the world. Conversely if there was a sense of organic wholeness about the learning, then it could be assumed that the learning etc. was proceeding appropriately and was satisfying the actualising drive.
Individual autonomy

The fourth theme, Rogers' strong belief in an individual's ability to take autonomous control of their own destiny, is probably the most important aspect in his theoretical considerations. In his theory, ideal fully functioning individuals are those who have total control of their life's direction. Learning or change or growth is the process that leads to the development of autonomous awareness and control of understanding, and this will occur if his conditions for optimum learning are present and communicated. Rogers saw increasing autonomy as both the end product of change and a determiner of the direction of change. In this sense he comes close to Shutz (1972) and Dewey (1934), who held that the individual was both shaped by experiences, and shaped experiences, although they saw socio-cultural habits (Dewey) or typologies (Shutz) exerting the greater influence.

Although in this respect Rogers is perceived to be at variance with such as Shutz and Dewey, who advocate that it is primarily socio-cultural influences that determine our reactions, I again emphasise that Rogers does not deny these influences. As propositions 2 and 3 indicate, the individual reacts to new experiences in relation to his or her phenomenal field – which is essentially a combination of their social and cultural environment and their inner needs states. The implication as his propositions unfold, however, is that the person can exert a degree of autonomy in choosing which of the elements in the field will influence the resultant response. With a supportive learning environment (his conditions) the person becomes more able to make choices that will enhance their growth and place in the world. It is for this reason that his theory is labelled a psychological rather than a social theory.

Rogers would argue that his theory is pragmatic – grounded in practice. His experiences as a therapist and as an educator supports that as individuals...
experience conditions of optimum support, they become more autonomous in their
decision making, and ultimately more in harmony with the world around them,
because they have had a hand in shaping that world.

4. SOCIAL INTERACTION IN THE CONSTRUCTION OF MEANING

Alfred Shutz (Shutz, 1972; Shutz & Luckman, 1973) argued that the observer
standing outside cannot touch the essence of the person and their experiences;
that true understanding of human beings can only be achieved in interpersonal
dialogue, and meaning itself (knowledge, motives, morals, etc) is constructed i.e. the
interactive dialogue. Therefore Shutz argued that behaviour is largely a result of
cultural influences rather than the result of the operation of individual inner
psychological processes.

His particular concern was how we can know another person’s lived experiences;
the mode of understanding that which is “other”. He was interested in genuine
understanding, not just conceptualization of “type”. That is, X as person, not X as
social worker.

Shutz recognized that genuine understanding of another is a perception. He
assumed that signs such as facial expressions and gestures are a reflection of
inner life. That in true “empathy” the other person’s stream of consciousness is
temporarily parallel with our own. Of course the knowledge is indirect,
discontinuous and lacking much past knowledge. But Schutz believed that in
another sense we can know other people better than we know ourselves, because
we can watch others’ subjective experiences as they occur. With our own
experiences we must wait and look back later. “No man can see himself in action,
any more than he can know the style of his own personality” (Shutz, 1972, p.xxii)
The crux of Schutz's theoretical contribution was his contention that our social experience makes up a vast world that is constituted in an immensely complicated network of dimensions, relations, and modes of knowledge, and he distinguished between directly experienced social reality and a social reality lying beyond the horizon of direct experience.

The modes of relating differ according to the social situation. For example, towards those in our socio-cultural groups (he called them consociates) there is a "thou-orientation". If this is reciprocated it becomes a "we-relationship". Those outside our cultural groups he labelled contemporaries, and said there must always be a distanced-orientation. Interpretation of their signage will depend on the degree of previous contact or reference to an "ideal type" (as in postal worker). Towards these we have a "they-orientation" or a "they-relationship".

Schutz's discussion of the meaning of subjective and objective experiences indicates the complexity of these terms, especially when applied to the study of human experiences. In the case of my interviews examining and interpreting the stories of the interviewees, the only true subjective meaning attached to the stories is that of the interviewees. All other interpretations or meanings given are objective meanings.

In terms of understanding what happens during the "shared experience" as in support groups (a central issue in this thesis), or during interviews, Schutz makes the important point that

"The Thou (or other person) is conscious, and his stream of consciousness is temporal in character, exhibiting the same basic form as mine...It means that the Thou knows its experiences only through reflective Acts of attention. And it means that the Acts of attention themselves will vary in character from one moment to the next and will undergo change as time"
goes on... (and)... Since the Thou also performs intentional Acts, it also bestows meaning. It also selects certain items from its stream of consciousness and interprets these items by placing them in one or another context of meaning. It also pictures as whole units intentional Acts that took place step by step. It also lays down meaning-contexts in layers, building up its own world of experience, which, like my own, always bears upon it the mark of the particular moment from which it is viewed" (1972, p.98)

Thus interpersonal subjective comprehension must always be complex and at best a limiting concept in interpersonal communication, and in research. Always uncertain; always partial. Therefore the concept of the "shared experience" may be in total reality a myth.

My suggestion is that in the support group meetings and contacts we share some general principles. For example, that each person understands the other's feelings, or that guilt is a core feeling for those bereaved by suicide. But each person applies these principles in unique ways to create their own individual specific meaning. In the interview situation interpreting the "I in the Thou" may be more accurate or complete because the interviewer is focussed one-way and continually checking perceptions of the Thou with the interviewee.

Also Schutz suggests that when I perform a reflective Act of attention on your "Thou", I am observing the lived experiences that you are having at this very moment. I am tuned into your current stream of consciousness. Although this is admittedly my lived experience, it may be argued that my perception of your "I" may be more complete than you can achieve, because when you "perform a reflective Act of attention" it is more selective and "incomplete". There is also a certain "simultaneity" of experience between us both.
In spite of this, however, it must be accepted that the “shared experience” must always be largely a “a figment of the interviewer’s imagination/perception”, because the understanding we have of another person’s subjective experiences is based on our own subjective experiences of that person.

In addressing the question about whether we can ever understand another person’s experience, Schutz (1972) makes the point that

“We are asserting neither that your lived experiences remain in principle inaccessible to me nor that they are meaningless to me. Rather, the point is that the meaning I give to your experiences cannot be precisely the same as the meaning you give to them when you proceed to interpret them” (p.99-100).

Schutz attempts to clarify the distinction between the two types of meaning involved, that is, between self-explication and interpretation of another person’s experience. Experiences belonging to the same stream of consciousness (as in support group “shared experiences”) will have more commonality of meaning than interpretations of another person’s other experience streams (when people are not together).

The ongoing stream of consciousness is neither discrete nor well-defined – just a constant flow. It has not yet been caught up in the web of reflection. Reflection is a function of intellect, and therefore belongs to the spatio-temporal world of everyday life. In a real sense it takes us away from the flow of our inner life, in that we are forced to view human acts, in that moment, not as enduring conscious processes, but as frozen, spatialized, completed acts. The difference is a difference in levels of consciousness. This is expanded by Shutz:
"The awareness of the experience in the pure stream of duration is changed at every moment into remembered having-just-been-thus; it is the remembering which lifts the experience out of the irreversible stream of duration and thus modifies the awareness, making it a remembrance" (1972, p.47).

"In principle, the continuum which is my total stream of lived experience remains open in its abundance at all times to my self-explication...your whole stream of lived experience is not open to me...I can catch only disconnected segments of it...You and I differ from each other not merely with respect to how much of each other's lived experience we can observe. We also differ in this: When I become aware of a segment of your lived experience, I arrange what I see within my own meaning-context. But meanwhile you have arranged it in yours. Thus I am always interpreting your lived experiences from my own standpoint...your manner of attending to your experiences would be different from my manner of attending to them" (1972, p.106).

**Understanding the individual and social typifications**

Shutz sees our behaviour as the result of the complex interplay of stored perceptions that have been built up from the interaction of:

- socially-based passed-down experiences from the cultures in which we are immersed,
- inner personal experiences,
- temperamental attributes, and
- physiological and organic attributes.
That is, a mix of factors that are "messages" from within (individually influenced and controlled), and "messages" from without (passed down to us through our social and cultural heritage). Depending on all that is present and happening at any given moment of time, the mix of factors at that time will have a definably unique gestalt or "shape". It is this mix that largely determines how we will react, in the moment, to a new experience.

In the moment of occurring, he contends that our experiences have no shape or meaning. They are simply an ongoing stream of consciousness, and it is at this point that he moves away from most social scientists. He believes the individual exerts a high degree of autonomy in the meaning eventually drawn out of the total stream of consciousness, and hence considerable control over and determination of behavioural outcomes. So although Shutz accepts the importance and impact of social and passed-down cultural influences, he sees these located or reflected in the individual interpretations, from which the individual fashions his or her final actions.

The shape of the process by which we give meaning to our experiences is an important part of Schutz's theory, and like Dewey, he advocates a two-phase process. Like Dewey, he perceives phase two where a cognitive meaning (understanding) is created, is heavily dependant on an active process of reflection. The fundamental point is that our understanding of our experiences only comes retrospectively, after we have reflected on the elements we have consciously chosen or acknowledged from the total ground of consciousness that constitutes the experience of the moment.

In contrast to this cognitive "reality", Shutz argues, again like Dewey, that there is an element of unpredictability in our immediate (phase one) reactions to new experiences or events, depending on how novel or traumatic the experience is. This occurs because we react in the moment as an unorganized organism to new
experiences, and hence the initial reactive meaning assigned is often imperfect and
distorted. Simply because we can never be aware of all the information in the
environment, the store of perceptions from which the organism pre-cognitively
selects must always be partial, always biased. Each perception in our store will
assume different figure-ground importance in relation to each other perception and
to the new experiences. This will reflect our unique individual mix of organic
temperament and socio-cultural influences. An outcome of all this is to highlight
age. Either the “wisdom of age and experience”, where as we get older and as we
store up experiences compatible with self and environment, we are more likely to
react in the moment with greater logic and consistency. Or where as we get older
we accumulate biases that lead to the “folly of age and experience”! What we can
say is that with age we have a wider range of experiences to draw on.

Shutz, like Dewey, is of the opinion that individuals are unable to take a detached
and impartial view of their own behaviour while they are actually engaged in it
(phase one reactions). An important part of the process of growing up is learning to
become the observer of our own past behaviour. This is necessary if we are to
arrive at the rules which determine behaviour in the moment of action. Shutz
maintains that we can only come to understand the meaning of our actions
(automatic reactions) as we examine them in moments of reflection. It is on
reflection that we select out those elements of our experience which enable us to
see our own behaviour as meaningful.

By implication, we can also draw from Schutz’s theory both the major strength and
the major limitation of reflection as a type of “cognitive growth process”. The
strength of reflection lies in our ability to clarify and classify new experiences, and
modify, add to or subtract from previous experiences via the processes of
accommodation and assimilation. Its limitation is that we may fail to capture and
retain certain essential elements of experiences or events as they happen –
perhaps the strength of emotions, the accuracy or totality of the elements of events

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— although Dewey suggests that like our reactions to art, literature and music, we often do capture essentials.

The important point Schutz makes is that in reacting to new events, initial reactions are automatic. The reactions of shock and fear and denial when told of the death of someone close are classic reactions of this type. Later actions are more or less rational results of reflection, such as the decision to seek counselling help to solve a personal issue. In this latter reflective phase we consciously choose from our past perceptions and present temperament to construct a future reality.

Both Schutz and Dewey tend to direct their focus towards understanding the meaning construction process, rather than speculating on the nature of the drive behind our searching. However, without spelling out a motivational theory in any detail, Schutz, like Rogers, suggests that all action is intentional or meaningful and directed towards enhancing the individual. It is not a deterministic theory, however, because in the reflective sub-phase the individual is constructing or creating his or her own reality via the selective way in which the past events are shaped and ordered.

The "inherited stock of knowledge" (Campbell, 1981, p.203), from which the individual begins the process of meaning constructions is perceived by Schutz as a cultural store of knowledge about the world. This inherited stock of knowledge comes as a collection of "typifications" or "meaningful configurations", which are passed on to us by our social group (like Dewey's habits, or perhaps somewhat like Jung's archetypes).

It is this belief that puts Schutz amongst the social-psychological theorists. He sees our reactions and actions as being "...biographically determined — that is it depends on (our) own particular history...in (our) own particular society" (Campbell, 1981, p.202). Perhaps a better way of saying this is that they are biographically
“shaped”. This acknowledges the fact that reacting to, and later on reflecting on, events and experiences, occurs from a socio-culturally influenced mind-set or context, but it is the individual who is shaping and continually re-shaping these influences – to a greater or lesser degree.

Having to live in a social world with other people probably means that for most people, most of the time, the personal modifications of socio-cultural typologies are not great. In this sense our personal control and autonomy over the world we live in will probably always be a “reined in” personal autonomy. That is, theoretically we have total freedom to change and control our world in any way we desire. However, physical restrictions aside, we are usually socio-psychologically constrained by our need to be part of our social and cultural world.

When, however, we experience an event that is quite significantly different to any other experiences we have had (such as the suicide of someone close), and there is an organic recognition that the socio-cultural typifications we might call on (our inherited store of knowledge) is limited and limiting in relation to the alien experience, the Shutzian framework suggests that individuals might move in different ways to adjust:

First, individuals might shape and reshape the existing store of typifications until they have accumulated a store of new perceptions that are acceptable within their socio-cultural groups. For most cultures this might be expected to take some time, and with some it may never sit comfortably. For example in a culture that sees suicide as a sin or weakness, the adjustments expected by the culture may never be acceptable to the individual who refuses to judge the actions of their loved one. In this case individuals have several choices open to them. The choice of either incorporating one of the defence mechanisms (for example, denial or projection etc), or of totally assimilating (taking on the typifications of their culture), or of
autonomously taking on board new perceptions that are alien to the culture (suicide is a response to an inadequate society, not a weak individual).

Second, finding no typifications in their socio-cultural heritage, individuals might set out to find a new group with a "heritage" of new typifications that enable a comfortable assimilation or accommodation of the foreign experience. They may join this compatible culture, and either reject their old base culture, or (more probably) stay with the new culture until they are able to "shape" (by reflection) their experiences and fit them into their old base culture. This may well help explain why people join single purpose support groups, stay for a time, and even for a time reject their base culture ("My family and friends are no help"), and then eventually move back into it. Of course it may or may not mean rejecting the base socio-cultural background. This will probably depend on the flexibility of that culture. A flexible culture may have in its passed-down knowledge permission to seek new knowledge for new experiences. In which case the support-group mantle would slip over the shoulders very easily. Where there is conflict with the socio-cultural "rules", however, we might expect a longer time and prolonged agony in support groups that advocated such controversial values as, for example in the suicide support group, sadness but acceptance of the right to kill oneself, or openness in talking about suicide.

In expanding Schutz's theory of societal influence, he saw the consciousness of daily life as a social consciousness in two ways:

1) Normal consciousness of daily life takes for granted the existence and activities of other people in a shared world. This is seen in communication where people assume others understand with them the same situation they are in to a greater or lesser degree; a mutual awareness of sharing a world of reciprocal perceptions — "reciprocity of perspectives" (Campbell, 1981, p.207)
2) Consciousness uses shared passed-down typifications, through mutually understood linguistic signs and symbols. He indicated that we take for granted that we understand each other, see the world in the same way, and act within the same essential reality. In normal living this requires no proof—it is part of the pragmatic reality of normal practical attitudes. To a greater or lesser degree, there is mutual acceptance and understanding on the basis of simultaneous experience and shared typifications of the common world. Schutz calls fellow community members "consociates", recognising also that they act as though they understand the other person's motives.

Although there is an element of this close-knit "we-relationship" in all social interactions, Schutz sees it as strongest in small self-selected communities, and weakest between cultures that have opposing values and norms. The bereaved-by-suicide support group is a small self-selected group, where within the bounds of the block of suicide-related knowledge, a closeness develops.

Schutz makes the point that the "we-relationship" requires constant face-to-face contact to update the relationship and keep it intact.

*The consociate nature of the Bereaved-by Suicide Support Group*

Putting all this in the context of the bereaved-by-suicide support group, it would seem that it is the shared typologies of the suicide experience that brings people together for a time and cements such strong bonds or "we-relationships". These in turn slowly become superceded by the individual's basic cultural typologies as people come to terms with the experience (reflect on it, accommodate to it, and assimilate it into their base culture), and therefore most people after a time move apart and move on. Some with similar base typologies—cultures—may move on and retain contact with each other.
Under this Shutzian-based thinking, these types of support groups must, by definition, always be viewed as transient, always remain open-ended, and always have people moving on and back to their "roots". Similarly, under this model, the added strength or advantage often attributed to a group that is led by a person who has experienced a suicide themselves, may lie in the "power" of the shared typologies and the related perceived "we-relationship".

It is significant that Schutz suggests that "face-to-face" communities, with all their internal cohesion, are not complete societies. In fact they are more often strangers to the wider society. The result of this is that such communities must often create a complex set of typologies that will enable them to operate in the wider society. In this respect the grief resolution process may be envisaged as a socially-derived set of typifications that link the bereaved person (or group) back into the wider society.

As Schutz indicates, the shared stock of knowledge in a culture contains socially approved 'recipes' for dealing with recurrent problems (such as a death), and these typifications are absorbed by us through language and other signed experiences. This may be both an active and a passive process of reconstructing reality, where the individual may accommodate to some of the societal typologies (for example, accept a pressure to put it behind them), but modify or even reject others (for example reject suggestions that the person who suicided was mentally ill).

Schutz speaks of a process of "self-typification", where individuals learn to fit or refit into the wider society by constructing a perception of themselves playing a set role in typical situations. In a sense constructing a new "self".

A representation of "us in society" may be perceived as a series of concentric circles where the inner circles represent our strongest "we-relationships", and the outer circles represent our links with the wider society. Here the "we-relationships" become more and more remote. This picture can be viewed as a dynamic picture,
with the “we-relationships” moving closer to or further from the centre, depending on the context, or on the changing gestalts of perception, or both.

Thus, in the context of the support group, during the meetings group members enter a strong "we-relationship" where the perceptions in figure (as opposed to ground) show strong overlap and similarities. When those same members enter their work place, the “we-relationships” of work place relations take centre stage, and the support group membership “we-relationships” lose strength by comparison.

In the longer term, as the grief experiences are processed and melded in with the individual’s base socio-cultural store of knowledge, it might be envisaged that the support group membership “we-relationships” would weaken and move to outer boundaries. The factors that determine the broader socio-cultural links – such as role, rules, status, institutional links, which are embedded in the common language – would take over.

It must be emphasised that Schutz recognised that the passed down store of knowledge typifications are only one aspect of the individual’s practical interpretation of the world. Individuals autonomously construct and reconstruct beyond these, shifting, modifying and changing them, so that although they may retain a recognisable socio-cultural shape (people are still recognised as belonging to particular groups), they have a strongly unique individuality stamped on them.

In this way, Schutz explains, we are able to belong to many social groups – have multiple realities – without losing our basic socio-cultural identity. We are social beings, with a dependence on the security of a base group.

But, reverting to Schutz' central contention, we are also to a significant degree autonomous. He argues that the degree of autonomy probably has complex roots, but in general might be seen to depend on firstly the degree to which the autonomy
receives approval in the base socio-cultural typifications, and secondly on personal temperament factors.

In arguing so strongly for organic autonomy, Shutz has added an important dimension to meaning construction or learning, of change or growth (or grief recovery), to which this research attends.

CONCLUSION

This research has grown out of my own personal experience with the suicide-bereaved, and in particular with those who have attended The Compassionate Friends Bereaved-by-Suicide Support Group, and in attempting to explain and link understanding and action, I have found insight in the work of a group of philosophers whom I identify as social pragmatists. As Scheffler (1974) has indicated, these are those theorists who have sought an integrated interpretation of human existence – an integration of meaning, knowledge and action; a striving for a bigger more inclusive picture:

“(An attempt) to relate mind and nature, language and thought, action and meaning, knowledge and value, emphasising the primary significance of critical thought, logical method, and the test of experience...” (Scheffler, 1974, p.ix)

In particular this thesis approaches grief recovery as an issue of personal re-education, the result of an evolutionary process, wherein the individual rises like the mythical griffin from the ashes of his or her previous personal/cultural experiences. Furthermore the educational perspective signifies that grief recovery is not only essentially a learning or re-learning process, it is also a manifestation of the normal, natural human process of growth or change, dynamic and continuous. In the context of this thesis, the growth or change or learning process is called
“recovery”, and the goal of the process is the incorporation of an understanding of a loss experiences into the individual's total perceptual world of knowing.

The model that is presented in the chapter that follows, argues that grief recovery is not, as many current theories advocate or imply, the completion of a series of tasks, such as readjusting to a world without the physical presence of a loved one. Nor is it simply a number of finite stages to be ticked off. It is true that grieving people may be seen to complete tasks that bring satisfaction or increase understanding, and they may be observed to negotiate their way through what might be identified as stages, as they work to understand their grief. However, in Chapter 5 I will argue for a bigger picture; one that perceives stages and tasks as at best frozen frame static snapshots of a fuller more encompassing process – one that helps explain how the bereaved redefine their lives, and one that provides clearer guidelines for working alongside the bereaved.

Finally, deeply grieving people commonly express deep distress or complex reactions, and I emphasise my belief that it is erroneous as well as unhelpful to label such expressions of grief as unnatural or abnormal behavioural manifestations. Similarly, grief reactions do not indicate a state of illness that needs curing, as is implied by the widespread over-prescribing of medications in cases of severe loss. My work with grieving people has led me to the firm belief that grief reactions, no matter how distressing or complex, are normal expressions of the normal human condition. The model I will present in Chapter 5 suggests that extreme reactions, perhaps reflecting fear and confusion, are only to be expected if we accept that understanding starts from our current store of knowing – which in situations of severe loss is often found to be totally inadequate.
CHAPTER 5

NEW PERSPECTIVES ON RECONSTRUCTING THE SELF FOLLOWING SIGNIFICANT LOSS: A PSYCHO-SOCIAL EDUCATIONAL MODEL OF GRIEF RECOVERY

INTRODUCTION

In this chapter I draw together my arguments that a pragmatic process-based educational model of grief recovery, grounded within a social-constructivist framework, best assists us to understand the conversational interviews with the suicide bereaved – the major meaning base in this research – and ultimately to provide optimum support for them in their grief journey. I have called this alternative perspective or explanation of the grief recovery process a "model" in that it suggests a more appropriately comprehensive framework for working with or supporting the bereaved.

In particular, in applying this model to self-help support groups, I argue that the influence and effectiveness of a mutually shaping discourse community on the grief recovery process, as in self-help support groups, is a powerful additional support.

As indicated in Chapter 4, I have drawn on John Dewey's educational explanation of the nature of experience, on Alfred Schutz's cultural phenomenology, on the conditions for effective support of learning put forward by Carl Rogers, and on Charles Sanford Peirce's discursive semiotic theory, looking to bring integrity, cohesion and humanity to understanding and support in recovery from (in this research, suicide) bereavement.
Let me begin discussion by emphasising that supporting grief recovery (and effective learning generally) involves more that just setting up rational cognitive structures to assist the bereaved to construct new knowledge that gives meaning to their loss experience. It also involves establishing a supportive context that will encourage and resource the knowledge creation. Learning theorists generally tend to focus on either support facilitation (those contextual conditions or courses of action which facilitate change, as for example Rogers), or teaching/learning processes (those cognitive processes associated with the construction of knowledge, as for example Dewey). Processes of support facilitation usually refer to change in relation to some aspect of the self, and teaching/learning processes usually refer to change in relation to the person's knowledge base. I have argued that support conditions and cognitive processes are inseparable complementing components of any effective educational program. They not only influence each other, they embody each other. In other words I would argue that one's self and one's knowledge base are inseparable in practice.

Common ideas of reality, however, suggests that a disentangling bi-polar approach to understanding the learning process is probably realistic and inevitable, due to the complexity of considering them together. My suspicion is that "reality has become the meaning" for many in bereavement support practice. The personal component of knowledge acquisition has been lost sight of.

But having argued for the holistic perception of learning, I will like others, simplify discussion by considering the support facilitation processes and the teaching/learning processes separately.

**WHY DOES THE PROCESS OF GRIEF RECOVERY BEGIN?**

Dewey, Schutz and Rogers suggest that the process we become engaged in to give meaning to new experiences is inevitable and organic, which raises the
question "Where does the beginning of this journey of meaning construction lie?"
To answer this I turn to the existential/phenomenological thinking of Carl Rogers.
He believed that within each person resides a powerful innate driving tendency to
continually actualize, maintain, and enhance the self. In Chapter 4, I listed in full
those propositions in his theory (numbers 1 to 6) that Rogers put forward
describing this inner force (Rogers, 1951, 1969).

Within these propositions we see the genesis, the shape, and the direction of this
force. It is deeply embedded in the organism at birth, and from the beginning is
influenced by and expresses itself, as an holistic entity, through the total
environment (physical, social, emotional) in which the individual is born and grows.
The organism reacts to each new experience by selecting from the environment
those elements that will enhance growth. Rogers suggests that individuals have the
capacity to be pro-active in their striving, and will, consciously and sub-consciously,
actively seek those conditions that best satisfy personal needs. In emphasising the
autonomous power of the individual, Rogers places the person at the centre of the
learning process, and although he acknowledges strong social influences, his
theory is usually recognised as one of personal power rather than a social
constructivist theory. I would argue it is both, and that his thinking is close to that of
Schutz in this respect.

The presence of an organically grounded drive to change or learn or grow, or in
relation to this research, to recover (to create new meaning) is, I believe, supported
in the discourses of the bereaved. Those I have worked with over many years, and
those whose stories are reported here, have all in their own unique way reflected a
strong compulsion actively to seek to understand their experiences,
suggesting some inner force at work. An indication of the strength of the drive was
evidenced in my interview with Cara, who ten years after the death of her brother,
reported an ever-present pressure to work on the loss. She expressed it as
"...a very heavy weight...I was constantly thinking about it...I didn't feel it was totally healthy (leaving it)...always a sadness there at the back of my mind..."

and she actively sought a culture with experience and knowledge in her area of loss, to give meaning to this inner pressure.

WHAT SUPPORTS THE GRIEF RECOVERY PROCESS?

I will now turn more directly to the self-help support group experience to address the all important question "What is there within the person's world that supports their drive to give meaning to their loss experience?"

In the self-help support group context, three important elements may be identified that have a defining influence on the degree to which grieving people will engage in a process of meaning construction. First, there is the influence of that range of factors that relate to engagement at the personal and interpersonal level. Usually lumped under the heading of "facilitation qualities or conditions", in the group setting they define the atmosphere and hence the success or otherwise of "group process" or "group dynamics". Second, there is the intangible ethos that surrounds the concept of self-help, which is encapsulated in the notion of the shared experience, and forms a special perceptual overlay on the grief recovery process. Finally, there is the obvious factor that sets group experiences apart from one-to-one support – the potential to bring multiple and different perspectives to assist in an individual's recovery process. I will briefly discuss these in turn.

(1) Conditions for optimum grief recovery

The ultimate goal of the grief recovery process is that each individual will construct a satisfying personal plateau of meaning for their experiences. Anchoring the
process within a social constructionist framework immediately brings others into the process, which means that we must take serious cognizance of the conditions under which individuals will risk sharing highly charged, confusing and often threatening personal experiences. The model presented here argues that for effective grief recovery, it is vital that adequate support conditions are in place. In one-to-one interactions or in the group setting, these are those processes that encourage grieving individuals to actively seek to understand their loss experiences – the precursor to re-establishing satisfying relationships with the people and structures of their cultural groups.

The facilitation processes or conditions I am advocating as most appropriate to support the process of grief recovery are those originally described and researched by Rogers (1951). He referred to these as the "necessary conditions" for effective change, and he specifically identified three contextual conditions for optimum growth or learning or change or recovery as the basis for establishing a context of trust and safety. These conditions – empathy, unconditional positive regard, and congruence – were elaborated in Chapter 4.

Rogers also argued that it was the person recognised as being the authority in the context (teacher, counsellor, leader of the support group, etc.), who held the initial responsibility or moral agency for creating the support climate; for establishing the conditions in the context of the interactions, whether one-to-one or in the group setting.

Like Rogers, who referred to the authority of his own experience with clients he counselled, in my work with the suicide-bereaved, I have observed that people are more likely to share, discuss, explore, risk self-disclosure, and generally engage with an active process towards understanding their grief experiences, if the three conditions advocated by Rogers are consciously encouraged and supported in the working context. That is, if they are empathically listened to, respected as
responsible people, and perceive that I am genuinely interested, concerned, knowledgeable and competent.

(2) The phenomenon of the shared experience

A particularly potent element that sets the self-help support group apart from other support groups is the belief amongst members that those in the group will understand them, because they have experienced a similar event. Experiences are perceived to be common, and whether this is true or not, the important point is that individuals believe this to be so, and evidence indicates that it becomes a powerful motivating factor in bringing people to support groups, and in encouraging members to share and reflect on their experiences (Stebbins and Stebbins, 1995, 1997, 1999B).

The self-help phenomenon in total, offers an interesting area for future research, however in terms of the presented model, the power of the shared self-help belief suggests a connection to the Rogerian self-actualizing drive, and in particular that aspect of the drive that sees supportive social contact as a very important activating mechanism — perhaps the most important activating mechanism.

(3) Multiple perspectives

Simple logic suggests that access to many perspectives on a common issue raises the potential for increased understanding, and in this context, greater grief recovery support. How this might occur is taken up when I consider how meaning is created.

WHAT HAPPENS?

Both Dewey and Shutz suggest that when an event or experience occurs, an individual is immediately and automatically engaged in a two-phase meaning
creation process, which suggests that, like Rogers, they perceive the beginning of the process driven from within, and therefore perceive phase one as organic. They describe it as a pre-cognitive reaction, automatically creating a first meaning (and related reactions). This meaning is constructed out of the psycho-social or cultural habits or typologies embedded in the individual's base of experiences, and hence this initial meaning is embryonic and often fragmented.

Phase two is a more autonomous reflective phase. Here conscious, considered meaning is given to the reactions. Although this is a more consciously controlled phase, the reflections still occur against the backdrop of those socio-cultural habits/typologies/perceptions that are open to the person's awareness. The important difference, however, is that social discourse (in the form of people or equivalents such as books) is incorporated into this phase to broaden the pool of available relevant knowledge (habits etc.).

Dewey and Shutz perceive this two-phase process as ongoing and theoretically an infinite rolling process, where each moment of reflective understanding becomes the context and trigger for the creation of further meaning. Understandably, when the new experience is a traumatic loss such as suicide, it might be expected that movement towards a future comfortable (as in sufficiently acceptable) understanding of the experience will be long-term and slow in developing.

Therefore the implication in accepting such a process is that some part of the individual, consciously or sub-consciously, within a social context, is always and inevitably working towards an explanation of the loss experience. It may be a positive and consciously chosen engagement such as when we actively seek answers by joining a self-help support group, or it may involve a conscious decision to block or retard the process by attempting to exclude memories. In this model, however, total blockage is impossible. Inexorably and inevitably, driven from within, and filtered through our socio-cultural perceptions or habits or typologies (our
signages of the world), we construct meaning(s) for our experiences. In Cara’s case the retarded phase of meaning-making was dominated by “signs” of discomfort – feelings of sadness and thoughts of incompleteness.

HOW DOES IT HAPPEN?

Along with the attempt to provide a more holistic perspective on grief recovery, the offering the model makes to the question on how meaning is created is probably the most significant challenge to current perspectives on grief recovery. As indicated in Chapter 4, the semiotic theory of Peirce offers a valuable framework for understanding the signing activity involved, and in particular for that activity involved in the group setting. Peircean semiosis also provides a valuable foundation to Dewey’s philosophical view of the unity of experience. Like many social constructionists, Peirce argued that meaning is discursively constructed. Where he differed from other theorists (such as Lacan and de Saussure) was his belief in a two-way mutually shaping process. In explaining how knowledge was constructed, he advocated a discursive triologic semiotic process, where not only the perceptual worlds of the interactants (for example, bereaved and listener) are reconstructed in the process of giving meaning to experience, but the domain of the experience itself (the subject area, for example suicide-bereavement) is also reconstructed.

This is an important point, because it indicates that even so-called theoretical domains, such as “suicide bereavement” (which probably incorporates the domain of “suicide”), when considered in the real world of people, are context-related social constructions. In the domain of suicide bereavement, although we may theoretically postulate a complete body of knowledge, in reality the actual body of knowledge related to “suicide bereavement” for each individual is limited by the prior experiential perceptions previously “stored”. These are limited for most people, however, having encountered the experience, the stored perceptions are then...
continuously being expanded or at least re-shaped or reconstructed in time and space.

Although we can define this process of knowing and the signs which embody it in general terms, as we do below, we must be aware that in discourse in the real world, a referent must be identified – the person or group (or equivalent such as a book) who generates the sign in the moment, an identifiable "beginning" to the process. For example the policeman at the door telling a father that his son has died by suicide.

Peirce argued that when an individual encounters a profound experience (such as a suicide loss), what immediately comes into existence, although not consciously recognised, is a semiotic triad. Each interactant in this triad is both a "person or object with meaning (such as a book)" and a represented "abstraction of signs". However, the Peircean triad which follows, focuses on the "abstracted signs", because it is signage which intersects in the dialogic interaction of knowledge. Grasping the concept of the Peircean triad is complex, so I will stay with the policeman at the door to help explain it. Refer also to Figure 1:

1) First there is a generating referent, usually an individual (but it may be a book or film or other image), represented by his or her current signs of the experience – knowledge in the form of images, feelings, thoughts. Peirce calls this the *Representamen*. In my example it is the policeman at the door.

2) Then there is an interacting "other", present (as in the father at the door), or absent (as when the other is a conjured up image), represented by that other's signing in relation to the experience. Peirce calls this the *Interpretant*, and

3) Thirdly there is the domain or subject area – Peirce's *Object*. In the example the object is the total signage (knowledge) about "suicide bereavement" held by the policeman and the father.
The complexity of the semiotic triad is seen when it is recognised that in the moment either of the “interactants” in the triad can become the representamen or the interpretant, depending on the generating referent of that moment.

The Peircean contribution to this explanation of grief recovery is to recognise that each of these three elements is semiotically represented, with the potential for interaction, because prior to any interaction after the initial impact of the actual event or experience (for example, after the policeman has informed the family of the suicide and left), all that is available to the bereaved individual is Peirce’s Representamen of signs. These are visual images or feelings or thoughts or words or representational objects, which represent the total embodied experiential knowledge the individual has about the domain of the experience of suicide bereavement.

Here there is no chance to interact with the suddenly absent other, only to rehearse what they said or did or felt before, and include these signages in the domain. All experiences are in this way only partially represented in our awareness and to others at any time, due to the selective and social nature of our inner self-actualizing drive, and the dearth of knowing is accentuated when the experience is as alien as suicide is for most people. In Peircean semiotics even the experience itself can be a sign. This then essentially represents the individual’s position at the end of Dewey and Shutz’s phase one (the pre-cognitive phase).

![The Peircean semiotic triad](image)

**Figure 1**
The Peircean semiotic triad
In Figure 2, I have attempted a more elaborate representation of the nature of Peirce's semiotic triad for an individual, where each element may be represented in the interaction by one or more of a complex system of signs (Peirce's briefest definition of sign is something which stands to somebody for something in some respect or capacity [CP 2.228]). This describes an operation or process aiming towards some effect or goal – one which is active, never static.

The generating referent in effect defines the goal of the moment. For example, one of my interviewees, Lyn, in sharing how only the group members understand her issues, becomes the generating referent and therefore the signs she generates become the representamen of the moment. The others in the group become interpretants until one responds, when that person becomes the representamen.

In this model, the "signing activity" may be generated by the thoughts or feelings or images evoked by an object. For example, if a person was to enter a cemetery, and stand looking at the grave of their loved one, then the grave and all the signs it generates becomes the representamen in that moment, in the "signing dialogue" for the bereaved person, who then becomes the interpretant in that moment.

Note that the sign in this definition is fundamentally mediative, as it enters between and so connects two things (the object/domain and the Interpretant); one might say it communicates between them.
In Peirce's elaborated semiotic triangle, the domain contains two objects – the *dynamical object* is the totality of the domain in the world that is present. Peirce called this the "real" object, which reflected his view that the only world worth talking about was the pragmatic world that actually existed in the context. In the world of the suicide bereaved within the self-help group setting for example, this is the total knowing about suicide that is represented by all those in the group. This includes each participant's cognitive, affective and visceral knowledge, plus any other knowledge they have access to, as in films or books etc.

Peirce's *immediate object* is that part of the domain that is currently being signed ("discussed") by the interactants in the moment. For example in a discussion in the support group, this may be those images or perceptions that arise out of one person's story. In my interview with Jim for example, he described how caring for his dead daughter Sophie's car was an important part of their relationship. The images conjured up around this icon by Jim and myself, represented Peirce's "immediate object" at that time between us. Later as he recounted it to the group, the totality of the images conjured up around this icon by all of us in the group represented Peirce's "immediate object" in the group setting.
Again I emphasise that Peirce's *representamen*, briefly explained above, represents the signs that initiate an interaction. Not only do these visual images or feelings or thoughts or words or representational objects, represent the total experiential knowledge the individual has about the domain of the experience, but it should be added that he used this term to indicate that in the moment of communication they have a life that resides outside the person as well as inside. They become a medium of communication, creating a meaning in the world of the "other" in the interaction, and modifying the nature of the domain as well.

It should be recognised that we are trying to describe and "visualise" a complex multi-dimensional process. For example, the representamen of the moment is itself an amalgam of previous representamen/domain/interpretant knowledge/signage (Represented in Figure 4 by the triangle within the representamen entity). In fact Peirce variously referred to the representamen as "the sign" and the complex entity in Figure 2 also as "the sign", because in practice the complex entity itself becomes a representamen for further meaning construction.

The representamen can have three main forms – an icon, index, or symbol – the distinction deriving from the relationship the representations have with the domain. A relationship of similarity, analogy or other shared quality produces an icon. In Jim's story, Sophie's Honda car is an example of an icon, however icons may be any representational image, such as pictures, diagrams, people as models, even stories themselves.

An index is a representation that relates to a continuum. This may be of affect such as the degrees of love or anger. Cara's previously mentioned sadness produced indexical images within people as she told her story. Or the signs may be of properties or of paradox. In fact any image of comparison such as those represented by "more" or "less" or "positive" or "negative" etc.
Finally the representamen may be presented as a symbol, which is a sign that bears a conventional relationship to the domain (or object). The common feelings are examples. "Anger", for example, is symbolic of certain conventional behaviour.

Peirce's interpretant is the most complex and most difficult to define. For a start, each interpretant image becomes part of the representamen for subsequent semiotic (triadic) interactions, and in reality each representamen creates many interpretants (reacting signages) even in a one-to-one encounter. This is considerably multiplied in the group setting. So there is immediately an expanding network of triads.

If for simplicity of explanation, we isolate each triad, then Peirce saw each interpretant having one of three significant forms. An immediate interpretant image is related to fairly obvious low-level feelings such as recognition, acceptance, interest, curiosity or uncertainty. These might be described as interpretants that represent the "other" engaging in the interaction. The energetic interpretant appears to be a more active bodily or emotional reaction, and thirdly Peirce identifies the logical interpretant as a conceptual representation or imaged reaction. It is this form that he sees as the response that leads to habit change or knowledge construction; the discursive images that build to create understanding.

Therefore the process of creating cognitive meaning out of a new experience begins when the individual receives, or initiates, an interaction (usually with another person, present or absent, or an event, or via a representation of another person such as a book or film). Then a dependent mutually shaping interactive semiotic triologue commences, and in the interaction all three components are reconstructed (Again refer to Figure 2).

At this point three important aspects of Peirce's model need re-emphasising. First, each of the three component representations exists in the perceptual world of each
person engaged in communication. Second, in the interaction it is the signing activities that interact – hence the use of the terms representamen and interpretant. Third, this triadic model represents a shift from the linear learning model, where there is an assumption that the interpretation of all the domain knowledge lies in the hands of one person, the "authority", such as a teacher (in a school) or a counsellor (in therapy) or the group leader (in a group learning situation). In such dyadic semiosis, the teacher/counsellor/leader is positioned between the domain and the learner (See Figure 3). To understand this in Peircean terms is difficult, because there is a sense in which the "authority" is perceived as both the representamen and interpretant in the interactions. The implied "goal" is to work towards an exact match between "authority" and learner signs. The linear model fails to recognise at least three important points. First, that individuals exert, to varying degrees, autonomous control or executive intelligence over the creating of meaning. Second, that each person brings to a learning situation a different socio-cultural knowledge base. And thirdly, in the semiotic interchanges, all three components mutually interact, and all three components are reconstructed in the interactions, and the interactions can form the basis of further signing behaviour. The significance of these aspects will be elaborated.
Trialogic interactions in the group setting

In outlining Peirce's semiotic discursive theory, I have already intimated how a group might contribute to an individual's construction of meaning. I will now elaborate on this, by representing a group meeting in Peircean terms, because the group influence is so central to this thesis.

The signing activity represented schematically in Figure 2 represents the process of thinking in the emergence of executive intelligence, as Dewey saw it, in each person. In the trialogic interaction between an individual, a communicating other, and the domain of the event, meaning is episodically constructed and persons repositioned. This trialogic representation remains the basic meaning-construction unit when we examine what happens in a meeting of a group such as The Compassionate Friends Bereaved-by-Suicide Support Group – with the important emphasis that the domain contains the conditions/qualities of support, as well as knowledge associated with the subject matter (suicide and bereavement).

A meeting begins with a member sharing an aspect of their grief experience, and immediately there exists, for each person, a potential complex mosaic of Peircean trialogic interactions around the domain of that shared experience (See Figure 4). However, until there is some signification or response (which may include no
perceptible response) from other group members, the communication is one-way, as the arrows indicate.

![Diagram showing triad interaction]

*Figure 4*
Peircean triad at point where a member speaks

When another member responds the triadic feedback loop is closed (as in Figures 2 and 5), and this closure represents a new construction of meaning for each triadic component. The speaking member's understanding of the shared issue has been reconstructed by the response from the other member, whose own world of meaning has been reconstructed by the initial speaker's signing communication. And out of the interaction the domain world has been changed for both also, including both subject area and facilitation conditions.

*Figure 5* below represents just one unit in what becomes a very complex network of units representing the dynamic ebb and flow of understanding. Remembering that in the re-constructed meaning, it is the signs that for each individual represent the domain of the interaction (or an aspect of it) that are changed. The full complex richness of a group meeting is revealed when it is realised that with each single representamen-interpretant interchange, all other group members who are attending and involved will also have their domain knowledge expanded.
As a meeting proceeds, each person in the group becomes a potential speaker and responder. Roles are continually changing in this sharing and discussing. The end product is that each member mutually influences the understanding of others in the group, and because this is a triadic representation, the nature of the experience itself is continuously reshaped also. In Peircean terms, the suicide experience, and discursive action in the group are signs that contribute to a meaning making that is socially constructed. Therefore the notion of the meeting being represented by a complex, rich mosaic of fluid/changing "triads of interaction" or signing activity.

Furthermore, although the overt process is terminated when interactants move out of the group, evidence suggests that an ongoing process of reflection and accommodation and assimilation continues outside the group for each individual, in which there is interaction between internally stored signages related to the domain. This suggests the Peircean triologic process may be universally applicable. Furthermore, this notion of unceasing activity has implications for both the one-to-one and group contexts, not the least being that as helpers we can expect that people will not be where they were with respect to their grief when we next see them.
Conclusion

In concluding this explanation or theoretical framing of the grief process I will present a more detailed example from the research interviews to illustrate the model and the process more clearly, particularly in the group setting. For this I have chosen Jim's story, which I briefly touched on above. Jim confessed to both myself and the group that he saw himself as a hands-on practical doer, and told the story of the significance of the early eighties Honda car which had belonged to his dead daughter, Sophie. He told how he had bought this car for Sophie, and how an important part of his relationship with all his children, including Sophie, was to help them buy their first cars, and then help them maintain, repair and replace them where necessary. After Sophie died, Jim collected the Honda and parked it at the top of his driveway. There it sat for three years, untouched, gathering cobwebs and dust, until finally, one day he felt it was the right time to make a move, and he towed it to the wreckers for recycling.

In terms of the model, the Honda represented a number of "signed" levels of his relationship with Sophie. For example, it was firstly a constant up-front ritualistic symbolic reminder of Sophie. Each time he walked past it, images (visual, thoughts and feelings) of Sophie came into his mind; each time he thought of the car, memories were traced. Secondly it stood as an iconic reminder of the pragmatic hands-on nature of his relationship with Sophie. Thirdly it represented an index of the depth of his love and care and concern for Sophie and for all his children. Fourthly, at a deeper level it could be seen as an iconic representation of a core part of Jim himself (his practical hands-on problem solving approach to life itself). Fifthly, it was an index of measurement to him of where he was in his grief journey. Finally, taking the car to the wreckers was symbolic of his readiness to "let the old Sophie go" and move on into a new relationship with her. And many other levels may be identified.

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In telling this story to the group (and to me), Jim was sharing with others his understanding of the grief process, and in the process re-shaping our understanding of it. On the night when he reported to the group, it created a lot of emotional sharing and reflective discussion around the issues of knowing when it was time to make a commitment to a life ahead, of the way we differently relate to our children, and of knowing when it was right to move or rearrange or get rid of belongings and other signs that relate to our dead children. The animation and wide-ranging nature of the group interactions, and feedback during the informal wind-down time, supported how invaluable the discussions and sharing had been in helping group members construct new understandings of their own painful experiences.

In summary, Jim's story illustrates many important aspects of the presented model in action in the group setting:

- The most important message in Jim's story is that grief recovery is simply a specific focus of the normal learning (or re-learning) process
- It also reflects the presence of the epistemological authority held within the group (knowledge about the grief process in the suicide context)
- It illustrates the two-way semiotic interactive shaping process
- In the context of Jim's total story, the sense of holism presented by the Honda experience illustrates how each of the three components (Representamen, Interactant and Domain or Object) are constructed and re-constructed in the interactions
- It illustrates how individuals have the capacity to exert autonomous control over the grief recovery (change) process
- In terms of the outcomes of the interactions, Jim's story illustrates the social constructivist nature of the grief recovery process, and how it operates
- It illustrates the importance of interactive reflection
• It indicates how interacting individuals will become both Representamen and Interpretant at different times, depending on who is the generating referent.
• There is also the suggestion that the domain knowledge for each person is slowly expanding as each issue is discussed and reflected on, thus supporting that part of the model that says that each person's "knowing" is dynamic, unique, and a partial-personal rather than an absolute reality.
• There is also the suggestion that the domain in the shared experience has both common and personal components in each triadic interaction.

**SUMMARY**

The model whose base was established in Chapter 4 and integrated in this chapter, calls attention to the limitations of the current common conception of bereavement and bereavement recovery, with its emphasis on stereotypic states, phases, and developmental tasks. It argues for an approach to understanding and support for the bereaved from the perspective of grief recovery as a semiotic learning process, and that this model is most appropriate in explaining the contribution of The Compassionate Friends Bereaved-by-Suicide Support Group to grief recovery.

Working within a social constructivist framework, a two-phase process of personal meaning construction is proposed, where the first phase is a pre-cognitive reaction to the new experience, in which meaning is sought within the person's embodied socio-cultural knowledge. This is followed by a second more rational cognitive phase, which involves autonomous choices and reflective analytical reconstruction from the initial reactions.

Consideration within the framework was given to the optimum conditions for self-enhanced growth, especially in relation to the self-help support group setting.

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The core of the model is the knowledge building process that describes how the recovery (learning) process proceeds. When the new experience is a profound and sudden loss such as suicide, the model suggests that new understandings of the experiences are shaped and reshaped in a mutually influenced triadic interaction between (a) the signed perceptions of the bereaved person, (b) the relevant signs and symbols (not just words, but emotions and other reactions) represented in the context (his or her socio-cultural knowledge base, mainly associated with significant others such as family and friends), and (c) signs, symbols and actions associated with the domain of the specific loss experience (e.g. Suicide).

Relating this model specifically to The Compassionate Friends Bereaved-by-Suicide Support Group, from which the data in this thesis is drawn:

- The bereaved are the attending members, including the leaders/facilitators, and in interactions they are represented by the perceptual signs and symbols in their world that relate to the area of loss (observations, sensations, feelings, thoughts).

- The significant others (socio-cultural knowledge of the group) are the leaders/facilitators when they introduce their special knowledge and experience, plus "significant others" in the group, represented by the signs and symbols they communicate in interactions (for example, other members sharing ways they have dealt with particular situations, or the thoughts from books that have been read). As the group process proceeds, these "responding others" also become at different times "initiating members".

- The total domain knowledge of the group has two main components. First there is the totality of the experiential data that relates to death by suicide that has been brought to the group by each of those attending (represented as a complex perceptual network of semiotic or representational signs and signals). Second there are the experiences (actions, signs and symbols) that relate to the support conditions in the group (communicated via the structure and
functioning of the group, and first represented in the group by leader behaviour and involving procedures, rules, attitudes, etc.).

- Finally, a total group meeting may therefore be represented as a very complex network of triadic semiotic interactions. Within each triadic unit, each element is reconstructed. The end of a meeting could conceivably see each member having undergone considerable numbers of shifts in their understanding of the domain represented by the group (in this case their understanding of issues related to suicide).

The chapters that follow will introduce the reader to the stories of five members who have attended The Compassionate Friends Bereaved-by-Suicide Support Group – each presenting a different perspective on bereavement. I will then indicate how such stories illuminate the model and inform the practice of support for the bereaved.
INTRODUCTION TO THE GROUP

"...relax and listen to each other's stories, whether they are from a great religious tradition or from some ancient forgotten source or apparently new...short or long...rich in detail or sparse...violent or adventurous, slow or fast, and happy or sad in their endings...Stories should be treasured, because in the telling of them and in the listening to them we open our souls to wisdom which may help us discern where we are in our world, and how to take the next step" (Reverent Tim Costello, reported in The Age, 11th December 1999)

This thesis has argued that a grief journey, following the death of someone close, is a semiotic process or path whereby a person establishes a new enduring relationship with the person who has died. The holistic nature of the relationship that existed before the loss, is maintained after the loss, although there will be shifts in the components of that relationship. The grief recovery path cannot be described without reference to both the "oneness" and "duality" of the world of those walking this path – the totality of constructed knowing that represents the living grieving person, and within this a sub-set of knowings (memories etc.) representing the dead person. These are an integral part of the bereaved person, and yet they stand alone. The focus in this research is on those who are grieving, however it is the person who has died who is at the core of the stories. They provide the focus and motivational energy for creating a new life direction. Hence
each interview involves two stories, one up-front and sharp, the other indistinct and shadowy. Stories within stories.

In a different but related way, when we consider groups such as The Compassionate Friends Bereaved-by-Suicide Support Group, there is an inevitable “bi-valence” (as opposed to ambi-valence) about these groups. Firstly, inevitably, we can recognise a solid definable “shape” about the group – we can describe it; it has definitive meaning. At the same time there is a shifting shadowiness when we look inside the group; a multiplicity of changing faces, both literally in terms of people, and figuratively in terms of the changing meanings that are associated with the people in the group. People come and go; stories change over time; at a second level the group as a definable entity becomes less permanent.

Therefore, the stories that follow both do and do not represent the group. They represent the actual, the possible, as well as the cultural. The stories give us a sense of how the group functions, and what it has to offer those who have been bereaved by suicide. This contributes to the concrete picture, the sense of solidity about the group, the sense of something with shape that persists over time, the structural layer. In a very real sense the group is more than the sum of those who attend. It has a solidity that transcends the entry and exit of the bereaved. It has its own “cultural background”. For example, there is an overlay of structure and agency that reflects the expectations, impositions and monitoring of the umbrella organization of which it is a part. Also, for the group involved in this research, there is a regular leadership which has been in place for some years. In general, therefore, we can say that the more permanent definition of a group is essentially to be found in its structural context, and in the similarities out of the reported experiences.

The shifting, changing, sense of impermanence, the sense of a living breathing organism, will be reflected in the details within the stories. Each story presents a
different face of the group. Each person enters the group with a uniquely different profile. They bring with them different life experiences, different expectations of the group and of themselves, different personalities, different skills, different ways of processing information and relating to others, different levels of trust in the group process, in the group members, in the leadership, in themselves, and in life itself. The list goes on and on. And in interaction with other group members and with the content of input and discussion, there will be significant changes to these profiles.

INTRODUCTION TO THOSE INTERVIEWED

As stated in Chapter 1, the choice of those to be interviewed was not random. Those chosen are a reasonably representative selection of those who attend the group, although I do not claim that they represent the group. (See Appendix 2). Each presented a particular view of the group, and a particular face of bereavement. The sum of these different perceptions represent one current construction of the story of The Compassionate Friends Bereaved-by-Suicide Support Group. One of the realities of narrative research, and of life itself, is that this “story” could have been told in many ways, each time producing a different “representation” of the group. I believe in the five stories chosen here, there are sufficient “common truths” to separate out this group from other groups, and give it a sense of enduring definition – for this moment in time.

Each of the five I interviewed give a different view of the grief journey, and a different perspective on the group and what it has to offer. And yet they shared many similar and significant perceptions about the grief recovery process, and about the functioning of the support group. These will unfold more clearly with the telling of their stories, however I would like to direct attention to three key shared perceptions. Firstly, each one expressed the need and emphasised the importance of reaching out to others if they were to survive the journey – the importance of the social component in creating meaning. Finbar emphasised and re-emphasised this
point, with the rider however that the "others" must be those who had "walked the same walk, and talked the same talk". Secondly, each one perceived that the support group presented a safe, appropriate and invaluable context in which to interact with others – to share and to contribute. For Lyn this was the only context in which she felt safe enough to express her vulnerability. Thirdly, and less directly, but just as clearly, each also recognised within themselves the need to balance their modes of understanding their experiences. Jim, for example, recognised the need to balance his normal cognitive approach to finding meaning, by working on the expression of his feelings. Cara showed some fear that in working towards a more objective understanding, she would become distanced from her feelings – in particular those early feelings that arose out of the suicide experience itself.

I have introduced the reader to Finbar first. Finbar presents perhaps the best overall and most extensive view of the group. He has the gift of the raconteur, and leaves us with a very clear picture of the potential of this group to support the suicide bereaved, and in fact how groups like this might support in any situations of great loss. Finbar also raises the issue of group dependency, and the question "How long should a person attend the group?" by the way he describes his need for the group.

Jim represents probably the most common community perception of men and grief. Jim also has the ability to express himself clearly, particularly in metaphor, and in his journey we are able to perceive his shift from a traditional picture of macho control and reliance on logical practical problem solving, to the more vulnerable and what is commonly referred to as the feminine expression of his inner pain.

Val represents those who are compassionate, somewhat conservative, and pragmatic. The leadership of any support system depends on these ever-reliable "doers", alert to the needs of those around them, and prepared to jump in and help. They are the backbone of the world of volunteerism.

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Cara is a bereaved sibling. In situations of family grief, the grief of siblings is often overlooked and/or misunderstood by the adults around them (Stebbins & Stebbins, 1995). In particular where a child has died, it is often the parents who receive the main focus of support. In this research, Cara also represents those who for various reasons have put their conscious grief-work on hold for a long period of time. Her story gives us insights into the meaning of the loss experience for these people when they finally directly face their grief.

Finally, Lyn tugged at my heart strings. Her story begged to be included. Intelligent, warm and caring, she represents those for whom the grief journey is long, arduous and very sad – but not abnormal. For whom life seems to hold little joy, and worse still who see few signs that it will ever be otherwise. Members like Lyn who attend the group cause us considerable concern. It is as though the vital spark of life has almost been extinguished along with the death of their loved one. Yet Lyn has become a valued member of our leadership team. Although I have no doubt she has the ability to actually lead a group, she recognises the gap in her journey of grief recovery, and chooses to take on the role of “tea-lady” (Her term – she said she simply aims to be the best tea-lady in the organization!)

In this Chapter, I will tell the stories of these special people without interruption or theoretical interpretation. I would like the reader to walk with them for a time and feel something of their hurt, confusion and struggle, before stepping back into a research thesis to examine the implications behind their experiences. In Chapter 12, I will discuss the links between their experiences and the model presented in Chapter 5, and in Chapter 13, I will examine implications for improving our understanding and practical support for the bereaved.
CHAPTER 7

FINBAR AND BERNARD

Expectations and disappointments – cultural shortfalls

Finbar's son Bernard was 19 years of age when he suicided two and a half years prior to my interview with him. In my mind Finbar stands out as an example of those who come in to the support group disappointed, angry, hurt or puzzled at the real or perceived lack of support from their family and friends and the broader public. With family and friends the dominant theme is "They don't understand!". For the wider public they often add "They don't seem to care!"

Suddenly floundering in a frighteningly alien world, the expectation that family and friends especially will step in to rescue them is often quite intense. Born out of their understandable fear, they expect that family and friends will be there for them 24 hours each day, will allow them to express their intense painful feelings openly and be understood even when the expression may be somewhat bizarre, will listen to them tell their story over and over again, will listen non-judgementally as they talk about their dead loved one, and, above all, will provide answers to those questions that might give meaning and healing to the experience.

Reflecting the intensity of their fear and confusion, these expectations are often deep-seated and firmly entrenched, and the related feelings of disappointment, frustration, anger, hurt, and bewilderment at the perceived or real impotence and ineptness, often persists for many years. For a very small number it remains forever a festering hurt. Most, however, eventually acknowledge that those around them really do care – even care deeply – but like the directly bereaved themselves,
have nothing in their repertoire of experiences to fall back on. What is more, these family and friends are often themselves grieving for the person who has died.

Reasons for attending the support group

The disappointment at not receiving the support that is automatically expected, and the resultant sense of isolation, helplessness and desperation, helps explain the reaction of the bereaved on attending the support group. They enter a culture that seems to be the complete antithesis of their normal social groups in relation to handling bereavement after suicide. A culture that not only encourages expression of intense feelings and talking about and celebrating the life of their dead loved one, but actually sets up structures and an environment where this becomes the central focus. Their reaction is somewhat like Saul's experience on the road to Damascus – a blinding light of salvation. They report feeling intense relief at finally finding others who “have been there” and understand what they are experiencing. In Finbar's words:

“...after that first meeting (I knew) it was for me...the common thread (in the support group) is that everyone has been brought to their knees...(and)...in that common ground I can find solace and comfort and hope...Like water finding its own level...we fill each others' glasses up...I can really let my guard down in there...I don't have to worry about explaining to people that I'm down...or up...or mediocre...People understand...Like I get a lot of relief there...and I get a lot of strength...It's like going home...you can let your guard down finally at home...It's like that for me...”

For a time, the group members become the most important components in their grief journey – a haven, an inspiration, and a source of knowledge.
Finbar and his approach to grief recovery

In a general sense, this introduces the Finbar who presented to the group just over two years before the interview, accompanied by his ex-wife (Bernard's mother) and his three surviving children. A man in his early forties, of medium height, and softly spoken, at times Finbar expresses an intensity in his voice suggesting inner anger held tightly in check, beneath a general air of tiredness, sadness and bewilderment about the harshness of life. At other times his words and body language reflect an inner struggle between a cynical surface acceptance of life's power to defeat, and a deeper core-self that refuses to be beaten.

“This isn't what I expected out of life...but it's what life expected out of me...and I'm not up on the cross...or bloody...self-flagellating or that...but this is my load...(and) I don't want to wallow in self pity or resentment or anger...I want to become comfortable with my reality...”

It was interesting that all the others who were interviewed said how much they appreciated and valued the pragmatic way Finbar stood up to life. They particularly enjoyed his whimsical humour and his thoughtful, often lateral, philosophical reflections. Many others in the group have also echoed this, including myself. We are never quite sure what to expect when he starts to speak, or when he responds to others. For example, in our interview Finbar summarized his thoughts on grief:

“You see I believe, too, that most people end up with the same whack of pain...No matter what happens in their life...At the end of it...from the beginning to the end...I think that everyone ...whoever's dealing the cards...you get the same lot of pain....the same sized bucket..."
And he went on to speak of a woman who attended our group and who he said had "got her bucket-full all at once" when two of her young adult children and two of her grand-children died in the horrendous Waco, Texas, shoot-out and incineration.

Finbar's body is covered with interesting tattoos, remnants of an admitted colourful earlier life. He spoke of his love of Irish music, and conjured up scenes of wild nights with Irish music and drinking and dancing. He confessed that it was being confronted with the wonder and responsibility of having his own children that "blew an early angrier lifestyle away". This had the ring of truth, as a deep and passionate love for his children was the most enduring theme throughout the interview, and indeed throughout the time I have known him in the support-group.

This love came through as he told of the painful years of desperate struggle – full of fear, hurt, and ultimately hopelessness – that he and his family went through as they watched Bernard battle with an escalating heroin addiction that finally destroyed him. And it came through, both in the interview and during the support group meetings, as he spoke with love – and fear – for his three remaining children. In fact, he said himself that 70-80 percent of the reason he attended the group was for the sake of his children.

Those who have heard the Irish folk group "The Fureys" and listened to their mixture of earthy haunting music and whimsical philosophical banter, will recognize in my "Finbar" echoes of Finbar Furey, the oldest of the four Furey brothers. And in fact folk/blues/jazz music has always been a very important part of my Finbar's life. Even before we started the interview, he spoke with real enthusiasm of an upcoming evening at "The Piggery", a restaurant in South Melbourne where folk/blues/jazz musicians meet and play.
And music was certainly a very special part of his relationship with Bernard – they both played the guitar, and some of his most precious memories are of the two of them making music together.

Finbar's story builds around two major themes – a third if his earlier (and I suspect fading) disappointment at perceived lack of family support is added. The first is of a father's non-judgemental persistence in the face of increasing hopelessness and helplessness as he watched his son being slowly destroyed by his heroin addiction. To the very end of Bernard's life, and in spite of increasingly strong evidence to the contrary including previous suicide attempts, Finbar refused to believe that the addiction could not be beaten. Most parents in his position are not so fiercely certain, tending to ride the roller-coaster between despair and hope. Finbar was quite definite in saying that he never lost hope.

So when Bernard's struggle was over, and he ended his life, Finbar was devastated. He felt none of the initial sense of relief reported by many parents in his situation. Relief, embedded in their pain, that at last their son or daughter's soul-destroying struggle was over. At no stage over the years I have known Finbar, have I heard him express any sense of relief. I have only heard, again and again, a continuing cry for an unattainable more time with his son.

The organic drive to understand

The second theme dominating Finbar's story is of his fight to understand and make sense of his experiences; to redefine his life and in particular to redefine it in relation to the soul of his existence, his immediate family. The words "persistence" and "indomitable" spring to mind as I visualize Finbar struggling through this process of re-inventing himself. His tenacity is poignantly captured when he describes his experiences between monthly support-group meetings as a recharge-discharge cycle. At the beginning of each month, buoyed up and
recharged, he grits his teeth and faces life again. At the end of each month, tired and dispirited at reactions from others around him to his pain and loss (particularly wider family and work-mates), he presents this tenacious picture of trudging back to the support group for a fresh charge of energy and hope. And at the time of the interview, Finbar still saw the support group culture as the only group who fully understood and could support him in his struggle to make sense of his experiences.

**Finbar and the support group**

I would like now to turn more directly to his reflections on his experiences in The Compassionate Friends Bereaved by Suicide Support Group, which he describes as the power source for his ongoing journey; his lifeline to reality. He first attended the group just three months after Bernard's death, and was interviewed just over two years later. As I complete this thesis, he has now been attending the group for over three and a half years.

In general terms, Finbar describes his grief journey as a never-ending unanswerable search, and the shape of his grief as a constantly changing day-by-day proposition. He is also quite pragmatic and realistic in his view of the journey, and has no illusions about the difficulty:

"There is no big answer to this huge thing that's happened, and how to cope...Ask all the questions you like, but you're never going to get a satisfactory answer...You won't ever get over it...But you can cope...People on the outside will tell you 'You'll be right after seven years eight months and two days', but that's not right...You've got to tackle it with a different approach...each day...Each day is different..."
He accepts that ultimately his destiny lies in his own hands, although he recognizes that he requires the input of others to help him fulfill this destiny — and he is clear on who the "others" are for him:

"...look it's I alone that's got to do it...but I can't do it alone...And I can't do it with other people who haven't walked the same walk and talked the same talk...I get a lot of strength from people...and a lot of sorrow too...but left to my own devices I think I'd avoid the grief...I would avoid it...and I know that for me that's no good..."

Finbar speaks quite resignedly about the people outside the group who surround him. While acknowledging that there are many caring people in the world, he says that he is no longer prepared to risk disappointment by talking about Bernard with people who have not shared a like experience. Hence his focus on members of the support group, and the special meaning they have for him:

"I think there's something there that you can't quantify...There's body language and there's definitely a sense of...goodness there...Healing...Yes there's a sense of healing...Even if you can't...(pause)...I've just sat there sometimes and let it wash over me...when I haven't had the strength to participate...(and a little further on)...It restores my faith in people...Like when it's just someone handing the tissues to someone else...That's beautiful...loving...for nothing..."

When these "gentle reflections" are placed against his normal view of the world, coloured by his past life experiences, and in particular his experiences with society and a son who was a heroin addict, they take on more power:
“I’m very cynical (he says)...You know, a doubting Thomas...Especially after (the experiences with Bernard)...I think I’m harder, because of it...(but) those things (in the group) restore my humanity...”

And he talked about how being with such people allows him to show his soft side, and also to reach out to others as they are reaching out to him.

“...I can really let my guard down in there...I don’t have to pretend...”

He speaks also of the group providing him with a model for dealing with situations. For example, he comments on the caring and tolerant reactions from other group members towards those occasional times when group members prattle on and on. This annoys him, however, the non-judgemental reactions of others have taught him to accept that each person has to be allowed to handle their grief in their own way.

“If those people can sit and listen to the same crap as I did...and the same pain...then that’s how I react...It’s living a sermon...”

As comments like this illustrate, Finbar has a delightful, dry, Celtic humor, which surfaces often. Commonly it shows up in the whimsical way he describes himself and his own reactions. For example, he smiles as he says that he doesn’t mind hearing people talk of their experiences, but he can’t stand preachers — those who tell others how they should be feeling and how they should act. His description of how they “get up his nose” and the similarity he finds between preachers and the substance found in nostrils I will leave to the reader’s imagination! Similarly, his comment on those who give themselves airs — “They all vote the same in the graveyard”, he says.
One of my original research questions was to consider who might best gain from attending the group. Finbar's story suggests that the group may be especially suited to those who, like himself, are self-determining – those whom we used to call "self-starters". And his own comments agree with this. In part, of course, this is to be expected of groups labelled "self-help", although the degree of self-determination in groups can vary, depending largely, I believe, on the nature of the leadership. The Compassionate Friends groups are all facilitated or led by bereaved parents or siblings, so the emphasis tends to more naturally focus on shared self-help. In some so-called self-help groups, especially where the leadership does not share the common experience of the attendees (such as when the leaders are professionals), the self-help aspect becomes blurred. These groups often move more towards controlled therapy groups.

**Personal control**

Certainly, from our first meeting, Finbar has shown a determination to control his own destiny. To face and understand his pain in his own way:

"Personally I've always had trouble being told what to do...that part of me is still the same...I just don't like being told how to handle my grief...you've got to do it on your own...No-one can tell you how to do it..."

This does seem to support Rogers' contention that we have within us a fierce will to survive and grow. Finbar seems quite clear about what he needs for his grief journey. For example, he is clear that he can't do it on his own, that he must keep facing his pain, and that he needs people who have been there before him:
The support group as comfort or challenge

Finbar further suspects that the group may have value for all bereaved people, although he suggests that the self-help experience may not be as easy for those who find confronting situations difficult:

"Those that find being confronted (hard to handle)...maybe the group is not for them...Like my ex-wife...she can't confront things"

Finbar's ex-wife, and the mother of Bernard and his other children, only attended that one meeting. She told Finbar that she found it too overpowering. Like myself, Finbar has seen people come into the group, become frightened at the depth and intensity of the feelings being expressed, and not return. But also, like myself, he has seen many of these same people return at a later time, realizing that confronting intense feelings is necessary if they are to move on with their lives. He has that hope for his ex-wife:

"...Knowing it's there, and that it's an option...Maybe in ten years, if the group's still going, she may want to come back to it..."

"...I'm definitely not saying that those that don't come back don't love their children as much as I've loved...I love...my son...But...I think they'd be better if they did (return, and regularly)..."

Finbar reflects further on those who commonly attend the group. He observes that those who return again and again, and obtain support from the group, seem to be those who are able to face the full reality of their experiences, including in his case very strong feelings of personal failure:
“Acceptance that this is what has happened...in all its horror...That this is what I am going to have to deal with...*(and he goes on to relate it back to himself)*...I accept that I will always feel that I didn't do enough...I accept that I did everything that I could, but it wasn't enough...When I said that I got some peace...”

Those who can't accept it, he feels get badly hurt later on, whereas he is able to move on in manageable steps with the support he gets from attending the group, although his description of manageable steps still contains an element of pain:

“I just lay on the bed of nails, instead of dropping on it...”

He also observes that the people who attend seem to be, as he describes them, “really good people”, “Even the pains in the arse...are good underneath”. When I ask if he means they are “genuine people”, he says yes, and expands:

“I've only met one bull-shit artist there...(rethinks)...No, two...(thinks again)...No, one and a half...”

Although when I ask for more clarification, he admits that even these people are genuine – they just annoy him by going on and on! He admits that he just has to learn to accept them.

**The value of the group interactions**

He describes himself as like a set of scales. He has come into the group with one pan weighed down with grief. Each meeting in his sharing with others, one grain of sand is added to the other pan. Slowly the group levels the scales.
"Benefits (from the group experiences) are long term... Persistence I believe is the answer to a lot of things".

"... I don't know if hope's the right word... I get enough strength... I can gauge where I am... I've seen people come in who have said 'It's been four years' and then just break down... I think I'd be the same way... I've got to let it out..."

Finbar spent some time reflecting on the way the group has continually, often brutally, confronted him with the reality of his loss. He acknowledged the value of this honesty, but he also admitted to an ambivalence, conflicting feelings, about attending the group.

"... I'm so glad I've met everyone... even though I wish I'd never met you... because it would mean that my son was alive..."

But that's not reality... (and)... I want to get comfortable with it (my loss)... I don't want to wallow in self-pity or resentment or anger... I want to become comfortable with my reality... (because)... there is no big answer to this huge thing that's happened... Will you ever get over this? No!... But you can cope... This isn't what I expected out of life, but it's what life expected out of me..."

And the continual confrontation with the reality that:

"...(You can)... ask all the questions you like, but you're never never going to get a satisfactory answer (to why)... or the answer you want"

or

"Will you ever get over this? No! You won't get over it... But you can cope"

or
"Left to my own devices I think I'd avoid the grief... And I know that for me that's no good... The group makes me slow down and appreciate things"

Confronting though it may be, the group has helped him stop and look squarely at issues. He calls the reality of this confrontation "...a short hammer on the anvil of life...", and concedes that he likes the directness and honesty he perceives in the sharing. It suits his personality. He likes social conventions being "blown away", and cites:

"I remember when F. pulled someone up... I think it was that pommie bloke... when he said 'Men don't feel grief to the same extent as women'... And F. pulled him up and said 'I'd like to argue with that'... and others piped up too... That was fantastic... And beautifully done... Not nasty... Getting that male bullshit out of the way... That's crap... there's no bloody dinosaurs anymore... And crying's not weakness... And you don't have to be the strong one..."

**Reasons for attending the support group**

When asked why he came along to the group in the first place — why he entered this "new culture" — he gave several reasons. He became aware that he needed help for himself, he could see that this also applied to his ex-wife and three remaining children (two daughters, 19 and 18, and a son of 15), and he had had a bad experience with a professional counsellor, which he described as:

"...(this) 25 year old was going to counsel me on how to cope with death!!... She'd had a grandmother that had died... And she wasn't married and had never had children!!..." And he shook his head with amazement.
Thus the main impetus for joining was the search for answers for himself and his family. Now, over two years on, he is able to look back and reflect more broadly on the many reasons why he keeps coming back. He speaks about the valuable knowledge on handling grief that he has obtained through his immersion in the group culture. He talks about the support he has received, using words such as "comfort"..."solace"..."hope"... Furthermore, he says, the group has confirmed for him the importance of learning to live with the continuing pain, and of being able to be himself and express his feelings and thoughts freely. He says the meetings recharge his batteries, and listening to others enables him to assess how he is going:

He also indicates that at a very practical level, the group has provided him with problem solving ideas. For example:

“When things occur, I can refer back...We could have discussed (it) months ago...(For example) when people ask 'How many children have you got?'...because it's been discussed in the group...I can see what my options (for answering) are”

He says he is now able to give a response appropriate to the situation.

And finally, topping his list of reasons for returning each meeting, Finbar states his need to have his son continually acknowledged and talked about. He gets very angry about this:

“Months go past and no-one mentions Bernard...Another reason why I like the group – I get to talk about him...his name's brought up

Interestingly he has discovered that just listening to other people in the group has many spin-offs. Not only does he get ideas to help him cope better, but:
"There's relief in just listening...Even if its only an hour...I've got an hour's relief from thinking how bad and sad my life is...It really balances me out...It puts things right back in perspective, and makes me treasure and use my time to the best that I can... (And often) in just listening to people, they almost shape your experiences..."

Although sometimes he has found listening to other people's experiences quite distressing, and he returns again to the lady whose son, daughter and two grandchildren had died in the Waco, Texas, trauma:

"That really put things back in perspective for me...I really had to remind myself that my son had suicided...that I was there because of my pain...I felt nearly unworthy to be in the same room as that woman...Almost as though I hadn't paid my dues...But then I got it back in perspective...I don't want to diminish Bernard's death..."

This difficulty in listening to the distress of others is a theme I have heard expressed often, but particularly strongly under two specific circumstances associated with the self-help experience. Firstly, as with Finbar's ex-wife, those who only attend one or perhaps two meetings will often say that they did not come back because other peoples' distress on top of their own was too much to handle. And secondly, at the other end of the attendance spectrum, many long term attendees will cease attending, saying that they now find it too distressing to be taken back to where they were in the early days of their grief. They put it in the context of now wanting to look and plan ahead, without intense pain intruding.

My own thoughts on this issue are that, as leaders, we provide as much support as possible for each person who attends. We sit a support person next to those who are new to the group or show special vulnerability, and we make sure we contact
them in the days following the meeting. However, we also recognise that we cannot insulate people from the reality of their loss experience or the intensity of the pain of others in the group. Nor would we want to, because we believe that the journey of grief recovery must necessarily pass through the dark valleys of pain.

**Influence of specific group members**

I asked Finbar about the influence of others in the group, and who specifically had had the most influence on him. He did mention four or five people, but preferred to speak more generally about the nature of the contributions that all people had given to him, tying it back to the characteristics already reported—honesty, acceptance, directness, warmth etc…Again, those qualities that Rogers said were important for personal growth.

**Group structure and group leadership**

Finally I asked Finbar about his thoughts on the structure of the meetings and the style of the leadership. He acknowledged the importance of a gentle lead in with an informal “cuppa” and in the formal segment some input before the sharing of stories around the group, but made it clear that for him the most important part was the personal sharing:

“(Laughs)...I want to get to the meat...A bit impatient, but see I've got such a lot out of it...(but)...No, I wouldn't change (the structure of the meeting) at all...I think there's a winning formula there...I wouldn't change it because it works...", and on the leadership, "...(You)...definitely couldn't do it unless you'd paid the price...It takes special people to do it...To continue to keep going there...And to keep giving...I just think it is above and beyond the call of duty...If I thought it wasn't OK, I'd tell you..."
In this interview, Finbar spoke with great warmth about what he had received for himself by attending the group. What needs to be added is that this was very much a two-way relationship. Each of the others I interviewed volunteered that he was a central and influential member of the group, and had played an important role in helping them on their journey. They commented particularly on his ability to examine his experiences in an open and honest way, and to express his feelings and thoughts clearly and creatively. I will return to this when I discuss the issue of group dependence in Chapter 13.
CHAPTER 8

VAL AND NATALIE

Position in the community of the group

Thinking of Val takes my mind back to my early life in rural Australia and the influences of a vibrant country church community. I am reminded particularly of Mrs Harrod, one of a band of background workers, epitomizing Christianity-in-action. Warm and motherly, always interested in young people, bustling around, visiting the sick and isolated, teaching Sunday School, or simply helping out on the regular street stalls. Ever active; ever reliable; always thinking of others. At the macro level, confident and competent in planning and implementing. At the micro level, someone who “just happened to have an extra tray of sausage-rolls” when the street stall was let down by a broken promise. The backbone of constancy in caring action.

Val and husband, Ray, are members of the leadership team of The Compassionate Friends Bereaved by Suicide Support Group. Each member of the team brings special skills and abilities in relation to helping others, and Val is a background nurturer. Like Mrs Harrod, she has an ability to organize, but more importantly in the context of the current team, has an eye for small details – those things that fill the cracks of caring and teamwork. Her deep interest in and compassion for people is combined with a strong attention to detail. It is Val who always remembers birthdays and brings a card for all to sign. It is also Val who brings a tablecloth and flowers for the light meal that accompanies our pre-meeting planning sessions (and extra eats, “just in case”). And it is often Val who takes on the extra contact needed for a deeply distressed grieving parent.
Background

Val and Ray's daughter, Natalie, suicided four years prior to the interview. She was 23 years old, and had suffered from deep depression for some time. They have three other daughters, and are still very concerned about the emotional health of their youngest, who was close to Natalie and deeply affected by her death. This scenario is very common when a death strikes a family with young children. The death of someone close challenges one of our earliest beliefs — that the world is a safe and secure place to be in — and death by suicide is even more challenging. Suddenly we know that permanently bad things can happen, and having happened once, we know they can happen again. Therefore when a child dies, for other siblings, fear of the world around them can often persist, and for parents fear for the safety and stability of their other children is often a reality. This is one of the most common and enduring themes expressed by those attending the support-group.

Val is in her fifties, and her responses in the interview reflect to some extent her times and her cultural background. She described her upbringing as rather formal English, but she also described her upbringing as reasonably secure and happy, even though she lived through the traumas of the war years in London, and at eleven and a half years of age, experienced the disruption of migrating and starting a new life in Australia.

She admitted that her family did not handle death very well. "I think my family background has been to put it behind you...that would be my mother's way...". When it was pointed out that she did not appear to have taken that path herself, she quite adamantly stated "Oh no! I don't think you can...I don't think it's healthy to forget it...". In this respect Val has clearly moved away from her early family culture, and although she has retained something of the reserve of her upbringing,
in contrast to Finbar, there were no indications that she harbored any resentment towards her family for the difficulties they experienced in handling grief. Or even for the limited support she said they were able to offer when Natalie died. This reflects Val’s non-judgemental nature, and her strong Christian beliefs. It may also indicate that strong support from her wider family was not so important because she said she received great support from her nuclear family (husband and daughters), from her church friends, and later from The Compassionate Friends support group.

Reasons for attending group

Val’s response on being asked why she made the decision to attend The Compassionate Friends Bereaved-by-Suicide Support Group was interesting. She tended to steer away from talking directly about herself, quickly moving to the third person:

“(I was) I think looking for people who had suffered a similar tragedy; who carried more guilt - and possibly more sorrow – than a normal death…I guess the sharing of coping skills was important, and also me sharing their story could somehow help to ease their burden a bit. Helping other people. That’s very important. It works both ways…(those attending the group) they’re all looking for people to share their experiences with, and to support them in their grief”

Style of learning

Val’s style of learning, or knowledge acquisition, or the way she worked to give meaning to her experiences, supports the social-constructivist stance – the importance of interaction with others to mutually shape our experiences. Deeply reflective, she was very clear that helping others was a two-way process. She gained as much as she gave. In fact her responses during the interview suggested
that she took the initiative to seek out the support group because it not only provided a culture with relevant knowledge, but of equal importance, it presented an avenue for service to others, which again reflected her deep Christian faith.

Val admitted to always looking for something positive in the experiences that others reported in the meetings. Looking for what she called “inner spiritual” experiences; those reflections that allowed her to create deeper personal meanings for her own experiences. “I’m kind of a romantic” she admitted, and to explain what she meant, she recalled the story told by a mother in the group, of how she was out in the bush where her son had died, and an eagle circled and soared, and how the mother likened that soaring eagle to his spirit. The mother then reported travelling a long distance to visit relatives, and she reported how during her visit, for the first time ever, an eagle appeared in that distant area. “A very spiritual experience. Those sort of things really make you think…I always pick up on those”, she said.

Throughout the interview I was strongly aware that Val’s view of the world of the bereaved person was quite grounded, practical and realistic. From the earliest days after Natalie’s death, she said she had no illusions about her path to recovery — it would be slow and painful. In highlighting her awareness of “the long haul of grief”, she recalled with sadness and compassion the woman, who came to one meeting only, and was appalled at the length of time some members had been attending the group:

“Her evaluation and expectation of the group was completely different to mine. She expected the group would take the pain away, and that it would be done very quickly…And although I think I was hoping the pain would ease through the sharing of experiences, I knew it couldn’t take it away completely or quickly”
Group influences

Focussing on the group sharing of experiences, I asked Val what changes had occurred in her life as a result of her group involvement. Her response was immediate and blunt. "...if we hadn't gone at all, I don't know how we would have coped". Then, typically, she reflectively walked around this, using a personal anecdote to illustrate and shape her meaning. And once again we see her feeling for the deeper spiritual meaning behind the simple experience:

"I think I have become a bit more perceptive and aware...At the showgrounds on Monday...the walk to the grandstands from one side to the other...there was a young fellow sitting by himself with his head in his hands...And as I got close to him I looked at him and thought 'What's gone wrong in your life?'...He looked so down...and he was just in such a position...I wasn't able to do anything...but I just wondered if I would have noticed that if I hadn't gone through these experiences...I think (the group experience) does teach you to look at the people around you...It teaches you to be very perceptive...their body language..."

It was also typical of Val that she was very aware of the role that individuals in the group played in helping her create and shape meaning:

"Finbar's so down to earth...he speaks his mind...he gets a bit of a laugh into the situation...he can deal with difficult situations pretty well because he's dealt with them...they've been through it all with their son...horrific drug related...(Then there is) the caring gestures of Lyn from Monbulk...I think she has a very rare gift...those little gifts she brings for everyone...(And) we're very fond of Cara...a very valuable member...particularly with siblings...(and) Paula and Jim...because of their
experiences with other family members...(and) Pauline...she always listened so well...she'd pick up on what was said...(and) Marion...she's fairly forthright too...I remember the night she said 'God's raised his son from the dead. Why didn't mine get raised too?'...(and) Arlie...a sweety too...with her nursing skills...she's a deeply compassionate person...(and) Geoff...an action person...but he's also a very good supporter...useful about expressing anger...(and) Lynne...a fairly practical person...(who) told a lot of the things she felt when she went to other things like twenty-first birthdays and weddings of young people who were the same age as her son...how difficult it was and how she felt...(and) Sandy...she cried every week...that's one thing I need...(the group) was her outlet, and I was so impressed by that...that she felt so comfortable...

At a different level Val spoke of being a part of the leadership team. She spoke highly of the way the group was organised and run, and how much help and support it gave to bereaved people. She named each member of the team, saying that "They're all very special people...They've got a lot to give...". She particularly commented that they have "...a special skill in meeting and greeting people", and went on to speak of the challenge for her in overcoming a natural shyness in reaching out to help others:

"...I think that sometimes I'm a little bit shy at...You know I've heard Lyn come up and say 'Do you want a cup of tea love?'...I find it's not quite so easy for me...and although I'm reaching out, and I'm desperately wanting to...I can hear that for those other people it appears to come just a little bit more naturally..."
Who does the group NOT help

In assessing whether the group was helpful to all suicide-bereaved people, Val reflected for some time, but essentially left the question open. She referred first of all to Fiora, a single mother whose only child had died. Fiora said she had not found the group helpful. She particularly said she resented that most members could speak of other children and other family. Fiora received minimal support from her mother and brothers, but more significantly was "...grieving because she's lost her identity as a mother...she's no longer a mother...and she'll never be a grandmother". Val wondered whether the group was for Fiora at the time.

[Note: As an aside, Fiora's story is interesting. She stopped attending the group after several meetings, and my own perception of her at that time was that she carried a special vulnerability. She brought with her many other personal issues beside the suicide of her daughter, and exhibited behaviour that many professionals would probably have labelled "abnormal grief", and I would prefer to say was "complex", and that she was in need of extra counselling support. The interesting post-script to Fiora's story has occurred since the interview with Val. Two years after dropping out of the group, she started attending the group again. She reported having sought extra help, and significantly she now indicates and shows some comfort in being especially able to support others who have lost their only child. This comfort has been sufficiently apparent for her to be recently invited onto the leadership team, and the interesting point in this is that Val was the first to recognise her readiness].

Also in reference to whom the group may not suit, Val again referred to the lady who came along and was shocked at the time people spent in the group:
"...she couldn't understand why we were there for so long...Obviously she may come again...She may see that the group is ongoing and not just a quick band-aide fix where you come once just to share your feelings and go away and you're OK...Yes, people like that who have the wrong expectations of the group..."

She included in this group those who were not yet ready to face their grief, and were rushing around doing things to avoid facing their pain. She illustrated this by referring to one of her friends. Her husband, Ray, intervened at this point, and triggered off a discussion about those who came along and were frustrated at the essentially reactive nature of the group. They appreciated that the group was supportive, but were disappointed that the group was not going far enough. ("We're in there restoring our balance perhaps, but we're not addressing the problem"). These people were looking for the group to become more politically pro-active. They wanted them to go out into the community and fight for greater awareness and understanding of the issue of suicide.

Implying that potentially the group could help all who attend, Val felt that the group's becoming involved in a greater political-community thrust would be inappropriate. She insisted that the group must maintain a focus of personal grief support if it was to remain effective. "...you might only have (people) for one meeting...you don't know whether they'll come back", she said. However she also pointed out that there was "action" coming out of the group. And she mentioned Marjorie who went on to study suicide in her university course, and as part of a project unit, produced cards for young people listing emergency numbers to call when needing help. Marjorie also wrote a very creative and moving play around her experiences (two of her family died by suicide), and this was performed in a Melbourne theatre.
Like Val, it is my opinion that the question of who might not be helped by attending the support group remains open, although potentially all bereaved people could gain from exposure to those with similar experiences, such as those found in the support group. The question of whether help and support will occur, however, remains largely with the individual.

**Supports**

I asked Val next to talk about the support she had received since Natalie died. Throughout this phase of the interview, she constantly referred to Ray, who had sat down nearby. It was very much a joint exercise. At the top were her immediate family members (her three remaining daughters) and the support group, followed closely by her church affiliations and then her close friends. In listening to her, it was clear that they have always had a solid wall of support around them. It also seemed clear that much of the credit for the strength of that wall was a result of their own openness and willingness to reach out and seek support – and to give in return. Val’s own family upbringing may have passed on a legacy of English formality, but this would seem to have been tempered with clearly communicated warmth and love.

Perhaps reflecting that English reserve, Val was a little uncomfortable, even embarrassed, when I asked her to assess her own influence on the group. She admitted surprise when someone at a recent meeting had indicated how helpful what she had said had been, but she also admitted that she thinks about what she says, and tries to make it positive and hopeful.

Val also gave an insight into her partnership with husband Ray. “I like to feel that we give a unified feeling”, and my observations are that they do work well together and support each other, especially in their grief. But, with a smile, she also said:
“Not that Ray and I always think the same about our grief... For instance when we went to (see) Fiddler on the Roof I linked various parts of that to Natalie... There was a part... where I could just see the four daughters and the father and the mother... in a line... and they lit candles... and I heard (the father) say “There’s a blessing on this house”... And I wept... Ray wouldn’t have picked up that...”

Finally on the future shape of her grief journey, Val saw herself moving more and more into supporting others:

“Although I think daily of Natalie, it won’t be the focus of my whole life... I think that we’re fortunate in that we do have a family that will talk about Natalie... that's very important... (but) well I suppose we’re at the stage where we don’t need anything from the group... Anything we get might be a surprise... And we will be going to the group as you and Sue go, more to give...”

And the word “give” seems a very appropriate one on which to close Val’s story.
CHAPTER 9

JIM AND SOPHIE

Jim and fatherhood

Sophie was Jim's step-daughter. She was 20 years old when she died by her own hand. Jim had been a "father" to Sophie for fifteen years, and began the interview by reflecting on not being her natural father. He concluded that:

"I was to all intentional purposes her father...but I was an elected father...which made me feel a little bit more special...My natural daughter...had no choice...Sophie did have a choice...So I actually feel a little bit more than a father".

As for the intensity of the pain of the loss of a step-father being more or less than that of a natural father, Jim simply said he experienced deep intense pain at her death, and asked, "Is a step-father's pain any more or less than a real father's? I don't know".

A metaphor for Jim and Jim's approach to grief

In trying to encapsulate Jim and his approach to dealing with Sophie's death, the story he told of Sophie's car, referred to in earlier chapters, stood out as a very apt metaphor. When she was alive, Sophie drove a small early 1980's Honda, which Jim had helped her buy, and helped her keep on the road. For over three years after her death, the little Honda had sat, prominently, at the top of the well-tended front driveway of Jim and Paula's (Jim's wife, and Sophie's natural mother) outer
suburban home. For those three years it remained without cover, untouched, gathering dust and cobwebs, an ever-present and graphic reminder of their daughter.

Then, three months after the third anniversary of her death (on the morning of Jim's interview with me in fact), in a sudden flurry of activity, Jim hooked it up and towed it to the local wreckers. To most people, this would be interpreted as a "dumping" or "getting rid of" or "clearing-up" exercise. To both Jim and Paula it had a different meaning. They viewed it as a "re-cycling exercise":

"Sort of like where they take someone's heart, and they take someone's arm, and they hand out the bits", said Jim.

Both felt it was the right time to make such a move. At the same time Jim was fully aware of an element of letting go and moving on. He explains the move further:

"It's like when someone dies and they've got a(n organ) donor card...Well that's what we have done...We've said 'Yes, take off the life supports, and those (in need of a part) can have what works...It's like Sophie's been lying in a hospital bed on life supports, and we've said 'Righto, take off the life supports. You can have the heart, and so on!'"

Taking the Honda to the wreckers was a very important move for Jim. A significant "milestone" (Jim's word) in his grief journey. In fact, the story of the Honda not only stands out as a metaphor for Jim's grief journey, it also seems to be an excellent metaphor for Jim himself.

To explain this, I recall the strong sense of pride in Jim's voice as he told me that as their children reached driving age, he had taken on the pleasant task of helping each one choose their first car. This "tradition" of choosing had developed naturally
into helping them maintain their vehicles, and where necessary, replacing them. For Jim, this involvement had taken on the form of an ongoing family tradition – both a labour of love and a vital point of contact in his relationship with his and Paula’s children. It was something he could do, could do well, and that he enjoyed doing.

The Honda, therefore, and all that surrounded it, was a metaphor for his relationship with Sophie, and passing it (or its useful parts) on to others to use, was a concrete signal that he was now ready to consciously acknowledge a new direction to his life by letting Sophie fill a new niche. He was certainly not “putting her behind him”, or forgetting her, or detaching from her. Rather he was now ready to comfortably accept a different relationship, one of memories carried into a new life:

“That’s done... The Honda’s done... I’ve passed that milestone... We’re going to do other things as well... We’re not carrying baggage”

As a metaphor for Jim himself, the Honda reflected his practical, hands-on involvement with Sophie and his other children. As we know, many special moments – traumas as well as celebrations – are associated with young people and their vehicles, and these moments gave Jim treasured opportunities for personal involvement with his children as they launched out into life.

As a metaphor for Jim’s grief journey, the story of the Honda expressed how Jim dealt with his grief. It indicated the meeting of Jim’s essentially reflective cognitive and logically oriented core, with a newly acquired awareness of the importance of recognising, listening to, and acting in response to his feelings. The Honda sitting in the driveway reflected his practical self. The removal of the Honda was a “feeling” response – a significant shift in awareness. Early in his journey he perceived the path as essentially a practical, analytical, cognitive search for
answers (many impossible), and a gradual dealing with related problems and issues. In fact I recall at the end of his first meeting he expressed to me a disappointment because he did not get an answer to the “Why?” question, and it was for that he had attended.

So the Honda sat there until he was ready! Moving on represented a “leap of faith”, a new awareness that involved learning to trust his feelings. This took time to crystallise for him, but when he did make the decision to move on, the Honda moved on too.

**Jim’s contribution to understanding men’s grief**

Jim’s approach to handling Sophie’s suicide is illustrative of what I have observed to be a common pattern adopted by men in dealing with loss and grief. They begin their journey struggling to condense their experiences into intellectual, logical dimensions, and it takes time before they bring in a balance through their feelings. This pattern is supported by much of the literature on male grief (Edgar, 1997; Gray, 1992; Biddulph, 1994). It was certainly my approach after Matthew died.

Unfortunately most of the literature on male grief places a negative connotation on this pattern of handling grief. It is spoken of as men "blocking their feelings" and therefore their grieving. I say unfortunately, because placing the emphasis on "blocking" has, I suggest, prevented a different view of men’s grieving. It has prevented this approach, beginning with a call for logical cognitive explanations, being viewed as an equally legitimate, but different, mode of coping.

Why this negative view of “male” grief has developed is puzzling. Perhaps it is a hangover from the days when females were traditionally given the role of the grievers in society, and in fact this is still anchored in the rituals of many societies. Perhaps it has to do with the earlier opportunities for bonding that breast-feeding gives to women. Whatever the reasons, the common (but not exclusive) pattern is
for women to operate very intensely, very noticeably and very directly on the feeling plane, and out of this, it seems there has developed what has almost become a truism – that women handle grief better than men. Not just differently, but better.

I question the assumption of “better”, as my observation of grieving people suggests that both the feeling and intellectual dimensions must be addressed in working towards a comfortable accommodation to a loss. Disconnecting feelings from thoughts, or vice versa, will always lead to difficulties. It does seem, however, that we can only operate on one plane at any given moment – we either feel or we think – and that may have led to the perception that they exist apart. Accepting an holistic view of the dimensions, Jim very much represents the long term movement of most men (cognitive to feelings). Cara, as will be seen, represents the reverse (feelings to cognition).

It is significant that normally the first phase following a serious loss is one of shock, where the feelings are dampened and the inrush of adrenaline, combined with the surge of endorphins, stimulates decision making and dampens the intensity of painful feelings. (A common comment in the early days of a bereavement is “You are coping so well, organising the funeral etc...”). After a time, however, strong feelings emerge, to be either worked with (women?), or put on hold (men?). But as the model in Chapter 5 suggests, for all people, male or female, the cognitive process of reflection comes into operation almost instantaneously, although it may be subconscious and submerged within a visceral reaction. What remains is a foreground perception. Either feelings are in figure, and cognitive analysis in ground, or intellectual reasoning is in figure, and emotional reactions are in ground.

Jim’s story is a clear picture of someone beginning, consciously, in the cognitive, intellectual or reflective domain. This was part of his knowing or habit base. He had found this effective in the past in dealing with most of life’s experiences. “I'm
analytical by nature, and logical, and that was important to me," he said. In interaction with those around him — in particular with his wife and members of the support group — he had come to recognise that his affective dimension needed to be developed and incorporated, if a fully rounded approach to dealing with his loss was to occur. He illustrated a very clear awareness of this when he spoke of the relationship between himself, his wife (Paula), and Val and Ray. Paula is very emotional as is Ray. Val operates like Jim more rationally. He saw Val and Ray as a reflective mirror to himself and Paula, and in fact perceived Val as a “soul-mate” in the other partnership in terms of how she dealt with her grief. It was in the reflection of the others as a couple that he saw the need to develop both parts of himself.

The place of the support group in Jim’s journey:

Central to Jim’s story, and to this thesis, is the place of the support group, and the contribution of the relationships and discussions to his process of grief recovery. Before discussing this, I should indicate that Jim and his family and my family were friends well before Sophie’s death. One of our daughters went to school with one of their daughters, and they have remained close friends. When their Sophie died, Sue and I were in Canberra running a workshop, and the friendship was such that we cut this short to return and offer support. Therefore from our regular family contact, Jim and Paula knew about The Compassionate Friends Bereaved-by-Suicide Support Group. They were aware of the valuable support we had received from the group, and it was because of this personal contact that Jim and Paula attended the group very early after Sophie’s death. Within the first month in fact.

(1) Initial expectations and discoveries

As indicated earlier, in those early days, Jim specifically sought answers to the "Why?" question. Why did Sophie choose suicide? Why didn’t she ask them for
help? Why wasn't her pain noticed? etc., etc... He also said he was hoping for something from the group that would take the pain away. "Easy answers and quick fixes" was how Jim put it. He also admitted that it did not take long before he realised that easy answers and quick fixes were not to be found.

However he stayed with the group, because he also learnt that sharing his experiences in the group had other benefits. Namely:

"(Being) able to express your pain freely without fear of judgement or interruption was just soothing in itself",

He also found that there was always someone whose experiences were similar to his own, and he listened to these people, seeking rational answers to what he still saw as essentially a practical problem with, somewhere, rational answers. So as might be expected, Jim was drawn towards those group members who had shared similar dramas within their overall traumatic experiences, or shown similar patterns in dealing with the issues that confronted them. For instance, he was drawn towards Val who not only appealed to his reflective nature, but also had a second daughter at serious risk, and he was drawn towards Finbar who like himself found solace in intense reflective analysis. As for his own position in the group, he acknowledged that he might have influenced others in the group, especially new members. He shows consistency when he speculates that his main influence is as a gauge to someone else, just as others have been a gauge to him. He ties this to a strong sense of obligation to return something to the group that was given to him.

(2) Later understanding of what the group provided

In retrospect, looking back after three years, Jim reflected that the group provided him with perhaps four important things (apart from an opportunity to keep a contact with friends he had made through attending the group). (a) It provided him with a
"map", (b) it acted as a "gauge", (c) it gave him a "window with which to view his relationships with those around him", and finally (d) it reinforced something he learnt from his wife, Paula, that approaching this "problem" logically and rationally was not going to be enough. There were feelings, deep and unavoidable, that also had to be faced and understood.

Firstly the group provided him with a "map". Because those attending the group ranged from the newly bereaved to people well down the track, the group reflected the full gamut of grief experiences, and therefore provided him with a map or guide to the overall shape of the grief journey ahead. He could assess what he was in for in both the short term and the long term.

Secondly it acted as a "gauge". In the group sharing and discussions he was able to listen to the range of experiences, and using these as yardsticks, he was able to gauge where he currently was in his own journey.

Thirdly, Jim intimated that the group experiences had given him permission to "cull" (his word) friends and even family. To move away from those who did not support or understand, and to move closer to those who showed support and understanding. In social constructionist terms, modifying his social/cultural groupings to incorporate the new experiences arising out of Sophie’s suicide.

Finally, as we have already seen in his report on the observations he made about himself and Paula and Val and Ray, he gained an understanding of the place of feelings in his grief journey.

All this of course was in reflective retrospect. As previously stated, in the beginning, as he said, he attended because he knew my family, and had seen our reactions and our struggle after our son died, and had seen that we had survived. And he particularly thought the group would provide answers to his most enduring question.
- why Sophie chose suicide. For a long time, he said, he clung to the belief that there must be a simple black and white answer to such a simple black and white question. In those early days it appears there was a real struggle within Jim to understand why the practical systematic problem-solving approach to life that had served him so well for so long, was no longer sufficient.

"The biggest thing was I just felt such incredible sadness, unhappiness... I felt there must be something you can put a bandaid on... If you have a cold you can relieve the symptoms... (until he eventually realised that)... in fact there are no symptom reliefs for this".

So gradually, he says, looking for "answers and quick fixes" disappeared from his expectations, and the group itself became a symptom-relief setting, where he was able to express his pain freely and without judgement or interruption.

An interesting commentary on the persistence of our earlier established habits or typologies, is that around the time of the interview Jim found an answer to his "Why?" question. Quite firmly and almost with a sense of relief, he stated "...I believe that suicide is a matter of depression... End of story". He spoke of this emerging as a result of his reading and listening to others. He acknowledged that it leaves the further question of "What causes the depression?" up in the air, but his tone suggested that there was some here-and-now satisfaction in knowing he had found for himself a logical answer – perhaps serving to bring some sort of congruence to that part of his nature that seeks closure. It is also interesting to note that accepting this explanation occurred about the same time he moved the Honda and spoke of moving on!
CHAPTER 10

LYN AND JON

“MY ONE SOCIAL OUTING”

The interview with Lyn was conducted in the lounge room of her home, with Tosca, a beautiful liver-coloured Weimaraner dog, sitting at our feet, watching every move Lyn made. Tosca had belonged to her only son, Jon, who was 29 when he took his life on Remembrance Day, 11 November, 1995.

A feeling of sadness persisted for some time after the interview. A sadness sparked by the sense of “loneliness surrounded” which she communicated as she told of her struggle to re-form the pieces of her shattered life.

Lyn reflects a paradox often found with bereavement. The paradox that constant exposure to loss does not necessarily mean the person has learnt to handle the grief that loss generates, and is therefore equipped to cope with further loss. The story Lyn told of her early life was a sad litany of loss. Her upbringing was confusing and complex. She spoke of quite significant early family relationship losses, hurt and disappointments. Growing up in a constantly unpredictable family structure left Lyn with many unanswered questions about her sense of personal identity, her sense of acceptance by others, and her sense of acceptance of others. At the core of her confusion was an uncertain relationship with a demanding and emotionally unresponsive mother, and, following an argument with her older brother, learning in her late teens that her “father” was really her step-father. Her real father disappeared when she was a baby. This saga of disappointments was later compounded by her own marriage breakup.
In a world of simple logic, it might be thought that living through such life experiences would prepare Lyn to handle the shock of future loss. But this was clearly not the case. As might be expected, no matter how much grief she had previously experienced, when her son suicided she was completely shattered. But as her story unfolded, it was also very clear that in the sense of knowing how to rise above and move on from this experience, she was also totally unprepared. My assessment is that it is probably true that Lyn was very familiar with the feelings and thoughts associated with loss. After all they had constantly crossed her path throughout her life and were a foreboding presence. Knowing how to deal with them was, however, an entirely different matter. If we accept a social constructionist and symbolic interactionist model of growth and development, then Lyn’s family structure would suggest that there were no accessible models to turn to, to support her and help her examine and understand the complex depth of her reactions. So my belief is that she had, each time, carefully tucked them away, deep down in a bottom drawer. Without a supportive environment or background experience to fall back on, her losses were too scary to examine closely. So they remained, frightening, avoided, and unexplored. Like so many in our western dissociated world of nuclear independent families, she was grossly under-prepared to cope with major loss, and in Lyn’s case the greatest loss of all – the death of one of her children; and by suicide.

Out of all this, and most significant of all, Lyn faced this new challenge with unsureness and a deep vulnerability where people were concerned. As she shared her story, her need to protect herself from people and further hurt was a tangible barrier that sadly prevented her reaching out for the support she so desperately needed – until she attended The Compassionate Friends Bereaved-by-Suicide Support Group.
The deep sense of loneliness that so saddened me was triggered when Lyn admitted that she avoided close contact with people outside the group. However, I would now like to balance the ledger a little. The Lyn I met in the group and later interviewed was also warm, sensitive and caring, with a natural inclination to reach out and help people. I have over the time I have known her seen considerable evidence of a strong woman, who under normal circumstances was a very capable life-manager. Evidence of her caring, coupled with a strong sense of responsibility, was there in the way she diligently looked after her ailing mother right up to her death, shortly after this interview. I also saw her reach out with growing confidence to support others within the (admittedly safe) boundaries of the support group. And much later I observed her initiatives in using and establishing networks of support outside the meetings.

I saw the evidence of strength, and creativity and resourcefulness, in the ten-acre paradise she had developed and shaped over twenty years, deep in the Dandenong Ranges. After the interview I walked around this retreat of hers and was able to experience its quiet tranquillity for myself. Finally, her capable independence was brought home to me when I rang her recently on a cold wet afternoon, and she told me she was waiting for the rain to ease so she could climb up on the roof and cover a skylight that was leaking!

Lyn and the group

And so we come to Lyn’s support group experiences. Experiences that she describes rather poignantly as “my one social outing”. As intimidated, her general reaction to people outside the group is to hold them at arm’s length; of choosing to isolate herself from those around her. She describes them as “intolerant”, of “lacking understanding”, of being interested only in the trivialities of life, and in a real sense actively puts up barriers to contact.
"At work (when we have a break), I invariably sit in a corner...and read my
book...They're talking such a lot of drivel...petty...I can't be bothered..."

"There's no point in discussing or expressing feelings to other people,
other than in the group (my emphasis), because, well, they wouldn't
understand...I've withdrawn a lot from people, except from the group
(again my emphasis). If I'm asked out I always have a good reason why I
can't go..."

"I've never been a really outgoing person anyway...but I'm certainly a lot
less now..."

It seems that having learnt early in life to protect herself from disappointment and
hurt in her dealings with people, Lyn had determined to severely limit, and in some
cases withdraw from, potentially intimate contacts. As a result the social supports
she could draw on after Jon died were also limited. Which explains the vital
importance to her of her subsequent support group contacts. Her one social outing.

As indicated in the model developed in Chapter 5, our actions are the result of a
two-way interactive semiotic process. Others shape us as much as we shape
others. Certainly the description that Lyn gave of her family's reactions after Jon's
death reflected minimal family support. Within weeks of his suicide, her daughter
(in her late twenties) told her she needed to change, "You walk around looking as
though, you know, 'poor me, poor me'", and Lyn's mother even earlier had said
"Right, it's over and done with. Now get on with your life and forget it", and her
mother never again referred to Jon. Lyn's only other family was her brother in New
Zealand and she saw him as too far away to give support.

There was evidence to suggest that Lyn had some influence on the level of support
she received outside her immediate family. Although she reported that many close
friends had vanished since Jon died, I gained the impression that a number of people – friends and work colleagues – had in fact reached out to her, and offered their support. She spoke of an ex-neighbour with whom she still kept a fortnightly phone contact, and whom she rated at eight on a scale of ten for support and understanding. In fact it was this neighbour who suggested she attend The Compassionate Friends support group. She also thought she would get support from another friend that she speaks to once a month, if she needed to, and she also admitted to being quite well supported by some of those she worked with.

"Particularly the people who have lost children. I'm very close to them...I've had lots of lovely cards and flowers...And they're strangers who didn't even know Jon...And, like, I can talk about Jon in passing...you know, in the general conversation"

There is an ambivalence in Lyn's attitude to accepting support, because, strangely, when I asked how she would rate her work-mates, she gave them only five or six out of ten. My guess is that the other four or five rating points reflected her reticence to risk reaching out to form more than passing ties with these people. I suspect that the self-protection that Lyn has developed over the years has made it hard for her to ask again and again for help.

So as I said I felt very sad as Lyn unfolded her stark picture of loneliness, with its probable roots in her early upbringing, leaving her with the need to protect a vulnerable uncertain self perception, and leaving her so dependent on the support group contacts. A raw self which understandably was ambivalent about risking reaching out for support, until her involvement with the ethos of the support group taught her that it was possible to feel safe and to reach out to others and ask for help.
Lyn had been told how supportive the group was by two work-mates who had attended (one for twelve months), although making that initial decision to attend the support group and share her pain, possibly reflects the hidden depth of Lyn’s personal resources. From personal experience, and listening to others, I know how much courage it takes to enter that first meeting (although many members say that the pain of such a grief is so great that no risk holds fear any longer). Lyn did not say how she felt before that first meeting, except that she was unable to stop crying, so the suggestion is that both desperation and courage may have been present.

Lyn attended her first Compassionate Friends support-group meeting only three months after Jon died. It was here, she firmly stated, that she received her first real support, a contrast to the support she felt she had received from friends and family. The support group she rated ten out of ten. Here she not only found a safe place to talk about Jon, but within this group she was able to freely express the depth of her pain. Again my guess is that observing others freely expressing their distress, with safety, with understanding, and with obvious relief, presented a model for Lyn that said it was safe to risk sharing in this setting. I also suspect that there was security in having “control” over her risk taking – over when she attended, how much she shared, and the contact she had outside the group meetings.

As stated, Lyn first considered attending the support group at the suggestion of her neighbour and friend, who could see that Lyn was not coping. Lyn recalled how desperate she was at the time, however it was speaking with three other mothers from her work who had also lost children to suicide, that finally convinced her to attend. The relief was immediate, and Lyn had not missed a meeting for close to four years.

Until recently, that is, when she organised an extended trip overseas, on her own. This was a big move for Lyn, and I believe, a significant symbolic event for her.
There is much controversy and argument over how long a grieving person should attend a support group before they are considered to becoming too dependent on the group (and their grief is labelled “pathological”). In my view, Lyn is a particularly potent example of the need for great care in ascribing time spans to grief. Given her background experiences, it was always going to be a strong probability that she would take time to move out beyond the safe confines of home, work and her support group friends and take risks again with the wider world.

Listening to the quiet certainty with which she planned and set off on her trip, my observation was that she has needed the four years to build a confidence in living again, and it would seem that her interactions with the friends she has made through the support group have been the most influential factor in her re-growth. Having said that, I also believe that should Lyn decide to risk broadening her outside contacts, this will be a very careful and tentative process, for trust is a delicate flower to nurture.
CHAPTER 11

CARA AND BENOIT

"A GRIEF ON HOLD"

When I interviewed Cara she had been attending The Compassionate Friends Bereaved by Suicide Support Group for four years. In those four years she had moved a long way in her grief journey, and had reached the point where she felt ready to make the transition from ordinary group member seeking support, to membership of the leadership team, offering support to others.

Cara's story is a story of a grief put on hold. She was 26 years of age at the time of the interview, but only 12 years old when her 17 year old brother, Benoit, killed himself, and her family was tragically reduced from five to four – mother (Alise), father (Emile), brother (Francois, 16), and Cara.

Cara's life in the fourteen years since Benoit's death had been quite eventful. She completed her schooling in France, successfully picked her way through the major pitfalls of early and middle adolescence, and then at 19 years of age emigrated from France to Australia, completed a tertiary education course, started work as a secretary, and at age 22 had married Michael.

Yet constantly throughout the ten years from 12 to 22, Cara was acutely aware of a core of pain within herself, and a sense of incompleteness in her life. And she was aware that the source of her pain was the store-house of unresolved issues emanating from Benoit's sudden and tragic death:
"I was feeling very very lonely with the pain...It was still a weight that I was carrying with me...And I felt that it was a very heavy weight...And it had been there for a bit too long...I was constantly thinking about it...It was always at the back of my mind, no matter what...I didn't feel it was totally healthy at that stage...I mean I was appearing fine to a lot of people...but...there was just...always a sadness there at the back of my mind...And...the feeling that I couldn't share it with anybody...In fact I thought I was the only person that had experienced this..."

Relatively settled in other areas of her life, at 22 years of age Cara felt it was time to deal with this knot within her, as it was threatening to interfere with her future happiness. She felt it could no longer be ignored.

Most people first attend the support group between three months and two years after the suicide of their loved one. Cara is one of a small but significant number who attend for the first time many years after the death. This group commonly admit to reaching a crisis point in their lives, where they recognize the intrusion of unresolved issues related to the death, that can no longer be ignored and need to be addressed. Thoughts and memories that permeate their lives and demand attention.

In my experience, and supported by the model of grief recovery presented in Chapter 6, memories of those special to us just do not go away, no matter how painful. They permeate our very being. Paul Salvio (1998) put it so graphically:

"We hold the memories of those we have lost or long for in our joints, our dreams, and our gestures. While we may not be consciously aware of memory's presence, memories do take occupancy in our daily lives; they fuse our intentions, our desires and our social values..." (p.XX)
I interviewed Cara in her home on a very warm Summer evening, and as she shared her story I was acutely aware of a tension between her vulnerability about confronting painful memories about the suicide and the reactions of those around her, and her determination to understand the lost years without her brother and establish a more comfortable enduring relationship with him.

The first steps in this “new beginning” to Cara’s grief journey began when she saw a notice about an information seminar on supporting the suicide-bereaved in her local paper. It was here that she learnt about The Compassionate Friends Bereaved-by-Suicide Support Group, and resolved to attend, although it took her two months to attend her first meeting:

“...I really wanted to go...I think I was more scared of how I would react and how...I would feel...rather than worrying about how other people in the group would see me...I was a bit scared to say to (my husband) that I was going to go to this support group...(laughs)...I don’t think I knew what I was looking for...but I suddenly realized that I needed something...that it had all been bottled up...”

I clearly recall the first meeting she attended. Although it came ten years after her brother died, she presented with the same raw emotions and confused understandings found in the “newly bereaved”. It was as though there was no time gap, and in a sense her words about the pain she carried with her confirm that there was no gap, only a shift of focus from the periphery to a centre-stage confrontation. Out of the shadows into bright sunlight. Cara also recalled that first meeting, and the overwhelming impact it had on her:

“Going to that first (meeting)...It just brought up so many emotions...I know that night I wasn’t able to speak or anything...There was just so much
there...I remember turning red in the face with the emotions that I didn't
know what to do with...And I thought 'Oh my God!"...

The rawness of Cara's reaction, so long after Benoit's death, is not unusual. We
observe this reaction time and again in the group. It indicates to us that the
intensity of someone's grief is not a reliable indicator of the length of time since the
death. In general terms we can say that the intensity of grief does diminish with
time, however expectations for any specific individual does not link well with time in
any predictable way. In fact, often we find that time seems to actually "feed" the
emotions, expanding and intensifying them. In terms of the presented model, the
suggestion is that over the ten years some process had been working to keep
memories and feelings up front, ready to be scrutinized.

The unpredictable time element also appears to transcend age. My own parents
recently confessed that the death of my son and their grandson had been the
impetus for them revisiting and working through issues to do with the death of my
brother nearly 30 years before. In the country community in which we were living at
that time, there was compassion, but there was also the expectation that death
would be quickly put behind you, and that you would "get on with life". They did!

Although resuming one's grief journey may cut across the ages, there is evidence
to suggest that there may well be a different "shape" to the re-emergence of the
grief experience for those who were children or adolescents at the time of the
death. I will return to Cara in a moment, but Anne Michaels in her novel Fugitive
Pieces (1998) tells the story of the Polish Jew, Jakob Beer, who as a seven year
old watched, from hiding, as the Nazis slaughtered his mother and father, and took
his 15 year old sister Bella away. Jakob was found wandering by a Greek
archaeologist and scholar, Athos, who hid him for four years in his small cottage on
a Greek island. Armed with Athos' love and teaching, and his own imagination,
Jakob confronts his experiences and attempts to put his traumatic images to rest.
His story has three parts: (1) the four years of terror and trauma, (2) a “vertical time” when they moved to Canada and Jakob finished his schooling, started work, buried Athos, married and separated, and finished Athos’ book, and (3) finally his meeting with his second wife, Michaela, and his putting Bella to rest. This third phase “rolls into” the second story, the story of Ben, a story of secondary trauma. Born in Canada to a mother and father who survived the Holocaust but were severely traumatised by their experiences, Ben finally achieved a meaning to his past via the opportunity he had to experience Jakob’s journey through his writings.

Stories like Michaela’s also illustrates the universality of the patterns of grief recovery. Jakob a Polish Jew, Ben a Canadian, Cara with her French roots, Finbar very Australian; with all their cultural differences, they share common feelings, common experiences.

In explaining why Cara appeared to put active grief-work on hold for so long, four significant themes seem to emerge. (I say appeared because again I refer to the presented model, which suggests that even when we are not consciously active, there is an automatic “meaning” process working away). The first of these themes was the actual impact of the suicide itself. As Cara said, there had been no experience of this in her family. No one knew what to do. There was pain and confusion and fear and uncertainty. Commonly in the support group members will report how not knowing what the experience meant, not knowing how to react, or what to do, would “freeze” their family for months or even years.

I asked Cara about the early days in her family after Benoit’s suicide. What happened and how each one in the family reacted. Her recollections were disjointed and uncertain; more of a kaleidoscope of impressions. Although Cara, her mum and dad, and brothers Benoit and Francois lived in France, her extended family was scattered throughout Europe, and some had already moved to Australia, so wider family support was necessarily limited.
However she remembers things like going to pick flowers with an aunt. She remembers that her mother found Benoit (he had hung himself) and called her father, and how she kept Cara and Francois away. She remembers her father running upstairs and crying "My God! Oh my God! My Benoit!". She does not remember being told, or what people said, but she remembers Francois running out into the street and smashing a dead bird against a wall. And she remembers friends taking her and Francois away overnight.

She also remembers that later Francois became very violent and threatened suicide, and her parents crying, and feeling embarrassed at their tears. And she remembers setting the table for four instead of five, and going to the cemetery with her dad once or twice, but she didn’t like being there at all. And finally she recalls a terrible atmosphere in the house:

"Everything was upside down and nothing made sense for quite a while"

Like Cara my own early experiences have blurry edges. Even now I can recall very few details of the first eighteen months to two years. Flashes and impressions, interspersed with an incomplete sense of events. And one of the strongest impressions is of a life placed on hold.

In Cara’s case the family got on with life. They did not actually avoid talking about Benoit, but there was no extensive discussions or explanations. Cara herself did not push for answers. She remembers that a lot of her parents’ time was spent dealing with a violent Francois, which went on for years. In the process Cara said she missed out on quality attention, and hence just “got on with life” herself.

The second theme that seems to present itself as significant is the fact that Cara is a bereaved sibling. About 10-15% of those who attend The Compassionate Friends...
support group are bereaved brothers or sisters. They share many similar issues with their parents, but they also face issues that are significantly different, and some of the issues they report have the potential to freeze or slow the process of grief recovery. In a survey of the issues faced by family members bereaved by suicide that my wife and I conducted, for example (Stebbins and Stebbins, 1995), siblings consistently stated that their parents, and other significant adults, tended to try and shield them from the horror and pain of their brother or sister’s death. They felt pushed out.

Wertheimer (1993) presented this exclusion from a different perspective, when he spoke of siblings as “forgotten mourners”:

“In families where there has been a suicide, all the attention may be focused on the grieving parents, leaving the victim’s siblings as forgotten mourners; this can occur with siblings at all ages...a sibling can be quite literally an ‘absent mourner’...When parents appear to be totally wrapped up in grieving for the dead child, surviving siblings may start to feel unloved and neglected...” (She also points out that “the impact of suicide on surviving siblings has been almost totally neglected by researchers”) (pp.120-121, 122-123)

We hear this same story of well-intentioned or unintentioned exclusion repeated often in the support group meetings, and the siblings again and again have said how much they resented this sense of exclusion; how it left them confused, lacking vital information, and beset with unresolvable feelings such as guilt and anger.

Certainly Cara reported feeling excluded by her parents, and as a result, she confessed to carrying a lot of confusion, hurt and anger into adulthood. Until recently she had found it very difficult to share her strong feelings - especially grief feelings - with her parents, although she reported that this barrier between herself...
and her parents was beginning to crumble. Just prior to our interview, her mother arrived for a visit (from Europe), and during this visit she and Cara finally began to talk in depth about Benoit’s death. Cara says the door is now open. It is no longer the issue it was, although there is still a lot of talking to do, and as the interview progressed, her comments tended to support this. There were several instances when Cara indicated she still carried ambivalent feelings towards her parents:

"It’s maybe something I need to explore… I feel slightly uncomfortable about their grief as well…(she frowned in a very puzzled way here and paused for a time)… Maybe I feel not being strong enough when we talk… or… I don’t know exactly what it is…"

"Maybe it’s because… I don’t know…but for some reason I find it terribly difficult to show sadness to my parents… To show them that I’m actually feeling unhappy about something… I can’t remember the last time I cried in front of my parents… For me… I mean it’s incredibly private… with them… I don’t know why— it’s not with others…"

"… I suppose that maybe that’s why I do need to talk to my parents… to complete my journey a bit more…"

Interestingly, she admitted that she had no problems sharing her feelings and thoughts with parents in the group, and in relation to this, one of the most important outcomes of her experiences in the support group, is a deeper understanding of the pressures that were placed on her parents at the time of Benoit’s death. She said this has been one of the real values in being part of a mixed parents and siblings support group. Listening to other parents has helped her to see things from her parents’ perspective.
Listening to Cara talking about her relationship with her parents underscores just how difficult and fragile the parent-child relationship can be at the best of times, and the fragility and difficulties are clearly intensified under conditions of extreme stress within the family. From the bereaved parents’ perspective, it is easy to say that open and clear and constant communication is clearly vital to the growth and development of children in the family, but if parental resources are low, the potential for dysfunctional communication is high. In talking with community groups about strategies for supporting suicide-bereaved families, we make a special point of asking other adults to ensure that parents discuss all family decisions with all members of the family.

The third theme that might help explain Cara’s delayed journey, and perhaps the most important influencing factor, is the fact that she was only twelve years old when Benoit died. Not just a bereaved sibling, but a young bereaved sibling, standing poised on the threshold of all the challenges of adolescence, and all the demanding expectations of emerging adulthood. Clearly at this stage of her life she was ill-equipped to deal with the complexities of a suicide in her family.

The literature abounds with data supporting the contention that moving from the child to the adult, and completing the tasks of adolescence, is an all-consuming task. More specifically, in my work with young suicide-bereaved siblings, Cara’s experiences over the ten years that stretched between Benoit’s death and her first attending the support group, are very typical of the experiences of many young people on the threshold of adulthood. Feelings of confusion and self-doubt, of anger and guilt, of something unfinished but unable to be dealt with, are common. Coupled with this, they also often express that sense of alienation from parents, for as researchers such as Schonert-Reichl and Muller (1995) in their comprehensive study of adolescent help-seeking have pointed out, young people look to their parents as the main source of help when serious issues arise. They look to parents to provide the model and the means for dealing with life’s big problems.
As I say, I suspect that a significant factor in explaining the gap in Cara's grief journey, was simply the need to "grow up"; to develop the physical, emotional, social and intellectual capacity to deal with a complex issue. This links in with a potential fourth influencing theme in her story - her move at 19 years of age, on her own, from France to Australia, completing her tertiary education, starting work, and meeting and marrying Michael. A rich, busy, developmental phase, with, understandably, only intermittent contact with her parents (at least in part due to "the tyranny of distance"), and more importantly, I suspect, very little time left for reflecting on unfinished business from her past.

Until, that is, the pace of life slowed down a little, and the feelings and thoughts that had been lurking around the fringes of her awareness began to demand her complete attention. At which point she joined the support group, and as I listened to her speaking of those early experiences in the group, it was clear that the essence of her story had been the need to reach back and recapture the young Cara, and integrate her feelings and reactions as a very young adolescent with her reactions as an adult.

Cara spent some time speaking about her grief "work", which emanated from her experiences in the group, and some of the specific issues she struggled with. One of these issues was the dearth of memories associated with the establishment of meaningful rituals:

"...there is so much that I just don't really remember...(but) one thing that I do have deep regret about...(is) that I don't do anything on anniversaries or birthdays...I mean I try...But I can't...I can't do anything...So when I hear people saying that they did this and they did that...And they've got a little tradition with their family...and they do remember...I feel...maybe a little bit of jealousy...and a bit of a sadness...(And) those days are so
important and they are so empty... (for almost ten years) I've done nothing... Nothing happened on those days... Apart from feeling crap...

Although there was and still is apprehension about delving into her past and herself, Cara is quite clear about the normality of her quest, and that leaving things as they were was not normal. It was also interesting that she was quite clear that she did not want to enter one-to-one therapy with (say) a psychologist... "...I thought maybe a support group... (was)... a more humane thing..." (She laughed as she realized she was talking to a psychologist!)

From the very first meeting Cara felt at home in the group. Her description of the part played by the group in her journey is permeated with a sense of "home" and "family". She spoke with real affection about members of the group, applauding their strengths, and smiling whimsically at their quirks and foibles – the sort of global acceptance that family members tend to give each other. In fact Cara spoke of some enduring friendships that have come out of the group. So it was not surprising that her first words in answer to the question "What has the support group contributed to your journey of grief recovery?" were:

"The incredible feeling of warmth... The feeling that although we'd never met before, that we kind of knew each other... And the feeling that you are not alone... (and)... I think that we somehow nurture each other... There always seems to be that exchange somehow... Although they may need a lot of nurturing themselves... I somehow have the feeling that people can actually exchange nurturing..."

There is often a sense of amazement expressed by bereaved people that they can, in spite of their own pain, actually tune in and "nurture" another bereaved person, and Cara's explanation for this was to describe the group as a family, enfoldling her loneliness, and triggering off the two-way mutual giving and receiving process:
"...being part of a family...I think it has something to do with the loneliness of this thing...Not being alone on this journey...That for me was probably one of the best discoveries I made...That I wasn't alone...That I didn't have to carry my load all by myself...(here she paused and reflected)...I can carry other people's loads a little bit...And also others can share my load...And it seems to be a deal that way...Rather than it all being on my shoulders...(accepting) and giving in return..."

It should be emphasised that the core of the "work" in the support group for each group member is dealing with very intense emotions – both their own and those of the others in the group. This cannot be escaped, and there are limits to each person's capacity, at any given moment, to handle this. In our follow-up contacts with new attendees, as I have previously indicated, they often say they were overwhelmed by the sheer emotional volume, the accumulated level of pain, expressed in a meeting. Some few never return because of this, others cannot return for some time. This is particularly common with those who attend early after the death, within the first month or so. But as Cara herself points out, being deeply affected by the stories of others is part of the group process, and part of the healing process. It does touch things deep within us:

"Sometimes it can be quite difficult to hear other peoples' stories...It can be a bit too confronting...A bit too harsh and a bit too emotional...too heavy...You can feel quite down after the meeting...and for the next day or two...It happens every now and then...when it's brought out something very strong within me..."

Then she went on to tell of one recent incident she remembered.
"When that lady ...(she named her)...I wrote about it afterwards (in my journal) because it was just too much for me...Who talked about her son...and a rope she had thrown out in the rubbish bin...but then she (retrieved it) and kept it because she thought maybe it would be useful for something else...And this was the rope her son used to hang himself with (Cara's emphasis)...And that story was just really difficult...and I remember that I just started to burst into tears...It was all a bit too much..."

And as Cara retold this story, it was evident that the impact was still with her. Tears came into her eyes:

"Even just remembering that little bit, you can hear my voice is a bit different...(laughs then pauses)...That was pretty powerful...I think it caught me off guard...I didn't know I was going to react that way...You know every now and then...You think you are strong...I thought I was...and suddenly..."

I asked Cara if she thought that experiences like the one with the rope were negative experiences for her. Her response was interesting. It also indicated how far she had travelled, and the different level at which she was now exploring her grief:

"...initially (I thought it was negative), but now I don't think so...No...(Pauses)...I think it has positives...Because it does get you to explore those feelings which it is getting from you...Which is not a nice feeling, but it is important actually now and then to confront those feelings...I mean I can cry and be sad, but there are other feelings which are...different...A bit more violent and that I haven't really explored...But I think from that, exploring those feelings is how you can learn and grieve properly...Which is what I hadn't been doing for all of those years...Not
totally avoiding...I mean I've been talking and that...But at a different level..."

But the unavoidable intensity of the group experience does raise the question "How soon after the suicide before a person can benefit from attending the group?" We have no answer to this, and there is no helpful research to fall back on. We have had a significant number who have attended within the first week of their loss who have said the meetings were beneficial from the beginning. So it does seem to depend on the individual, although we are especially alert to the reactions of the very newly bereaved.

In the four years since Cara first attended the support group she has moved from ordinary group member to support-helper in the leadership team, and has now completed the training and has begun to share the facilitation and leadership of the group. She has also initiated a number of informal dinner-meetings with siblings from the group. For her, as a facilitator, the wheel has turned a full circle ("I think I'm a lot more at peace with myself and my grief"). In reflecting that the grief journey is a "never ending story", she spoke now of struggling with a new direction in her grief journey. Her focus is shifting from herself and understanding her feelings and thoughts, towards offering help and insights to others. With this a new concern has emerged. People in the group are asking "How was it for you then?" back when Benoit died. How did the young Cara cope? What happened? And she worries. What can she tell siblings that will help them cope better? What can she tell parents that will better help them support their other children?

This need to stand more objectively outside the full gamut of her experiences and use them as touchstones to help others, may well be just a part of coming to terms with the new facilitation/leadership role. She, however, identifies it as a need to go back for others, and remember exactly the feelings and thoughts of thirteen years ago, and this is creating a real pressure for her:
"When they ask me as an adult how did I feel then...Sometimes I just can't respond...I can't reply...because my answer would have been different..."

"I've been feeling quite distant from my (early) feelings about my brother...And I haven't...Sometimes I don't know how to relate to people (in the group)...And when I'm feeling like that I find it difficult to actually give encouragement on their journey...I find it difficult to say things that are important...And so many people ask me how it was for me...And I just don't know anymore..."

This is an interesting development. Does it suggest that a part of the process of grief recovery is to reach a point where one is able to stand back and see the total experience as an integrated series of stages? Or is this just another personal issue on Cara's own journey? She looked quite sad as she spoke, aware that her knowledge is now as an adult, and that a significant gap still exists in her mind between Cara at twelve and Cara at twenty-six. I suspect that it is a little of both. We do seem to be more and more able to link stages in our journey, and this is emphasised in the facilitation role. For Cara there does seem to be a specific need to reach back and touch more intimately the Cara of twelve – for she went on to discuss this at some length, beginning by saying how much help she has gained from other siblings on this issue:

"...one of the difficult things in the group for me is that it happened so long ago...And for most of them it happened so recently, so they know what they've been feeling...And I don't really remember how I felt...Like I really really sometimes have to dig very deep inside me to actually remember...Whereas...they remind me and I can actually remember things...like 'Ah! That's true'..."
As she began to explore the gap between now and then, she expressed many and mixed emotions. I identified surprise, wonder, and some confusion as she talked. She was surprised that her feelings were so strong, although no longer so raw:

"It's very deep...So that when it comes back it's like it's had to come through a lot of filters...So it can bring very strong emotions...Like gushing out like I didn't expect...(but)...I need to express that they are not as raw...My feelings...My emotions...They are still there...But never as raw...Not like a big open wound that everybody can see..."

And confusion about what she should be feeling:

"...sometimes in the group...There are many times that I feel inside myself...that maybe I shouldn't feel so bad...That I shouldn't feel sadness...I want (the people in the group) to see that thirteen years down the track, 'Don't worry, you'll be so much better'...And (yet) I want to show them that I can still feel sorry so strongly..."

So Cara's journey continues. Her story is very much a "never ending story". She has clearly travelled a long way, and already crafted a rich understanding of Benoit's death, and is confidently building a new relationship with him. And with her family.
CHAPTER 12

ANALYSIS AND DISCUSSION

The drive to understand

Each of the stories of those I interviewed and those others with whom I have shared and worked, is used to illustrate a developmental process model in action. Of these, Finbar provides perhaps the best overview of the model in action in the group. For instance, the model developed in this thesis argues that the drive to understand personal experiences is organic, a natural internal force within all people. If, as one might expect, the force of this drive to understand is directly proportional to the impact of the loss on the individual, then it should be visible in the suicide support group. Evidence of such a drive was certainly observed with Finbar. He entered the support group with a strongly expressed need to make sense of his devastating loss – not wanting to, but needing to:

“This isn’t what I expected out of life...(but)...I want to become comfortable with my reality”.

Similarly with Lyn. Given the disappointments and losses she had experienced in her life – including a disappearing father, finding out in her teens that the “father” she thought she had was really her step-father, an emotionally rejecting mother, and a failed marriage – as might have been expected, when her son died she wanted to curl up in a corner. But competing with this desire to run away was a powerful drive to understand, even with further perceived lack of support from those around her.
The model suggests that the beginning of the process of grief recovery is the activation of this drive deep within us - an organic drive to actualize and enhance our selves. The suggestion supported by the stories of the bereaved is that this is a very powerful autonomic mechanism that is embedded and embodied in the self and the various self-persona that are presented to the group. Each of those I interviewed intimated a sense of "no choice" in their seeking out and attending the support group. They were driven from within to survive, and to search out people who would enhance their survival. The report of The Compassionate Friends Bereaved-by-Suicide Support Group meeting in Chapter 2 and Appendix 5 can be seen as a story of the incredible strength of the will to survive and re-establish a new life.

Lyn contributed further in this meeting when she spoke of her "other self", who will deal with Mothers' Day, look after her mum and smile with her daughter, while deep inside there will be nothing, because she will have left her "real self" home in bed for the day. Even her humour is reflective of an inner force at work. In similar vein, Vera, in this same meeting illustrated how often this will to survive over-rides a frozen inner person. She told of her outside person who went on living and working, while inside was her real self, a tiny child frozen with fear and pain, looking out at this other person with amazement.

Sometimes this inner drive is expressed with great intensity; a cry at the very deepest level of philosophical inquiry. Ten months after her son died, Monica, who holds down a responsible management position in local government, when she was asked by her minister how she really felt, yelled out at him "Actually I really feel like shit! And I want to know what right God has to raise his own son and leave mine to rot!"

A powerful drive to live and to fight is commonly expressed in such spoken insights of the profoundly bereaved, revealing an alertness to the visible world, but also
evoking less visible threads of feeling which run through the speakers' lives, and connect them to their pasts and futures. Such insights into narratives also provide the substance for more informed support.

*Filling the socio-cultural knowledge gaps*

The model, embodied in the stories of the bereaved, suggests that understanding of experience - in Finbar's case the totally alien experience of suicide - is constructed from the individual's current socio-cultural base (Dewey's habits, Shutz' typologies). This is the first site of reference. With alien experiences, the gaps in the knowledge base lead individuals to search further afield for "interactants" (people, books, experiences) to broaden their socio-cultural knowledge, and contribute relevant meaning or understanding. Finbar clearly illustrated this seeking process. He entered the group seeking answers from what he perceived as a culture knowledgeable in the suicide-bereavement domain, angry and disappointed at the perceived lack of support he was receiving from his family and friends, and feeling culturally abandoned. I have compared his discovery of people within the support group culture who understood what he was experiencing to the biblical enlightenment of St. Paul on the road to Damascus! On entering the group his sense of relief was immediate. He described it as "...like water finding its own level", and offering "...solace and comfort and hope".

Finbar's family was and is the most important thing in his life. We sense this when he attends his first support group meeting with his whole family, including his ex-wife (Bernard's mother). It is confirmed when we hear him describe his desperate years of struggle to save Bernard from the heroin addiction that eventually destroyed him; at no stage did Finbar lose hope or stop trying. His sense of an end to family explains his panic and anger at the gaps of understanding and knowledge and apparent lack of support he perceived in his base cultural groups. The sense
of optimism generated by the beginning of a process of understanding helps explain his enormous relief when he began to share in the wisdom of the group.

In a different way Val illustrated the same need to find a culture that embodied the signage related to suicide-bereavement. Val indicated that she was very fortunate to receive solid basic support from her family and friends. Therefore her entry into the support group was a more calculated drive to supplement limited socio-cultural knowledge, rather than a desperate grab for a life-saving buoyancy vest, as suggested in the stories of Finbar and Lyn.

**Autonomy and control**

In spite of his sense of desperation, as he shared his reflections and concerns in the group, Finbar indicated quite a realistic view of the road ahead, including a sense of autonomous awareness and an acceptance of responsibility for controlling his own destiny. Finbar was quite realistic about what the group could offer, and he had no illusions about how difficult the recovery process would be.

> “There’s no big answer to this huge thing that’s happened, and how to cope...Ask all the questions you like, but you’re never going to get a satisfactory answer...You won’t ever get over it...But you can cope...(and)...acceptance that this is what has happened...in all its horror...this is what I am going to have to deal with...”

The model suggests that we have this capacity to work slowly via successive reflections towards a degree of personal control over the decisions and directions in our lives. Each one of those I interviewed showed this shift towards autonomous control.
What was also noticeable was the association between this growth of control and a movement back towards their familiar social/cultural groups, and towards a self that was surprisingly similar to the person they were before the tragedy. Over the time of knowing these people I have observed them slowly re-shaping their knowing towards a reuniting with family and friends. Cara has taken her newly crafted relationship with Benolt (and husband Michael) back to an exciting re-acquaintance with her French roots. Jim was showing clear signs of renewing contact with the old practical hands-on problem-solving Jim, and was in the process of re-assessing the place of wider family members in his life.

**Social signing in meaning creation**

Finbar clearly indicated that the supportive atmosphere of the support group encouraged his quest for personal autonomy, but above all he recognised that the process towards recovery would best grow out of discussion and shaping of his experiences in signing activity or semiotic interaction with others. He recognised that his ability to consciously reflect on his experiences - to expand the semiotics of the suicide-bereaved domain - would be greatly enhanced by incorporating the reflections of others (“...in just listening to people, they almost shape your experiences...”).

His experiences with family, friends and colleagues had clarified that for him the "others" were those who had shared a similar experience, so he set out to find a group of people with whom he could share his story and issues, secure in the knowledge that they would understand what he was facing.

“...look it's I alone that's got to do it...but I can't do it alone...and I can't do it with other people who haven't walked the same walk and talked the same talk...There's relief in just listening...Even if it's only an hour...I've
got an hour’s relief from thinking how bad and sad my life is...It really balances me out...It puts things right back in perspective..."

This search for the social experience, recognising the importance of sharing and discussion in the process of meaning making or habit formation, is taken for granted by all who attend the support group.

*Support for vulnerability*

Lyn and Finbar reflect a deep sense of vulnerability and defenceless exposure within their expressed anger and disappointment at the perceived insensitivity and lack of direct support from particularly extended family and work colleagues. Finbar’s withdrawal from contact or communication with these groups during his early bereavement years reflected his unwillingness to risk exposing that vulnerability unless there was empathy, and genuine non-judgemental acceptance of himself – and for his dead son. The openness he showed in sharing his deepest thoughts and feelings in the group setting provided clear evidence of the importance of the presence of these Rogerian supportive conditions as active elements in his quest to understand.

"I can really let my guard down in there...I don't have to worry about explaining to people that I'm down...or up...or mediocre...People understand...there's definitely a sense of goodness there...healing".

*Cohesiveness in meaning*

Central to the advocated grief recovery model is the recognition that understanding of a loss can never be an "absolute truth". It can only be a "personal truth", because it is created out of the semiotic data available in the bereaved person’s perceptual world. This world consists of personally constructed representations,
using the incomplete semiotic medium of language and other signs and symbols
(Pierce's representamen). These representations are put together in interaction
with the inevitable incompleteness of other people's signed experiences, or
representations of others' signages, as gleaned in these interactive interchanges,
plus the personal meanings given to direct contact with experiences of their own –
also partial or incomplete.

Although the semiotic view of communication and learning presents a picture of
change based on fragmented perceptions, Dewey's description of constructed
meaning, which is quite optimistic, is incorporated into the model. He suggested
that each experience, although partial, has at any point in time, a cohesive
completeness and unity of meaning. In listening to the bereaved tell their stories,
certain signs or symbols do appear to assume a powerful centrality, and
encapsulate a multiplicity of meanings. These core signs or symbols stand out and
define important meanings created at a particular time. Take for example the
powerful imagery in Finbar's representation of self-help unity in his "walking the
same walk and talking the same talk" conception. Some signs and symbols may be
definitive of just one part of the total experience, whereas others may persist to link
many different experiences. Cara's description of the sadness that persisted in her
awareness for over ten years is an example of the latter.

More powerfully still, some semiotic representations appear to become definitive
not only of the individual's experiences at that time, but definitive of the total
journey, and even of the very core of the person themselves. Jim and his story of
Sophie's Honda is a graphic illustration of this. It stood as a silent reminder of his
past relationship with Sophie and of his practical hands-on approach to caring and
to life. It also defined a core part of who he was as a person, and indexically as a
symbolic measure of his position on the journey of recovery. In telling this story to
others, Jim signalled his own awareness of the central importance of the Honda,
and when he told of finally towing it away for others to use the parts, he was able to
articulate how that move represented his willingness to accept Sophie’s death and a new relationship with her, and with life itself.

"It’s like when someone dies and they’ve got a(n organ) donor card...Well that's what we have done...We've said 'Yes take off the life supports, and those (in need of a part) can have what works...(And now)...that's done...The Honda’s done...I’ve passed that milestone...We’re going to do other things as well...We’re not carrying baggage”

It was significant that soon after my interview with Jim, he returned to the group, following an absence of several meetings, just to share this story.

**Unifying complex emotions**

Also adding weight to the degree of meaning that is able to be constructed out of fragmented or limited signage, Dewey argued that an experience could be defined by its core unifying complex emotion. In the context of the support group data, and the stories of those interviewed, it is true that the emotional content becomes the central focus of each story. It drives discussion, and in fact in my mind defines each of those I interviewed. Finbar, for example, is at first hurt, frustrated and angry but with the passage of time is showing signs of moving towards a calmer acceptance; Cara was sad and vulnerable and is now confident and excited about the direction her life is taking; Jim has moved from bewilderment to a more confident certainty about handling life’s continuing problems. Lyn still carries an aura of sadness with her – and may do so always – but there does seem to be a calmer acceptance of her aloneness outside the group. Val was confused and is now relatively comfortable with her progress, although she continues to live with quite realistic ongoing fears for one of her living daughters. Each of the emotional “packages” described here are complex, and show modification and change with time and new circumstances. Each, however does tend to unify the associated
story, and therefore support Dewey's contention that identifying the complex unifying emotion may well be the most powerful factor in reaching a cohesive understanding of the (grief) experience.

**Semiosis in the meetings and group "climate"**

The Peircean perspective in the presented model sees a group meeting represented by a complex mosaic of triadic semioses; a rich source of material and opportunity to fill personal gaps in knowing. Apparent is the expression of a yearning to share with others. Shared are stories and the meanings drawn from stories. Group members listen and respond to each others' stories, and debate confusion and uncertainty, whilst acknowledging wisdom and experience. The report of the complete support group meeting (Chapter 2 and Appendix 5) illustrates the link between the flow and exchange and modification of semiotic "knowing".

In the longer term both Finbar and Jim describe one of the earliest patterns observed in bereavement support groups – the broadening of understanding reflected in the progression from the early desperately asked "Why?" to the later fine-tuned realisation that there are no easy answers. I clearly recall Jim saying to me at the end of his first group meeting that he came expecting to get answers to the "why" question, and although he was going away disappointed that he had not received a definitive answer, the wide ranging group sharing and discussions left him more realistic about what answers he might eventually reach.

Both of my interviewees emphasised the richness they were able to construct from the discursive interactions in the group meetings. This "richness" involved more than just language (thoughts, feelings, images) and reconstructed conceptual knowledge. Where there is a climate that is full of compassion and free of judgement, there is a sense of acceptance and community. Jim suggested that
where the bereaved person is able to express (his or her) pain freely without fear of judgement or interruption, and where those in the interactions are supporting each other to understand a similar devastating loss, a sense of optimism and hope is constructed and becomes part of the total “knowing”.

Jim was very specific about the contribution of the group to his journey. The warmth and acceptance provided him with an opportunity to recover lost narratives (my term) – times and interactions he had shared with Sophie when she was alive. Some partly hidden, such as his feelings of guilt at not recognising the extent of Sophie’s pain; others concealed in posthumous conversations kept inside and never fully expressed to others – the thoughts and feelings associated with the “what if’s” and “if only’s”. The recovery of these narratives in discussions within the group, provided for him icons, indexes and symbols that permit (a) the construction of a meaningful “map” of the path ahead, (b) a “gauge” of his progress, and (c) gave him “permission” to re-shape his world to include only those who were supportive and understanding.

This reflects how for a time at least, many make the group their dominant cultural referent, and most will do some “culling” of friends and family. However, my experience is that this is, for most, a temporary situation. The majority, including all those I interviewed, over time re-establish contacts with practically all their earlier groups, although relationships are often significantly modified.

Pre-cognitive to cognitive - Reaction and reflection - the two phase recovery process

In the stories of Finbar, Lyn, Jim and Cara, we see unfolding the two phase re-educative process of grief recovery. From Lyn and Finbar’s early pre-cognitive reactive expressions of anger, Cara and Jim’s confusion, and, common to them all, fear and uncertainty about the future, we see a shift following reflection. Finbar
illustrates this very clearly, when, in later meetings, we share his thoughtful reflections, graphically represented in story and metaphor; the unravelling of his experiences, thoughts and feelings and their reconstruction into patterns that give meaning to his experiences; presenting signs and symbols that evoke strong graphic images and meanings for others in the group.

As the model suggests, the first phase of the two-phase process towards creating an understanding of an experience is organically activated. Therefore this "first understanding" -constructed from or filtered through the person's current socio-cultural knowledge base, which for an alien experience such as suicide might be expected to contain gaps - often elicits responses that appear unconnected, illogical, uncontrolled, ineffectual, inappropriate, even quite irrational. Certainly in The Compassionate Friends Bereaved by Suicide Support Group, the early reactions reported by members are often extreme or unpredictable, and very often quite bizarre. As one woman stated, "(On being told) I really thought I'd gone mad. I was ranting and raving, and went running screaming down the road. I was possessed".

A common "objectively irrational" response from those bereaved by suicide, is the expression of strong feelings of guilt and shame - particularly early in grief. (Note: I view "irrational" as "inappropriate", not "abnormal"). Feelings of guilt and shame were reported by each of those I interviewed, although all except Finbar later recognised these feelings were largely out of proportion, and re-shaped them into feelings more closely approaching a more reasonable regret or sadness with perhaps a hint of guilt remaining. Finbar, however, clung to a strong personal feeling of guilt, even though he indicated that he recognised the logic of the challenges that group members made to his degree of rationality. They gave responses such as "Bernard was old enough to be responsible for his own behaviour", or "You did the best you could with what you knew". However even now, several years later, he still holds to his belief that if he had worked harder or
thought longer, an answer would have been found. Although Finbar preferred to hold on strongly to his guilt feelings, the more common pattern in meetings is to observe the shift from "irrational to rational", from extreme emotional reactions to more moderate feelings, from a wishful hope that it was all a bad dream to wistful reality and resignation, thus illustrating a two-phase movement that may be defined as more realistic or pragmatic.

As Dewey insisted, the logic connecting the two phases of meaning-making is there if we look for it. Val said her family did not handle death very well and tended to avoid it, and she put this down to the approach of a different era and her English heritage. So she said she floundered to understand what had happened, and joined the group to fill in the missing gaps. Jim, Finbar, Lyn and Cara all reflected the same gaps in socio-cultural knowledge when they spoke of their anger and/or disappointment at the lack of expected support they received from their family and friends. Lyn in particular expressed a very deep hurt at a gap she believed would never be closed. In her case it seems there were reasonable grounds for this belief because only days after Jon's death her mother stated quite firmly that she was never going to mention him again, and she suggested Lyn did the same. She died less than two years later, still silent. This helps to explain why the support group has meant so much to Lyn, because members were prepared to talk about Jon, and help her understand her painful experiences. Lyn's limited cultural "knowing" on how to deal with loss helps explain why her "recovery" has been a long process, especially if we define "recovery" as a total remodelling of the core of the person.

As indicated, the initial reactions may seem strange to outsiders. However, the explanation in terms of missing elements in the perceptual gestalt through which the experience is filtered – knowledge as well as knowledge-gaps in family upbringing and previous experiences that relate to suicide – is powerful.
There are challenges to this explanation. I am reminded of Johannes who has become a very close friend, and who attended the support group for a number of years after his son suicided, moving from gaining support for himself to supporting others as a leader, and even chairing the Committee of Management of The Compassionate Friends for a term. I initially interviewed him, but when Johannes' daughter also suicided eleven years after his son, I decided against including his story in my thesis. Johannes first comment to me after his daughter's death was "At least I know what I have to face", and although expressing the normal expected distress of losing the second of his three children in such circumstances, for close to a year he did seem to cope quite well. Then he fell into a very deep very black hole, physically and emotionally, and two years on he is only just beginning to perceive himself slowly climbing out of that hole.

How do I explain this in terms of a model wedded to our socio-cultural knowledge base? My belief is that Johannes did have, in comparison to most in the community, a vast store of conceptual knowledge and experiential understanding of the domain of suicide bereavement. What was not recognised, however, was that, yes, each loss does build out of previous experience, but part of that store of previous experience (Dewey's habits, and Shutz's typologies) was the awareness of the magnitude of losing his son. Therefore he literally had to deal with twice the impact, because the full impact of his first loss was still with him – in particular the immense emotional impact. It was kept in check for a time, but eventually the organic pressure to understand the experience forced it to the surface – in the beginning as physical illness and depression.

Similarly with Lyn. As stated previously, in her life before Jon died, there were a series of profound losses and disappointments. She too found that she must deal with the loss of her son as a new experience, with new issues, and new understandings to be developed.


Contiguity between the phases

The presented model predicts contiguity between the two meaning-creating phases - the pre-cognitive and cognitive reflective phases. This has several important implications. Given the innate drive to find meaning for experiences, this implies that in later reflections the bereaved will separate out self and circumstances, and time and space, and create their own useful, organised meanings.

For counsellors/group-leaders there is comfort and guidance in knowing that no matter how disparate initial reactions may seem, there is always a predictable link to the continuing stream of consciousness of the bereaved person. This allows us to walk with confidence beside the grieving person, and minimises guesswork, because we can share with them their here and now, knowing that with patience and empathic persistence, we can eventually understand their present reactions, and keep in close contact with the gradual sharpening and expansion of meaning. It allows more active involvement and more direct insights into the knowledge base from which the person is operating.

Furthermore, in terms of helping, accepting that a natural logical link exists between automatic first responses and later reflection-based responses — rather than seeing only the apparent disconnected nature of many first responses — ensures we stay focussed on an organic-holistic view of the person and their behaviour. This in turn enables us to anticipate that eventually we may be able to celebrate a greater sense of peace with deeply hurting people such as Lyn.

Personal autonomy and grief recovery

The model also proposes that individuals have an unique ability to look beyond the filter of the perceptual or cultural mix of the moment, and autonomously interpret,
modify or shape their own personal meaning from a new experience. This embodies a belief that individuals do have the capacity to take personal responsibility for the meaning they construct out of an experience. Shutz suggested that the movement towards greater personal autonomy held especially true when experiences are profound or novel, where the boundaries of our socio-cultural knowledge are severely challenged and found wanting. His argument is that under these circumstances people have no choice but to become more autonomous and move away from their social roots to seek solutions to their dilemma.

Responses in the support group meetings, and data from the interviews supports this sense of having little or no choice – of being compelled to respond to the inner drive to enhance survival. This was certainly the picture painted by Finbar. In fact he wore his "I will control my own destiny" like a badge of inevitability ("...you've got to do it on your own...No one can tell you how to do it..."). In advocating this belief, this does not devalue the importance and impact of social and cultural influences. These are firmly embodied in the way the individual fashions his or her reaction to and understanding of the new experience.

[Note: My own experience supports this contention. Like Finbar I felt a strong need to take charge if I was to move away from my initial state of confusion. Shortly after my son died, I spoke to a community group, and in struggling to explain how I felt on hearing the news of his death. I spoke of confusion, of family and friends unable to provide answers, and of making the decision to turn to the outside world for supports. My notes at that time recorded:

"When the police came that Sunday morning and told us that Matt had killed himself, I was like a derailed train. Totally off my familiar tracks. My main feelings were of bewilderment and confusion. I did not know how to feel, what to think, how to react, or what to do. I was frozen... What we did do was turn to family and friends...who were able to give us basic comfort
and support...(but)... who had no answers to our deeper questions about loss, bereavement, survival, and... handling this terrifying new thing called suicide... Like us they were totally lost, and in spite of their love we felt very isolated and alone. We were forced to look outside for real knowledgeable help... And we did*. (Stebbins, unpublished talk, 1990)

Initially we contacted a person I had met who had been working with loss and grief for many years, and later my wife and I joined The Compassionate Friends. These two moves were the start of quite significant changes in our life-style, and in terms of the grief recovery model an exponential expansion of my knowing in the suicide-bereaved and suicide-support domains. I have observed similar large life-style shifts in many others who have experienced a profound loss.

As might be expected, making autonomous decisions that involve denouncing the inadequacy of our habitual responses leads to feelings of discomfort. Men in particular often experience discomfort at having to admit to not coping, and resist turning to outside avenues for support. Jim, for example, expressed the difficulty he found in adjusting when he realized that the logical practical way he had been taught to handle problems did not work when Sophie died. He found he had to develop and incorporate an affective dimension, and turn to an outside source to help him do this.

As stated earlier, Jim's reaction has further interest in that he supported that part of the model that suggests that movement away from cultural roots and our old self, is, for most, only temporary. Jim may have incorporated an affective dimension into his response patterns, and he may never be quite the same, but it was impossible not to hear relief and comfort in his firm statement in the interview that the "Why?" question that had previously obsessed him, had now been answered for him:

"I believe that suicide is a matter of depression... end of story..."
Being able to point to what he saw as a concrete definable answer brought a sense of integration with the "old Jim" – who was so comfortable with logical ordered cause and effect answers.

**How meaning is created - semiotic roots**

Central to the model is the semiotic analysis of how meaning is created or constructed, and in the context of this research, how the support aspect of the group experience rests on the power inherent in the complex and intense network of interactions to encourage reflection and drive more and more precise and appropriate construction and re-construction of meaning. Each of those interviewed reported how the meetings provided ideas, clarified feelings and thoughts, offered suggestions to confounding issues – a shared signage activity that stimulated their thinking and suggested directions and answers where previously there were blanks.

At the end of any meeting many admit to being exhausted, but they also admit to feeling less alienated or exiled - indications that they leave with a new sense of cohesiveness in the "signage" (thoughts, feelings, images) associated with their loss – which is satisfying for that moment. For example, in the reported meeting of The Compassionate Friends Bereaved-by-Suicide Support Group (Chapter 2, and Appendix 5), both Nerri and Robyn commented as they were leaving that they felt much calmer and had a clearer perception of what was happening to them. This was just five weeks after their sister suicided. Another member, Jenny, thanked everyone for sharing their stories, and said she felt less alone and more normal after expressing guilt at occasionally laughing and feeling good.

The way in which the experiences (signage) of one member will evoke related responses from many in the group, and create and recreate meaning around a
particular theme, is illustrated in that same reported meeting. Penny and Sam raised the issue of fears for their other children, and this theme was responded to and returned to again and again as members spoke. The contention is that each member was constructing and re-constructing their world of knowledge, with the domain of suicide reconstructing and expanding in that process. Evidence of the effect of the changes produced in the triologic interactions came in a later meeting, when both Penny and Sam stated that as a consequence of the discussion in the reported meeting they had stepped back from over-protecting their remaining children and could now see things more clearly. There was still concern, but it was now narrowed to one child only, and not all four.

**Being "stuck" - dependent and appropriate time in the group**

One of the most common issues raised by outsiders (usually helping professionals) when discussing the structure and functioning of the group is the issue of dependency. Amongst those I interviewed, Finbar in particular presented a picture of someone leaning heavily on the group. As I have already indicated he stated that the group was his link to sanity.

Even within the leadership of the group, the question was asked whether his comments indicated an unhealthy over-dependency. In consequence the leadership group discussed his situation and the results of these discussions were quite significant in that they supported essential aspects of the thesis model. Being able to assess Finbar in all his interactions within the group over a long period of time, enabled us to see that there had in fact been considerable movement over time. True, Finbar drew, and continued to draw, strength and knowledge from the group sharing and discussions. At the same time, however, he shared with others the fruits of his learning and reflections, and each of the others interviewed commented on how Finbar's thoughtful comments stimulated their own reflections.
In terms of the model, within the leadership group, the domain of Finbar's dependence was reconstructed to indicate that the proportion of "speaking time and the group responding to his signing" to "responding to others' signing" was changing. "Dependency" in relation to him indicated a shift from a dependent need for succour to a willingness to offer succour to others.

Queries around the issue of dependency or being "stuck", are very common occurrences in relation to self-help support groups. However, what seems like a reasonable focus on safety and security, best use of scarce helping resources, and a concern for the welfare of those who attend, often hides an implied assumption that when someone has been attending a group for what is seen to be a long period of time, the person is dangerously "stuck" and has become dangerously dependent on the group, and should leave. Anything beyond about three months can provoke this reaction.

Furthermore such queries often hide a criticism of group leadership. While I accept that people do reach plateaux in their grief, and that there are times when an ineffectual group process may contribute to this, more often, however, the apparent plateauing is due to complexities associated with the loss or the person, or a combination of both.

Having said this, I am not trivialising accountability concerns. I strongly support the need for vigilant protection of the vulnerable in our community. Any person, professional or non-professional, volunteer or paid, leading programs or intervening with the vulnerable in our community should be scrutinised in relation to:

- Providing a safe and secure physical and psychological setting
- Having a solid knowledge base related to the area or issues they are dealing with
Therefore, my experience in suicide support suggests that persistent concern about the issue of dependency and time in the group more often has to do with the beliefs, attitudes and knowledge of those who ask the questions, in particular the explanation they have of the nature of grief recovery. For example, those who adhere to the so-called medical model, which tends to view profound grief as an abnormal “ill” state that requires diagnosis and “medication” (be it medicines or therapy), and where the emphasis is on fixing a state, rather than supporting a personal process, may well be concerned, even obsessed, by the concept of dependency.

Others who query the time individuals stay in a group, may merely reflect a lack of clarity about the time required to come to terms with a deep personal loss. Finally it seems there are many working with the bereaved who are quite uncertain about how to help support them, and for them a focus on dependency probably reflects their anxiety about helping.

Returning to Finbar, who sparked the discussion above. He made it very clear how important the monthly meetings were to him, and how much he gained from the interactions with group members. But the enthusiasm in his voice when he spoke of the group did not suggest someone who was emotionally immobile. Again I emphasise that the model suggests that recovery from a profound loss will commonly be a slow process of reconstruction - a slow building of new meanings. The ethos of The Compassionate Friends Bereaved-by Suicide Support Group supports this, although it may be stated somewhat differently. The belief is that a person has a right to be where they are in their grief, that they will ‘move on’ when ready, that the issues vary in intensity and time-span. In other words the grief pathway is dynamic and individual, and bereaved-person controlled, and the response from group members, including those interviewed, tends to support this stance.
• Having a reasonable level of 'personal settlement' of the issues related to the area in which they are helping
• Being adequately trained in appropriate interpersonal counselling and personal management skills

Returning to the presented model, and what it might offer in relation to the issue of dependency, it is important to emphasise that recovery from a profound loss is likely to be a long-term process. Constructing meaning by reflecting on experiences requires time and appropriate signing from the world around them. This does not occur in one great bout of reflection. It evolves through a series of reflective phases, and because this occurs out of the individual's current cultural knowledge base, each phase may begin with a more or less chaotic reaction. If the socio-cultural knowing is inadequate, the person must look outside for answers to questions and confusions. Clearly a single purpose "culture" or domain related directly to the experience, as in the case of self-help support groups, has the potential to provide an appropriate context for reflection and learning. Immersion in this culture for a time, perhaps for an extended time, therefore seems logical in practice, rather than patho-logical. The embodied experiences of support group members clearly supports this contention.

After the trauma, people may become incapacitated (to varying degrees) for a time, and sometimes for a long time. During this time they may be genuinely, logically and "normally" incapable of carrying out the normal functions of living, and are "dependent" on those "competents" around them. These may be doctors, nurses, family members or those in a support group. This state of affairs is common for most people early after any traumatizing event, and may persist for many. It can also recur as new issues arise. This makes the slowing of autonomous functioning, which is part of normal grief reactions, more of a signpost than a concern.
The leadership group in The Compassionate Friends Bereaved-by-Suicide Support Group tends not to be greatly concerned when, for example, individuals attend for several years before moving on. There is much more concern expressed at narrow diagnostic orientations and depersonalised approaches. In the group interactions we tend to work "with" rather than "on". We avoid the use of labelling language such as "pathological" or "abnormal", with their inbuilt expectations. Grief is taken to be a normal personal process, and the model outlined here emphasises this. This does not ignore that for some the path is more traumatic, complex and difficult. Clearly such people need extra support - but within a normal process.

The patterns of attendance of group members (see Appendix 4) reflects the rich diversity of needs and pace of those who attend The Compassionate Friends Bereaved-by-Suicide Support Group. Some attend regularly, month after month, others once only, while others attend for a time, leave, then return at a later date. Still others come and go intermittently over years. Without oversimplifying the discussion, this variety of attendance patterns may in some part reflect the sense of "sufficient completion" - diminished needs at various times to keep revisiting their experiences. This emphasises the appropriateness of the ongoing long-term support group, which allows people to move in and out as they assimilate and shape alien experience, or parts of it, at their own pace.

How specifically does the leadership of The Compassionate Friends Bereaved-by-Suicide Support Group deal with those whom we do feel are "stuck on a plateaux" in their grief, and does this accord with the presented model? First, we do not exclude them from attending the group. Rather we suggest they seek additional outside help to complement group interactions, and assist them to find such help.

In this regard, the approach to therapy advocated by the Narrative Therapists (White & Epston, 1990; Hart, 1995; Norton, 1998), appears to provide a complementary individual therapeutic framework. It has a similar social-
constructivist philosophical underpinning to the presented model, since it also focuses on the concept of journey and of re-structuring.

"Therapists using this narrative approach invite clients to embark on a journey of exploration....the search for remnants of personal qualities and preferred experiences and in the painstaking reconstruction of something of substance and value in the client's life" (Lowe, 1998, p.2-3).

According to narrative therapy, people draw on personal stories and discourses from their relationships and experiences. Narrative therapists talk about developing alternative narratives (restorying or reauthoring) to reconstruct more satisfying, more preferred or more enabling realities, and in The Compassionate Friends Bereaved-by-Suicide Support Group, the discourses commonly found to be restrictive and requiring restorying are commonly the same as those cited by the Narrative Therapists – they concern gender, relationships, identity, family, body shape, desire, and normality. For example, the expectation that “partners should always be there and able to support them” is a common blocking discourse found within individuals who attend.

Although the time individuals stay with a group tends, in general terms, to be more related to the impact of the loss on the individual, I am very aware that “dependency” is a complex and multi-dimensional issue. It incorporates many sub-issues, including those associated with being part of a multi-levelled community of care, those associated with true “professional” care (as in safe, trained and knowledgeable), and those associated with supervision, ‘policing’, professional development, and boundaries of responsibility and care, etc. It also opens up examination of the extent to which individuals should take responsibility for working on their grief, and the extent to which it is reasonable to lean on others. However, I re-emphasise that time in the group may be involved, but only as one amongst many other issues.
CHAPTER 13

A SEMIOTIC MODEL TO INFORM PRACTICE

In this final chapter the focus is on ways in which the model presented in Chapter 5, and interpreted in Chapter 12, further informs our understanding of the grief recovery process, and the practice of support for those who have suffered a significant loss. In relation to this thesis, I am specifically interested in how it illuminates understanding and support in the context of self-help support groups for the suicide-bereaved, and the practice of those who lead or facilitate such groups.

I will "test" the informing capacity of the model against four key issues in bereavement support and recovery. The four chosen issues are:

1. For those supporting the bereaved, what does a discursive semiotic model contribute in terms of expectations about the processes involved in recovering from a deep personal loss?
2. For those who attend self-help support groups and speak of the shared experience, what does the model contribute towards understanding this experience?
3. What does the model suggest in relation to leadership and leadership training for those supporting the bereaved?
4. What contributions can the model make towards determining the effectiveness of self-help support groups?

1. EXPECTATIONS

The offered model proposes that those supporting the bereaved can confidently expect certain “outcomes” as they work with the bereaved. However, the outcomes
of importance within this model, for both helper and bereaved, are related to
process not to product. At any moment, the actual details (product) of the
understanding a bereaved person has reached – the "signage" of their experiences
at that moment – although complete in an holistic sense, will be both transitory and
unique to the individual in terms of meaning. What can be expected to remain
constant and non-transient for all bereaved are the processes that create the
meanings. These are the "expectations" that empower bereavement support.

*Semiotic discourse as the medium*

Of the expectations or perceptions we might have for the process of grief recovery
that are inherent in the presented model, personal experience suggests that it is
the broad smorgasbord of signage – information, knowledge, reactions and
reflections – generated by the group’s semiotic interactions that provide the most
potent self-reconstructing force.

In Peircean terms, two important groups of "signs" are generated in these
interactions:

(a) First there is that group of signs that relate to knowledge about the cognitive
and practical issues in the domain of suicide. Issues such as dealing with the
Coroner’s office, or helping others in the family to cope with their grief.

(b) Second, and perhaps of more importance, are the group of signs that relate to
vital interpersonal and intrapersonal reconstructions, and encompassing issues
such as connectedness, confidence, encouragement, acceptance and a place in
the world. These issues form the deeper layers of the total domain of suicide (or
any profound loss) – that part of the personal knowledge base that relates to the
person in the experience – and it is from the interactions with the others in the
group that there comes such self-confirming "signs" as "You are normal", "You did
your best", "You are not alone", and at that deeper inner level "You are important, worth helping, worthwhile".

*Recovery is inevitable and organic – given supportive conditions*

Above all, if helpers (leaders, counsellors, teachers, etc.) communicate and reinforce within the culture of the group and as part of the learning environment, actions associated with the qualities of empathy, unconditional positive regard and congruence, then it may be expected that with time, most bereaved individuals will secure a personally comfortable level, or levels, of understanding of their loss.

Also in relation to this, experience indicates that those who regularly attend and reflect within the self-help support group setting often find the process towards "recovery" proceeds at a faster rate, simply because there is access to such a rich range of domain-specific signage, and the opportunity for wide-ranging discussion to shape appropriate choices.

More emphatically, however, because *total* denial of an experience is logically impossible within a model advocating automatic and interactive reactions to new experiences, the process giving meaning to new experiences would appear to be inevitable, unavoidable and ongoing. It may be stunted, or twisted, by personal selection of contextual data, but there would seem to be an inexorable internally and externally influenced push or "force" towards sharper and clearer *creative* definition or understanding of experience. The internal "force" is related to an innate organic drive to enhance the self; the external force is related to the unavoidable social influences on personal signage. Evidence of this is reflected in the desperate need that the bereaved have to seek out those who have experienced a similar experience and ask questions and demand answers.

Jon Stebbins
The reality is, therefore, that no matter how hard a person may try to avoid the feelings and memories of a painful loss, there is always, at some level, a reflective process going on within them, creating a meaning for that experience. Hence the suggestion that, given time, all bereaved individuals have the potential to "absorb" the experience, develop a personal meaning for it, and move on with their lives. Of course, in practice, a small number will create a destructive negative meaning, and moving on for them will probably appear as a downward spiral.

An important structural element in the model is the contention that meaning making is a "rolling" two-phase process, where phase one is essentially an automatic organically based reaction to the loss (or loss issues), and phase two is a more autonomously controlled reflection on phase one reactions. However, meaning in each phase is constructed out of the current socio-cultural knowledge base or knowing. Given this process, it is common to observe first reactions to a significant or traumatic loss reflecting confusion. What we call the "shock" reaction – that look of being lost and bewildered – that is shown by the profoundly bereaved, may be explained as the organism searching for meaning in a suddenly inadequate (in terms of meaning making data) and therefore alien world, without adequate signage related to the loss domain.

The model's holistic position, however, is that it can also be expected that, over time, the contiguity between reaction and inquiry (reflection) will become smoother and more observably cohesive, as the meaning base of personal knowledge about the domain of profound loss increases. Jim's behaviour in relation to Sophie's Honda illustrates this commonly perceived movement – indicating how early in bereavement it is common to encounter strange and apparently irrational reactions, which, following reflection, reveal themselves as logical and rational, thus supporting an organic integrity between the two phases of meaning construction.
This does not mean the individual is immune from further shock in relation to the current domain, for new events related to the domain can occur. However, we are simply talking here of the beginning of new narratives, with new signage activity.

This has obvious implications for practice. It supports the basic strategy of "staying with" the winding path the individual is following, suggesting that adopting a “here-and-now” persistence in focussing on the immediate signed activity of expressed experience will eventually lead to acceptable understandings being constructed. In the world of the suicide-bereaved where bizarre and irrational initial reactions are common, and often related to social roles (such as feelings of guilt as a parent), it is comforting to be able to acknowledge strange reactions as “normal” in the sense of accepting them as precursors to an underlying meaningful logic, which, in the fullness of time and with persistence, will become clearer and lead to an acceptable level of grief recovery. Finbar, for example, firmly insisted that he wouldn't carry a feeling of guilt to the grave because he was unable to save his son from his heroin addiction. The temptation was to try to shift this as an unrealistic expectation, whereas staying with his unfolding story made it clear that he was talking about the intersection of his non-judgemental love for Bernard, his battle with persistence and hope, and a frustration that the answers were not there. Guilt was his meaning for this intersection, perhaps coming close to Dewey's unifying complex emotion for Finbar. The important point is that the model assumes an interpretive use of narrative rather than a nominal labelling. Seeking to label behaviour as “irrational” or even “abnormal”, requiring specialised support, may occasionally be appropriate, but should be resisted as a “down the track” response to persistent destructive behaviour.

Observations of reactions to traumatic and alien experiences such as suicide also suggest that the contiguity between reactions and later understanding of experiences might better be understood by thinking in terms of a continuum of contiguity. That is, we might expect that the more confused and apparently
“irrational” the initial responses to the experience, the greater the disparity between the activating event and the individual’s socio-cultural knowledge base. This suggests that for those deeply grieving and confused, reaching a comfortable level of recovery will take longer, involve a more careful inventory of the resources (personal and other) they have access to, and/or require harder more intense “work” on their domain related issues. The contrast between Val and Lyn illustrates this. Lyn’s background was complex and ill-prepared her to deal easily with the death of her son. Therefore although within the confines of the group interactions she is able to share and support the growth of others, she keeps to herself outside the group. Val, on the other hand, came from a background of love and support, and build and she and Ray had learnt to reach out and built around them a vibrant network of supportive family and friends before Natalie died. Hence, they were quite early able to integrate Natalie in a new comforting way in their lives, and to move out from being supported to supporting others, both inside and outside the group.

A noticeable trait in the bereaved is the persistence with which they pursue their search for meaning. As the model suggests, the energy for this persistence is derived from a deep organic self-actualizing force. This semiotic transforming agency is so strong a force that external motivation to survive and grow is usually unnecessary (unless, of course, the forces in the personal and social environments are abnormally restrictive). This means that in the normal working meeting, given the support conditions are in place, most of the group’s attention can be focussed directly on stories and finding the meanings in them, rather than on supporting and searching for reasons why the individual should pursue meaning – although it must be pointed out that helpers will usually need to at least acknowledge the “why”, to separate out the commonly heard suicidal statements from the bereaved (“I can’t go on without XX”) which reflect pain and confusion rather than a real desire to end their lives.
Creativity

In relation to an optimistic expectation of an inner-driven positive "recovery", Dewey's reminder about the importance of foregrounding the social context in the interplay of the personal and the social in which inquiry (reflection) takes place, emphasises a very important point. So often in working with the bereaved, I am in awe of the complex and creative ways they set about transforming their lives. In a recent group meeting, Iris described how on her regular visits to her son's grave she had spoken with others who were visiting and tending grave sites, and over a period of time had gathered around her people who were bereaved by suicide. In sharing stories she created, in an unusual context, a powerful self-help support group. This example of creative agency has several important links to the model, of which the most significant is that it lends support to Shutz and Rogers' phenomenological belief in the power within people to create new personal meanings to deal with profound loss and absence.

Also, at a different level, Iris' story suggests that a context which encourages and models reflective signing practices, would provide even stronger support to the grief recovery process. The model's non-exclusive focus on discursive actions facilitates creative involvement and engagement.

Time

The importance of signing activity as indicating an active or executive intelligence or agency as an inevitable down-the-track process that gives meaning to experience, also gives new meaning to the influence of the passage of time in the grief recovery process. We may not expect time to heal, as the saying goes, but in each of the stories reported, signing activity in the group did bring time into play as a major active element in constructing meaning, and no longer "a blind guide".

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Time has an influence that goes beyond the natural fading of intensity of a loss, which might be expected over time. As part of the grieving individual's choice or control in the healing process, there is the power to either pro-actively seek, search, examine, incorporate meanings around them, and therefore create momentum, perhaps even accelerate gaining meaning. Or there is the power to ignore, deny, reject, minimize the meanings in the environment, and hence retard or prolong – but never completely block – the process towards a satisfactory understanding or meaning.

Clearly there is some pressure within individuals to control time. This would appear to be related to readiness to change or move on. This is reflected in the stories, as for instance when the time had come for Jim to take Sophie's Honda away. In the discursive act he re-secured autonomous control over time, and in a way that was continuous with the smooth flow of his own unique developmental path.

**Truth**

In acknowledging the model's proposition that a unified "personal truth" is reached at each point of reflection, those supporting the bereaved accept that the value of telling and re-telling their story does not lie in how accurately the refined story reflects the actual initial experience. The value, via semiotic sharing in the group, lies in how well the gradual refinement process moves forward toward a personally satisfying, and socially comfortable, final unified understanding or meaning. That is, how well it moves towards an acceptable "personal truth" reached after the reflective differentiations made at each re-telling.

In The Compassionate Friends Bereaved-by-Suicide Support Group meetings, for example, parents often begin with clearly selectively idealised descriptions of their dead child, which over time become more balanced and realistic. This movement illustrates what the model suggests is a drive within us to create as realistic a truth
as possible. Hence we observe the telling and re-telling of stories as the bereaved slowly re-construct towards a "truth" or understanding that brings both internal personal and external social contentment.

Related to this expectation that truth will be a personal creation, is the oft met concern by others that the "truth" they have listened to is not helpful or productive for the grieving individual, and may even be destructive. For example if the person decides to cut all contact with their family. This is where reflecting within the context of a support group, and viewing the process as an educational process with a social-constructionist base is helpful. Because the process of reaching the "satisfying truth" is an interactive re-construction process, made against the, hopefully supportive, reactions and semiotic activity of the others in the group, it is commonly observed, and therefore becomes an expectation, that unhelpful or destructive outcomes are challenged and modified and the final truth(s) chosen by the individual becomes more socially reasonable, embracing of others' meanings, and self-enhancing.

**Identifying the unifying emotion**

The model perceives that each experience contains within it a complex identifying "emotion", incorporating feeling and context, with the power to unify the experience. The problem is that capturing this emotion is often difficult, because it is complex and we are dependent upon the inadequacy of understanding our own and others' "signing" (especially linguistic and non-verbal signing). Identifying this core "emotion", however, seems essential, as we have seen above, to the development of meaning, and hence to learning or recovery. Listening to the bereaved in the support group supports this, as invariably there is a struggle to encapsulate or clarify feelings that will "sign" experiences. As Jane reported "...It was awful...No! No! It was worse than that...It was terrifying..." – telling, retelling and reshaping, trying to capture that elusive "unifying emotion" that gives meaning to experiences.
Often the unifying emotion is drawn from extrinsic aspects – gestures or artefacts – as in Finbar picking up his guitar and experiencing an immediate emotional link to his son, Bernard, or the complex range of feelings conjured up for Jim in the image of the Honda. These extrinsic aspects of an experience are usually the first stage of deeper personal reflection. Following his mention of the guitar, Finbar went on to talk of special musical experiences shared with his son, and in recounting his story of the car, Jim began to talk about deeper feelings (intrinsic meanings) that were generated by his metaphorical action in taking the car to the wreckers. Feelings of being freed, of hope, of seeing the path towards a satisfying new relationship with Sophie.

2. THE SHARED EXPERIENCE

Perhaps the most important, and most intriguing, phenomenon associated with the self-help support group experience is that of the shared experience. Clearly no two person’s experiences are exactly the same, yet the acceptance of significant similarity in the world of self-help is iconic. All who attend such groups report doing so to be with others who have shared a similar experience (Stebbins & Stebbins, 1995, 1999), and in listening further to their stories, it is obvious that in their minds the phenomenon generates and satisfies immense expectations of support and knowledge. The unquestioning acceptance of the power of the shared experience is at the heart of the sense of empathy in self-help support group communications (Report of member of WASG, 1991), and underlies the sense of trust in the veracity of the understanding, knowledge and support of other group members.

Furthermore, in groups such as The Compassionate Friends Bereaved-by-Suicide Support Group, where leaders have shared the same loss as other group members, I believe it underpins the authority of the group leaders/facilitators – as in "they understand, they know, because what they say has the authority of
experience behind it". This "true belief" underpins group empathy – the ability to tune in to the needs of other group members, and encourage them to express and explore these needs. Also in relation to this thesis, I suggest it was the confidence held by those I interviewed in the power of the shared experience that helped me gain such open access to their thoughts and feelings.

The belief in the shared experience is probably the element in self-help support that is most closely linked to the deep inner self of each person, being situated as it is at the intersect of history and semiosis. It is also the power and influence of the shared experience that underscores the vital need for a supportive group environment. Group members report that listening to others share their "similar experiences" gives them a sense of being normal, of not being crazy, of regaining perspective and balance, and perhaps most important of all, gives them a sense of hope in regaining a place in the human race. Such comments, I believe, go beyond mere expressions of cognitive knowledge. They reflect the very core of the embodied self – their personal and social identity.

I see support for the model in these beliefs embedded in the stories of the bereaved, with the important added belief that even those of us who have lived and worked with this phenomenon, have not yet recognised its full potential in the grief recovery process. We have tended to take the semiotic activity and agency for granted, rather than subjecting it to systematic research, or consciously utilizing it as a powerful helping tool. Finbar stepped into the support group, and immediately relaxed knowing that people understood his experiences. Jim rang me up when Sophie died, and assumed that I would know why her death had occurred, because I had been on the same journey. Immensely powerful assumptions.

It is interesting to note that phenomenographers such as Shutz (1932/1972) and Rogers (1951) observed that in the normal consciousness of daily life, we take for granted the existence and activities of other people in a shared world, and in
normal daily communication we assume others understand, as we do, the same situation we are both in, to a greater or lesser degree. This taking for granted of mutual understandings is particularly strong between members of the same social/cultural groups. Thus in our daily lives there is a firmly entrenched mind-set towards a mutual awareness of a shared world of reciprocal perceptions, one that requires no proof – it is part of the permanent reality or logic of everyday living.

Yet in the area of profound loss the link of the “shared experience” between people is, strangely, largely ignored by those whose daily work is to support the bereaved. Why this phenomenon is so under-utilized by community professionals is puzzling. It may be related to a reluctance to pass control of process out of their hands and into the hands of the clients themselves. Or it may be due to a belief that help with “serious issues”, which so often seems to include profound grief, is the domain of the trained and skilled “professional professional”. Whatever the reason, the value of incorporating the shared experience of self-help support is accorded limited status, and this has led to a suspicion of and resistance to, professionals, including research professionals.

The model presented in this thesis with its emphasis on semioses and dialogue, may provide an appropriate framework within which to research a phenomenon which has such a clear socio-cultural orientation. And because active research in this area would of necessity involve researchers (usually professionals) and those involved in the shared experience working together, this may ultimately provide the avenue where professionals and those who have lived the experience can best share their different knowledge, and better support the bereaved.
3. LEADERSHIP AND LEADERSHIP TRAINING

Leadership

Leadership in the documentation of The Compassionate Friends Bereaved-by-Suicide Support Group refers to tasks and accountability rather than to charismatic qualities. We talk of a leadership team, with those on this team fulfilling specific roles. The co-ordinator takes prime responsibility for the overall educational and organizational processes, including the meeting program and the general welfare of those who attend. The support facilitator has major responsibility for monitoring the therapeutic processes of the group (both intrapersonal and interpersonal), with a second responsibility for supporting the educational processes. The support helpers in the leadership team mainly focus their attention on monitoring the welfare of individuals in the group, and help to develop and maintain the internal and external networks of supports.

The specialized “teaching/counselling” knowledge that begins with the leadership team in this group is knowledge related to the domain of suicide bereavement, the conditions for optimum growth or recovery, and the processes involved in the grief recovery journey (specifically that relating to adolescent and adult grief for this particular group). Also, in common with both teachers and counsellors, the full support-group leadership team shares, to a greater or lesser extent, an understanding of the broad educational and counselling processes that lead to personal awareness and growth.

The model presented in Chapter 5 proposes that satisfactory grief recovery is dependent upon the presence of the Rogerian support conditions of empathy, congruence and unconditional positive regard. Challenges to an individual’s perception of their world can be very confronting at any time, but when that person
has suffered a deep intense loss, vulnerability is accentuated. Therefore establishing the support conditions is given the highest priority in The Compassionate Friends Bereaved-by-Suicide Support Group, and in practice these qualities are communicated by the leadership team in four ways:

- First, via the establishment of a constructed atmosphere of support, encouragement, empathy, security and safety. This involves encouraging the bereaved to reflect on, clarify and give meaning to their experiences, as a precursor to re-defining themselves in their environments. In the group this involves a consistent structured meeting that provides a systematic opportunity to tell stories and discuss issues, and clear “ground rules” such as quiet non-judgemental listening, maximizing clarifying responses and minimizing advice giving, and emphasising the issue of confidentiality.

- Second, via the provision of relevant knowledge and experiential strategies. Knowledge and strategies about the grief process, and strategies and processes for handling the issues of suicide bereavement. This knowledge comes from the combination of knowledge passed on in semiotic interaction with the leadership (obtained through experience and training), and with other members (with their shared experiential knowledge).

- Third, via the establishment of ongoing networks of support. Again, in this context it is networks between members within the group, or where necessary, with professionals outside the group. For many group members, the networks developed during the meetings are a major avenue for the continuation of interactive discursive processes outside the group meetings.

- Finally, via tangible linguistic (responses) and non-verbal “signs”, and less tangible attitudinal “signs”, a sense of the value of the person is communicated. This is seen to be the deeper goal inherent in the communication of the qualities.
In accepting the model's two phase process of meaning construction, leaders in the group are encouraged to respond "in the moment", to help clarify the current organically centered experiences, and encourage reflection on these. The model proposes that leaders sponsor the bereaved person's tacit agency to tap their own inner needs and to re-construct themselves in semiotic interaction with the signed experiences of others.

This focus rejects the leader-led model of social imposition or abdication. Semiotic interactive processes are given preference, leader-facilitation taking precedence over leader-direction. In practice this means a meeting structure that allows time for the members to express and explore the current elements of their grief stories, and leaders to indicate how they are positioned themselves in relation to the stories and the domain. This does not mean that domain knowledge is diminished. Input of information, ideas and suggestions are certainly important in extending the knowledge base. However, the speaking individual controls when such input is necessary. Nor does it mean that an emphasis on the importance of interaction with others in the recovery process ignores the individual component. Rather, it looks beyond the psyche of the individual to the development of an understanding of a realistic interaction between both the internal and the external influences on the individual's behaviour.

**Leadership training**

It is not appropriate in this thesis to review the detailed training program for the different levels of leadership in The Compassionate Friends Bereaved-by-Suicide Support Group. However, it is important to discuss in general terms the type of leadership training assumed within the parameters of the presented model, and briefly outline how this could be interpreted in training those who take leadership roles in The Compassionate Friends Bereaved-by-Suicide Support Group.
The most important tool in any leader's kit is having a clear understanding of the beliefs implicit in the operating model, and a personal acceptance of these beliefs. Understanding the beliefs underpinning the presented model is both the starting point for selection of potential leaders and the reference point for justification of the knowledge and skills they are asked to learn.

The most important beliefs supporting the model developed in this thesis are:

- That grief recovery is grounded in triadic discursive action between the suicide domain and the speakers and respondents, and socially constructed out of an organic needs base
- That the individual has the tacit ability, within certain environmental limits, to influence the process
- That the development of a comfortable level of understanding of a deep personal loss is dependent upon the presence in the individual's environment of certain support conditions
- That the leader's role in the group setting is to support a pragmatic educational process, in which the individual is encouraged to create personal meanings that will explain their experiences
- That in the group setting, it is the signing activity created by the individual from the network of discursive interactions that define the emergent position of the group and the individuals in the group (including the leaders) in the grief recovery process

The authority that underpins these beliefs can only be established through experience, including area-related understanding. Training may need to be provided, for example, in:

- Knowledge of the model of bereavement recovery developed in this thesis
- Leadership as a team commitment to the process of bereavement support
- Responding in the moment in the group discussions
- Communication of support.

The latter two may use transcripts and interviews such as those in this thesis as case materials.

In relation to leadership training for The Compassionate Friends support groups, the process of "training" actually begins when a member first attends a group meeting, for all group leaders have first attended the group as bereaved people seeking support. Over the period of time in which they attend as ordinary group members, and before they are invited to join the leadership team, they will in essence have been experiencing a group based on the model and its underlying beliefs. This experiential modelling base is important in terms of creating a living personal perception of the values and how they might be signed in practice.

On joining the leadership team, each new leader is currently asked to take on a support-leader role, with responsibility for supporting individuals in the group. They take part in group leader meetings and discussions, in which they are privy to more conscious linking between beliefs and their testing in shared practice. Finally they join a formal group-leadership training program, where the focus is more directly on theory and practice in skills, structures and procedures.

Val, Lyn and Cara have all moved along this pathway. Val and Cara are now trained and able to lead meetings, with Cara a contact person for bereaved siblings. Lyn has not undertaken the formal group-leadership training, but is "the best tea-lady in TCF" (her words). Each contributing in their own way, in relation to the level of confidence they have reached.
4. THE VALUE OF THE MODEL IN ASSESSING THE EFFECTIVENESS OF
SELF-HELP SUPPORT GROUPS

The question is how do we assess the effectiveness of the group? Johnson &
Johnson (2000) whose work in the area of group dynamics has influenced group
structure and functioning for over two decades, suggest that there are three core
activities of any effective group:

- Accomplishing goals
- Maintaining good working relationships between members
- Developing and adapting to changed conditions in ways that improve
effectiveness (remaining adaptable) (p.12)

They further suggest that these activities will best occur within a framework of
shared leadership – a framework that recognises that effective leadership is not a
charismatic entity that resides in a single person, but a set of attributes that may be
shared around, and that, appropriately mixed, will achieve the goals of the group.
Attributes such as handling conflict, giving relevant information, facilitating
discussion, etc. The coordinator's task is to ensure that all these leadership tasks
are being covered.

In a very general way, referring to these criteria for a measure of group
effectiveness supports the grief recovery model in the group setting that is
presented in this thesis. They may have some value in providing global guidelines
for the training of group leaders, and for the general way in which a group might be
structured.

The effectiveness of The Compassionate Friends Bereaved-by-Suicide Support
Group in helping the bereaved, however, is difficult to evaluate from the outside, or
in general terms. Those attending are extremely vulnerable, and many who are
early in their grief would find it very difficult to step back from raw feelings to engage in a cognitive evaluation activity such as, for example, filling in questionnaires that ask them to position themselves in relation to their grief and the group process. At best such an “objective” procedure would provide a mere snapshot of general perceptions.

The testimony of the bereaved clearly indicate that the most appropriate answer to the question of measurement of group effectiveness is embodied in their stories. No so-called “objective” procedure could possibly capture the richness of the processes at work within the group interactions, and that are reflected in the stories of human endeavour that those in the group have reported on or listened to in sharing their journeys and experiences. To be even more specific, objective procedures could not answer adequately the questions that all evaluators are pursuing – questions such as “Is XX progressing at an appropriate rate?” or “Is YY becoming too dependent on the group?” or “ZZ has reported that he is doing such-and-such, which seems to be dangerous. Should we intervene?” or “Is the program the most effective for new members?” Each of these questions point to a personal engagement with the person.

Therefore I believe that evaluation or assessment in relation to a group like The Compassionate Friends Bereaved-by-Suicide Support Group requires analysis of a different kind, simply because people in it position themselves in a dynamic process model of grief recovery, which does not accept that assessment of members in relation to externally fixed definitions of stages or tasks could provide an appropriate determination of the interpretive interventions of group leaders.

Although more work needs to be done on this issue, the central question here is how beliefs about an individual’s recovery learning might be justified, with reference to a genetic or non-foundational theory of knowledge acquisition, where beliefs are the basis for estimating how well the bereaved are resolving issues in...
their environment. The genetic view of knowledge acquisition implies that the task of group leaders is to help the bereaved construct new understandings. In The Compassionate Friends Bereaved-by-Suicide Support Group this is further complicated, because this same view of knowledge applies to the leaders themselves. As bereaved persons, they also are involved in a process of meaning construction or learning.

This issue of internal subjective assessment based on the assumed authoritative beliefs of leaders who are also learners intimately involved in the learning/recovery process is explored by Orton (1990, 1996). He considers two specific problems related to the beliefs of these types of leaders – (a) that the beliefs are apt to be situated, not general, and (b) that they are apt to be tacit, not explicit. My contention is that the first problem can be addressed by distinguishing between the reproducible and plausible inferences in a discourse community of group leaders (This is supported by such as Roberts, 1996), and the second problem is addressed by accepting the importance of semioses in knowledge growth.

A start has been made on both fronts in this thesis. “Evaluation” would be a normative ideal that would have leaders discussing plausible views of bereavement recovery (learning) in an explicit way, interpreting or shaping or defining the “recovery” learning with one another. In this respect methodological management of subjectivity is a turning towards a discursive participatory mode of consciousness, accentuating the value of active discursive symbolic and schematic (semiotic) interaction in developing a sound link between belief and knowledge.

Essentially, the more intangible “truth” or self knowledge related to the grief recovery of members in the support group is being established through interpersonal repositioning in semiotic dialogic interaction with those who have shared a similar experience. Group members establish for themselves the effectiveness of the group through the dialogic interactions located within the group.
they add to their own perceptions by listening to other member comments about the impact of the group on their grief recovery. In essence each story is also an evaluation. Similarly, group leaders also establish a measure of group effectiveness through the dialogic interactions located within the group.

Group leaders (or facilitators), however, may also obtain a measure of the effectiveness of the group processes and outcomes through interactions outside the group – by meeting as a sub-group of leader/facilitators, as in The Compassionate Friends groups, where there are at least two "leaders" for each group, or by meeting with an outside supervisor. These latter more diagnostic than direct dialogic (although dialogue is still central) measures become analogous to the way many professional groups in the community establish the efficacy of their practices (doctors, psychiatrists, psychologists for example). These professionals meet either with within-the-profession supervisors, or with groups of peers, and discuss cases and related issues. This becomes the way they assess their practice, and incidentally regulate their profession – from within.

There are many who would argue about the ethics and efficacy of the above. What is essentially self-regulation or a belief in the authority of one's own experience, without direct reference to clients. However, the presented model proposes that in the absence of external indices, belief in the authority of one's own experience is appropriate and proper where it can be justified or confirmed by discussion amongst the community of people involved – in the case of The Compassionate Friends Bereaved-by-Suicide Support Group, it is the leadership group and members. The central evaluative tool is dialogue. The discussions are not only appropriate but indeed necessary, in assessing the effectiveness of processes used by the leadership of the group, or considering specific issues such as dependency.
In summary, the case for an internal-evidence based approach to evaluation issues, and against an external-evidence based model in such situations of appraisal, rests on such as the following:

(1) The arguments in the literature and from the self-regulating professions. Although not conclusive, they are persuasive.

(2) Feedback from those members who have attended the group over the years indicates that the group does assist most who attend to reach a satisfactory level of grief recovery, given time (Stebbins & Stebbins, 1995, 1999A/B).

(3) Discussion amongst the leadership team, which in the group in this research numbers up to about twelve. This group commonly reaches agreement when questions such as individuals being “stuck” have arisen, including agreement on adequate support action, including referral out of the group for psychological or psychiatric support.

(4) The nature of the grief-recovery process, as defined in the presented model, which sees grief recovery as idiosyncratic, complex and only partly understood, but clearly as a slow, hesitant, trialogic semiotic process, subject to “relapse”, and supporting bereaved people needing the respect of time.

I am aware that these arguments may not satisfy all those in the professional and research communities who are standing outside looking in. However, there is I believe a place in the research tradition for thinking that is incipient or embryonic or developing and whose ready articulation still retains elements of being elusive, in contrast to thinking that is considered to be understood sufficiently well to be articulated with ease.

A FINAL COMMENT

In this final comment I would like to briefly outline the journey undertaken in this thesis as I have perceived it, and conclude with an update on the stories of those
members of The Compassionate Friends Bereaved-by-Suicide Support Group whom I interviewed and who represented the hundreds of families who have shaped my thinking on grief support.

Over a decade of working with the bereaved, and in particular the suicide-bereaved, led me to the conclusion that current theories underpinning the practice of support for the bereaved, based as they are on completing certain static stages and tasks, have failed to recognise three important aspects about bereavement. First, such theories have failed to acknowledge the complexity of the grief process – if only it was as simple as completing defined tasks! Secondly, I believe such theories have set our understanding back decades by failing to recognise that grief is an embedded part of the flow of normal conscious human experience, and not a condition that lies outside. Finally, by failing to address grief recovery as an ongoing socio-culturally embedded re-education process, these theories have missed the vital dialogic (or in terms of the presented model, triologic) nature of the experiences, and to consider how the dialogue of grief recovery might be expressed.

The model outlined in this thesis has as its core proposition, that support for the bereaved is better served by perceiving that grief recovery is a gradual re-construction of the bereaved person’s socio-cultural “knowing”, via a process of triologic semiotic interaction between the bereaved, significant others and the domain of the loss; and I further contend that because grief is normal and universal, the presented model is applicable to all experiences of profound loss.

This is an embedded model. It has evolved out of my work with the suicide-bereaved, and is presented to better inform support for the bereaved. Support for this conception of grief recovery is to be found in the narratives of the bereaved; specifically, in this research, in the lived bereavement experiences of now hundreds of parents, siblings, grandparents, friends and work-mates, whose
experiences I have shared as a fellow bereaved and a counsellor/group leader over more than a decade. In particular I have shared a rich involvement as facilitator of The Compassionate Friends Bereaved-by-Suicide Support Group, and have included in this thesis the results of in-depth interviews with five members who attended the group, along with data from my contacts with others during the ongoing group meetings and in other outside social, training and incidental contacts.

I have emphasised that this model is an embedded model. In relation to this research, it is first of all embedded in the stories of the bereaved – specifically those who have attended The Compassionate Friends Bereaved-by-Suicide Support Group – and it emerges as we examine the ways in which the bereaved have come to understand the death of their loved-ones. The model is also embedded in the structure and functioning of the support group; in the beliefs and practices that encourage and support group members to create new and understandable directions out of their painful experiences.

All those who were interviewed have described how fundamentally the support group helped them make sense of their experiences, and walk with a degree of comfort beside their losses. But understanding a specific life event, no matter how profoundly debilitating or elating that event may be, does not equate to “living happily ever after”. As the model implied, understanding is issue-specific, and re-created in each moment. For the remainder, we continue on in the normal stream of life. “Grief recovery” at any moment is but an intersecting of a current loss experience with the normal ongoing flow of life’s experiences.

With this in mind, therefore, I will conclude this research journey with a final report on the group members I interviewed. In terms of this research and the presented model, I am able to report that each of the five has been able to find a comfortable niche for the loved one whose death led to their joining the support group. Each

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has also re-established essentially satisfactory relationships with their familiar family and community groups.

But each is also living with and working to understand a whole new range of experiences. Lyn has settled back into her quiet solitary country life. She travels out of her Dandenong Ranges retreat to work in suburban Melbourne each day, and returns to the tranquil security of her mountain home each night. She still largely holds back from close contact with people – apart from those in the support group. Recently she travelled overseas for a holiday, and although she said it was enjoyable, she was happy to be back home, and enjoying her daily rambles with her dogs.

For both Val and Jim the threat of suicide has not retreated. Both carry ongoing real concerns for the emotional welfare of other children in their family. In Val’s case for a daughter who has always struggled with depression and a reason to go on living, and for Jim a son who has recently lost confidence in life and has made a number of attempts at suicide. Both say that what they have learnt in “coming to terms with”, respectively, Natalie and Sophie’s deaths, may not have allayed their fears, but has given them some directions to pursue in helping their currently struggling children.

Finbar now attends meetings intermittently, and still describes his attendance at meetings as “like coming home”. There is relief in his voice as he reports having re-established contacts with members of his wider family, and is more comfortable in his relationships with them. He is also enjoying contact with an increasing number of grandchildren.

Finally, at this moment in time, Cara comes closest to what might be called a “happy ending”. Recently she and husband, Michael, moved to France, where both have settled into new and interesting jobs in the country. Cara has re-established
stimulating links with her French culture, her immediate and extended family, and early childhood friends. Her stream of e-mails paint a wonderful picture of daily new discoveries, of a picturesque provincial countryside, of warm and friendly workmates, and of the challenge and enjoyment of establishing a new home with Michael.

"I love the village where I work? It is an absolute pleasure to leave the city of Reims, drive 25k out to get to Arcy le Ponsart...Last week it was grape picking time. The little road I take has vignes (vines?) all along it, and the smell of grapes was wonderful and reminded me of grape picking in Alsace, and at Passing Clouds (in Victoria near Bendigo) and the good times I had whilst picking grapes..."

"I went for a walk in the village at lunch time: green paddocks with a few horses munching on some grass, orchards, gorgeous stone houses that make you want to buy a property, give up work, buy a few horses and cows, and enjoy life in the country!, an old water mill turned into a house, an old farm (also turned into a house), the smell of apples and wood fire, soft sun light, fresh walnuts on the ground, gorgeous hills, golden, red and green leaves on trees, the sound of the church bell... often in the morning there is thick fog on the road, and in the fields...and then when you get to Arcy, the fog is lifted, as if to unveil a hidden paradise...We'll see how I feel about this windy, narrow road in icy cold winter!..."

The freshness and excitement in her words, as she tackles this new phase of her life paints a graphic picture of recovery that no "objective" evaluation could possibly match. Where she is now with respect to Benoit's death may in part be a reflection of the youthful thrust into living she is now able to allow herself to experience and express, combined with the hard work she put in to understand the experiences
associated with his suicide. At a different more fundamental level, however, I suggest Cara’s contentment is a result of the opportunity she took to create an understanding of her experiences within an environment framed by the model researched in this thesis.

This thesis presents a challenge to established approaches to understanding the process of bereavement. It is grounded in subjective narrative data, a relatively new and burgeoning research tradition, fast gathering its own legitimacy. Research conversations need to open up issues, and this thesis purports to be a contribution to such a conversation, because in terms of research, community education and supporting those facing difficult times in their lives, much still remains.
APPENDIX 1

RESEARCH METHODOLOGY

This is a qualitative narrative-based ethnographic study, with all the strengths and limitations of such research. In general terms the value of these studies, and the place of narrative within them, has now been well argued and documented, from many different perspectives, by many highly respected writers and researchers (Woods, 1986, 1996; Van Manen, 1990, 1994; Polkinghorne, 1995; to name a few). My intention is not to repeat all these arguments, but to extract those concepts and issues influential in more specifically defining or "positioning" the nature of this study.

1. CENTRAL ASSUMPTIONS

“All research is conducted within a framework of assumptions that determine what questions are legitimate and how answers may be obtained” (Burgess-Limerick & Burgess-Limerick, 1998, p.63)

The basic assumptions underpinning this research are those to be found in the post-positivist, social-psychological and social constructionist traditions. Traditions that accept the legitimacy of conversational and narrative data; of situational influences; and of constructed realities that are fluid and continually changing. Where each person continuously shapes (constructs and reconstructs) their world from within, in interaction with others and situations, to create their personal public and personal private realities. These traditions accept that shared meanings exist (personal public), created within social interactions, and that these represent the basis of our social reality.
As Burgess-Limerick & Burgess-Limerick (1998) further state:

"Conversational interviews are a powerful way of gaining access to an individual's interpretation of their personal experiences (i.e. their social world). In this model of interviewing, the agenda for each interview is established interactively. A recursive process is used in which the researcher's questions build on responses to previous questions, stories told by the same participant in previous interviews, and stories told by other participants. Each individual and situation produces an unique agenda that allows the researcher to ground the research completely in the experiences of the participants" (p.64)

This relatively new conception of researching to give meaning to dynamic, temporary, negotiated and constructed realities, now sits with legitimate dignity beside the positivist assumptions of singular static realities open to logical objective processes of hypothesis testing. It has, however, brought with it one important and interesting challenge – the social researcher has been forced to recognize and incorporate the fact that such post-positivist research may never be neutral, disinterested or value free; that the researcher is always an integral part of the reality shaping process.

"That although a researcher's voice must always be distinct from the participant's, the researcher's voice (will almost inevitably) be grounded in the participant's experiences and...reflect a shared understanding"


Shutz (1972) also indicated that the reverse holds true – that researcher's world is always to some greater or lesser extent a part of the constructed world of the research participant.
So Shutz also indicated that adopting a social constructionist view of intellectual development (the creation of meaning) automatically precludes neutrality on the part of the narrative-based researcher. Wagner (1997) uses an even stronger term – “unavoidable intervention”, and Peshkin (2000) argues (with illustrations), that even before a research project begins, the researcher has stamped the research with assumptions and interpretations from his or her own social/cultural (or previous research) world. Peshkin, in fact, says that the reporting of *all* qualitative research is a reporting of the researcher interpretation, beginning with the background leading to the research and extending through each phase of the research to the final “conclusions”. Each interpretive movement forward being based on imagination and logic, and grounded in the researcher’s perception of the unfolding data.

This "unavoidable researcher intervention" may be viewed in two ways. As producing a *tainted* world, where the researcher, deliberately or otherwise, reports a biased account of the other's narrative, with little or no feedback loop with the participant. Or as a reported narrative that is understood by the researcher and participant to be influenced by the preconceived notions of the researcher, but is fully checked by and *accepted and owned* by the participant. In this latter view, the researcher and participant are viewed as partners, collaborators or co-constructors of knowledge (Zellermayer, 1997), with the validity and reliability of the research grounded in the participant’s acknowledgment of ownership of the content of the narrative. The “ownership” issue becomes problematic, however, when the researcher places a theoretical overlay on top of the narrative data, and begins to interpret the meanings underneath in terms of his or her chosen theory. At this point it would seem quite clear that the ownership shifts towards the researcher, and it becomes imperative that the value of this ownership is acknowledged.

This issue of researcher influence may also be viewed from a slightly different perspective. In the field of *therapeutic practice*, it has now been quite clearly
established that all such practices are 'non-neutral'; that therapy is a form of social influence (Pentony, 1981; Heller, 1985). And Furlong and Lipp (1995) indicate that "Even if therapeutic work is framed as 'conversation' (quoting Anderson and Goolishian, 1988) and does not involve advice or directives, the aim is still necessarily non-neutral because therapy is concerned with effecting change" (my emphasis) (p.113).

If we adopt this broad conception that therapy equates to change, narrative-based research may also be viewed as a similar practice, in that the researcher sets out to improve or change peoples' understanding of some domain. Arguably this prevents the researcher claiming to be neutral.

Having said all this, what does this say about the value of narrative-based data? In answering this question, I accept first of all that my researcher world will influence the research data – that I have influenced, perhaps strongly influenced, the meaning of this data. Secondly, I suggest that it is important to seek out ways to gauge the extent of this researcher influence on those being interviewed or conversed with. Thirdly I suggest that a productive way of doing this would be to take the focus off the term "neutral" and also off the term "objective". These terms are difficult to measure, so I suggest that we focus instead on more measurable terms. Furlong and Lipp (1995) have given us a lead here when they suggest in relation to therapeutic practice, that "...in practice, it is often more helpful if therapists remain non-directive, unaligned and non-judgemental towards their clients" (p. 113). My suggestion is that we carry such terms as "non-directive", "unaligned", and "non-judgemental" into our evaluation of the influence of the researcher on the data arising out of interviews or conversations. I believe these terms are open to more specific measurement of influence.
I will, however, give Peshkin (2000) the last word on this:

"I conclude my work with the best construction I can create, trusting that I have steered clear of such self-deception and self-delusion that would undermine my commitment to the reason, logic, coherence, and the like that I strive for. Lacking formal, internal tests that would substantiate the worthiness of my interpretations, I conclude with Becker that in social research there are no "...crucial tests of theories," [and that] we don't prove things right or wrong, [so] the real test has always been how useful or interesting that way of looking at things is to an audience" (Quoted in Denzin, 1989, p.1). He then goes on to say that it is "the work of others to reject, modify, and reconstrue the researcher's selection of 'fact' and the order and relationship that form the basis of the interpretation and its conclusion" (p. 9)

In evaluating the "neutrality" of a researcher, it should be emphasised that this offers both "possibilities as well as possible problems" (Furlong and Lipp, 1995). Busier et al (1997) have put this more clearly, and perhaps more graphically, when they suggest that whether we like to admit it or not, there is intimacy in qualitative research, and that intimacy might well be an unique medium for learning. In other words, the fact that there is a relationship between researcher and researched may actually add to the power of the research data.

Busier et al (1997) indicate that "By 'intimate relationships' we are referring to relationships that include qualities of mutual care and friendship as well as revelation of, and respect for, personal vulnerabilities" (p.165). This is certainly relevant to my own research. In each case I have shared a very intimate relationship with each of those I have interviewed, in that we have shared deep personal vulnerabilities and meanings, and it is my contention that this has added...
important and significant dimensions to this research. The dimensions I envisage are those to do with openness, honesty, and a willingness to take risks and explore or reflect more deeply than might be the case in a less personal relationship.

It is within the assumptive boundaries above that this research has taken place.

2. THE SPECIAL CONTEXT OF THE RESEARCH

This research enters the world of the suicide-bereaved, and in entering that world it should be emphasised, as the Victorian Suicide Task Force noted at the start of its report (1997), that “Each suicide is a tragic and unique event. Death by suicide reflects an intensely personal set of circumstances for the individual, their family and friends” (Executive Summary, July 1997, p.1). In this statement, the Task Force committee recognised that each person affected by the suicide of someone of significance to them is facing a profound loss experience, involving issues never before faced. Few will have experiential information within their store of socio-cultural “knowing” from which to make sense of this alien event, and therefore they will invariably pursue a painfully slow, difficult and individually unique path to recovery.

Therefore in examining how the suicide-bereaved make sense of their experiences, and the contribution of a bereavement support group as an avenue of support — the focus of this research — it is very appropriate to listen to the stories as told by group members, recognizing at the same time that the recovery process will be shaped for each individual by many factors, including the shared interplay of interactions within the group.

The most common reason that people give for attending these groups – an access to those with similar life experiences – indicates that people instinctively acknowledge “positioning” themselves, or reconstructing their life and selves, in
relation to the stories of the others in the group. The interactive influences are reflected in the many similarities to be seen in the patterns people present on their path to recovery. In listening to the stories of members of The Compassionate Friends Bereaved by Suicide Support Group, I examine both the extent of variation, and the extent of commonality, of experiences.

3. DIMENSIONS OF THE METHODOLOGY

Basic methodological dimensions

The research methodology in this thesis may be summarized quite simply. I have interviewed members attending a suicide-bereaved support group and listened to their constructed and re-constructed experiences and the influences that have shaped these. I recorded these conversations, checked the recorded transcripts with the participants, and reflected on the meanings in the data in terms of increasing our understanding of how this meaning construction occurred, and the contribution of one avenue of potential support, the bereaved-by-suicide self-help support group.

But I have also interacted with these people in other ways. In the support group meetings, prior to the interviews, I was privy to their early group experiences and reactions, and following the interviews, I have on numerous occasions listened to them expand aspects of their stories. Furthermore I have listened to other group members respond within the meetings, including to the interviewees, and more often than not have responded to them myself. In stating this extra outside-the-interview contact, I am not just pointing to a possible personal influence on the shaped and re-shaped stories. I am also indicating that I know these people far beyond the confines of the interview. I believe this gives me considerable advantages as I move outwards from the interview data and give meaning to the
stories reported in the interviews. Where this has occurred, however, I have endeavoured to indicate this movement clearly.

Again I refer to Burgess-Limerick and Burgess-Limerick (1998), as they describe the essence of a study such as this as a study of conversations within a

"...framework in which reality is assumed to be socially constructed, multiple, and dynamic; and research is viewed as an inherently subjective process of creating theory and understanding that is convincing and useful", p.63).

Other dimensions

Conceptually, the research may also be described in other useful ways. It may be described as a phenomenological and phenomenographic hermeneutic study, in the tradition of Shutz (1972, and in Campbell, 1981) and Rogers (1951/2). An examination and interpretation of the deeply personal experiences of members attending a suicide support group, in an attempt to give meaning to the process of grief recovery.

It may also be described as interactionist as espoused by such as Hargreaves, D. (1967), and Hargreaves, A (1994c), emphasising the fundamental part that social intercourse plays in the shaping of each person's constructed and re-constructed realities.

I also believe this research may legitimately be described as an action-oriented research, along the lines of that described by Kemmis and McTaggart (1988), McTaggart (1991), The Deakin University Reader (1988), and in particular as described by McNiff, Lomax and Whitehead (1996). McNiff et al state that
“Action research shares the following characteristics with other research:

- It leads to knowledge
- It provides evidence to support this knowledge
- It makes explicit the process of enquiry through which knowledge emerges
- It links new knowledge with existing knowledge.

(and)

Action research is different from other research because

- It requires action as an integral part of the research process itself
- It is focused by the researcher’s professional values rather than methodological considerations
- It is necessarily insider research, in the sense of practitioners researching their own professional actions” (p.14)

It is true that the informing of practice has not been fully cyclically carried forward, as in the full action research paradigm, and it is for this reason that I have called my research action oriented. However in all other respects it fits the McNiff et al model. In particular, it is heavily impregnated with an explicit values base, a characteristic that action researchers give heavy emphasis to. It is clearly driven by many of my own beliefs about what is “good” or worthwhile in the area of grief recovery, and my conclusions, I believe, pave the way for considerable ongoing, continuous, systematic and reflective evaluation in a number of areas. Evaluation that particularly takes into account, as Goodson (1997) and Denzin (1989) point out, the fact that community attitudes and knowledge are constantly shifting, and in the area of grief recovery they are shifting significantly, as reflected in the personal narratives.
In similar vein, Calderhead's (1991) definition of the *inquiry-oriented paradigm* seems appropriate to be included here, as a caution. He emphasises the importance of context, but more importantly reminds us that the contextual interactions are complex. That is

"the inquiry-oriented paradigm begins with an acknowledgement that the act and context of (for example what goes on in the support group) are complex and problematic and that (facilitators/leaders) need to analyse and think about the nature of (facilitating) and the nature of the context in which they work" (p.2).

Finally, at a different level, my research has several important personal and pragmatic dimensions. At a conceptual knowledge level I have grown personally and professionally. I have learnt from my reading and from discussions with a wide range of colleagues, and I have learnt from those I have interviewed. But unquestionably the greatest personal benefit for me in undertaking this research has been the privilege of sharing deep intimacies with very special people; real people in a real ongoing community support group in which I as researcher and writer was and still am very directly and very personally involved.

For several years now, I have been closely involved as a facilitator-leader in the group from which the interviewees were selected. They had already exposed aspects of their pain and vulnerability, and I now asked them to see me in a different more clinical and distanced role. I also asked them to expose their experiences more objectively and more publicly (albeit anonymously).

This personal involvement underlined my greatest practical challenge. It was of paramount importance to keep firmly in mind, that even though this was a research project, each grieving person in telling me his or her story was engaged in a healing experience, which was for them, a unified end in itself. My challenge was to
protect and value this experience, whilst at the same time, as a researcher, remember that within each story was data that might further human understanding of the grieving process.

To protect the interviewees and the integrity of the research, great care has been taken in ethically approaching and interviewing the subjects for the research. As Measor and Sikes (in Goodson, 1992) have pointed out, the success of any such life-history research relies more on the development of relationships and trust, than on methodologies and techniques. Hence the importance and central role of critically monitoring the research processes and progress, for both the safety of the subjects and the integrity of the research. For this I am particularly indebted to the intense on-going scrutiny of my supervisor, Dr Rod Fawns.

In many respects, all qualitative research has a distinct advantage over quantitative research, in that it is forced to closely examine the position of researchers, and acknowledge their central role. As a personally involved researcher, I recognise that there are issues associated with methodology that I must be aware of. However, I re-emphasise that it is very important to me that the research data generated is seen to have a high level of integrity, and that it can be applied directly and with confidence to improve the knowledge and the effectiveness of this group, and of the suicide-bereaved generally. Ultimately my focus in this research is to add to the provision of the highest quality support to the suicide-bereaved.

Having indicated that there are dangers in researcher involvement in the area being researched, I also re-emphasise that a personal involvement presents strengths, which I believe far outweigh the dangers in such research. These strengths come from the rare opportunity of being allowed to step into personal and private worlds because there is a close personal relationship with those involved. I have been given special privileges and opportunities that are not so readily available in more objective, researcher-distanced research.
I wish to further emphasise that this research was a partnership; an interactive research partnership, and in fact I celebrate my involvement in an extremely sensitive research partnership; one that was very open and fully collaborative.

The model of researcher-interviewee cooperation I have adopted is very much akin to a modification of Wagner's (1997) clinical partnership concept. The main modification being that I as researcher am both inside and outside the group (context and stance), and with the added awareness that the term "clinical" in this research has a much more personal dimension to it than the more recognised, more distancing objective meaning usually given to the term "clinical". Wagner's researcher-practitioner cooperation model is a very useful model in the context of this research, as it lays out helpful research contexts. In his total model, Wagner outlines three forms of researcher-practitioner cooperation in educational research. Table A shows an adaptation of his model. I have substituted "bereaved by suicide support group member" (BBS member) for "practitioner", and "grief recovery" for "educational", although I see these terms as synonymous:
TABLE A

Three forms of *researcher-support group member* cooperation in *grief-recovery* research

<table>
<thead>
<tr>
<th>Focal research question</th>
<th>Data extraction agreement</th>
<th>Clinical partnership</th>
<th>Co-learning agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is the nature of grief education and support groups?</td>
<td>How can BBS members and researchers work together to improve knowledge of support groups processes and practice in the context of meaning re-construction?</td>
<td>What is the nature of grief-recovery, support-group processes, and grief education research?</td>
</tr>
<tr>
<td>Research process</td>
<td>Direct, systematic inquiry designed, conducted and reported by researcher</td>
<td>Systematic enquiry, cooperatively designed and reported by researcher and BBS member</td>
<td>Reflexive, systematic enquiry, stimulated in part by ongoing collegial communication between researchers and BBS members</td>
</tr>
<tr>
<td>Context and stance</td>
<td>Researcher outside groups and engaged in reflection; practitioners are inside groups and engaged in action</td>
<td>Researcher <em>(both inside and)</em> outside groups and engaged in reflection; Bereaved-by-Suicide members inside groups and engaged in action and reflection</td>
<td>Researchers and BBS members both participate through action and reflection on processes of grief education and systems of support</td>
</tr>
<tr>
<td>Model of change</td>
<td>Knowledge generated through research can inform grief education policy and contribute to improved grief recovery</td>
<td>Researchers and BBS members conduct cooperative research on problems of practice to help BBS members improve their own effective recovery</td>
<td>Drawing on knowledge gained through cooperative research, researchers and BBS members are responsible for initiating complementary changes in the support groups</td>
</tr>
<tr>
<td>Expert roles</td>
<td>Researcher as researcher; BBS member as BBS member</td>
<td>Researcher as researcher and collaborator; BBS member as BBS member and collaborator</td>
<td>Researcher as researcher-BBS member, and BBS member as BBS member-researcher in the support group</td>
</tr>
</tbody>
</table>

Wagner's *co-learning agreement* form offers a future model for driving long-term, big-picture change. In this research, however, where new ground was being opened up, it seemed more appropriate to approach and view the research from the more conservative and more controllable (by the researcher) *clinical*
partnership ("clinical" as employed by Wagner) form of cooperation. This still allowed a high level of mutual cooperation, and was also able to encompass the added dimension of my personal involvement in the group.

4. PERSONAL AND SOCIAL REPRESENTATIONS – THE UNITS OF STUDY

This thesis studies the actual and perceived experiences of selected members of a support group for those bereaved by suicide. I have called the research a psycho-social educational study – seeking to add an educational perspective to the psycho-social influences that create our understanding of the world we live in. What social theorists are calling representations (individual/personal and social).

The discussion that follows, looking at aspects of social representation theory, will draw on the writings of a range of social scientists, including Harre and Gillet, (1994); Moscovici, (1961, 1982, 1989); Lahlou, (1996); Wagner, (1996, 1997); Jovchelovich, (1996); Markova, 1996; Markova & Linell, (1996); Joffe, (1996); Clandinin (1985); Clandinin and Connelly, (1987, 1992, 1996), and others. This is not a full-scale review of this area. Rather I will draw out some of the concepts and issues that relate to this thesis.

Lahlou (1996) has stated that "A group can only be called such if, among other things, it shares a common 'reality' (my italics), that is, a set of objects, material or other, upon which and with which its members interact" (Lahlou, 1996, p.157). The common reality is the shared social representations.

Social representation theorists define peoples' shared or common perceptions (or more accurately approaching shared or common perceptions) of their world as social representations. These are people's attempts to represent the "meaning in structuring the interaction between a person and a context" (Harre & Gillet, 1994,
p.23). Or attempts to explain "community" and "meaning" (Lahlou, 1996). More precisely, a social representation is a matrix of cognitive elements which is a unity in itself, and not a 'representation of something' (Wagner, 1996, 1997; Lahlou, 1996). In fact it is this very unique "one with itself" nature that Lahlou (1996) says explains why social representations are so dynamic and able to "propagate" further social representations.

There is a certain pragmatic truism about Wagner and Lahlou and others' insistence that social representations are the real world and not representations of the real world, because in that moment, it is the representation that determines action, attitudes, beliefs and in fact all subsequent behaviour. However, from the research point of view, it is valuable to retain the view that a social representation is a representation of something, because this recognises the unique part of the overall representation that belongs to the individual. And it is the differences between social representations of "reality" that lie at the core of any personal or interpersonal research.

As Jovchelovitch (1996) points out, social representation theory incorporates

"...understanding the relationship between the individual and society",...(represents) forms of symbolic mediation firmly rooted in the public sphere, (and) society not only provides a context for the production of social representations ... (but) social representations (also) feed back into society, contributing to the establishment of the constantly evolving relationship between the material and the symbolic" (pp.121-123).

The concept is complex and has many layers and twists within it (Markova, 1996, p.180), beginning with the processes within the individual that do the "enabling" – selecting, identifying, making choices, etc., which are the "internal representational
activity" (Jovchelovitch, 1996, p.131), and including those contextual “triggers” that appear to have universal recognition.

Lahlou (1996) suggests that social representations may arise in one of two ways:

- Through spontaneous emergence, where the elements of the social representation are already present in the person’s perceptual world, and some contextual trigger brings these elements (cognems, a term coined by Codol in 1969 – Lahlou, 1996, p.158) into association, in some unexplained way
- Or they may arise via shared communication of ideas with others.

Lahlou acknowledges that the model and related examples he presents on how social representations occur is oversimplified, and presents merely a broad brush stroke. He discusses some of the limits of the model, emphasizing particularly the issues of complexity and individual differences.

Jovchelovitch (1996) also makes the strong point that:

“Social representations are neither centered on isolated individuals nor centered in society as an abstract space: they are processes of mediation. This, I believe, is one of the most important aspects of social representation, which needs to be highlighted. Western philosophy has so insistently imposed its tradition of focusing either on the subjective or on the objective that the space of interplay between the two is often ignored” (p. 126).
And further on:

“...psychological phenomena construct – and yet are constructed by – social reality” (p.132).

And yet again:

“A (social) representation links self and other and yet, by the same token, it differentiates self and other, for a representation is something that stands in place of something else. Representation is thus both a mediation that links presence and absence and a boundary that, in separating what is present from what is absent allows for differentiation and meaning to emerge” (p.132).

Furthermore, Jovchelovitch (1996) reminds us that:

“Social representations live and die through the media, conversations, narratives, rituals, myths, patterns of work and art, among many other forms of social mediation” (p.127).

Wagner (1996) then directs us to the research setting when he says that:

“It is the result of the interpretive work done by the researcher who observes socially relevant events in talk and other behaviour between people. What appears as a relative constant across different contexts and people in a group makes up the representation.... Social life is always in the making by constructive events. Representations in the present view are the convergent meanings derived from thick descriptions of events at a
specific time in a group’s history. It is only in a constructive event that a researcher sees what the world of a person and its group is like” (p.111)

Wagner (1996) also points out that:

“Discursive psychology maintains that peoples’ talk in social interactions is the ultimate datum for a truly social psychology....Analyses of discourse, though, do require reference to consensual routines and shared understandings of legitimate accounts and of what constitutes the local world” (p.113)

He makes the further point that social representations are not directly comparable; that they stand alone. That in this research for example, the “reality” is that each person is essentially attending his or her own unique group, because each person develops an unique social relationship with the “group” experience. Each person develops an unique “package” of meanings (social representations) out of the discourse, the consensus, the social behaviour that they experience, and involving the experiences they themselves bring into the situation.

Therefore, clearly, social representations are fluid and ever-changing, and this dynamic nature of social representations means that any findings in this type of research must be seen as freezeing a moment in time and experiences. The challenge is to draw from this fleeting picture, data that has value beyond the moment, and that can be used to predict and to effect helpful changes.

If we accept the core tenets of social representation theory, one of the difficulties in research of this nature is to identify accurately the “individual’s experience”.

According to such as Jovchelovitch (1996), Wagner (1996), and others, social representation theory advocates that “individual experience" is more accurately defined as a matrix of social representations. All experiences are defined and
shaped by the contact between the individual and the social contacts and context. Add to this the "fact" that each social representation has an individual element within it.

**Researcher influence within a social representation framework**

As stated, the aim of this research is to record, and to illuminate, the experiences of a selected group of people who are or have been members of a particular support group for the suicide bereaved. Given this, a central aspect of the task becomes one of aiding each person to clarify as precisely as possible their "individual experiences/matrix of social representations" to a point where they accept confident ownership, (knowing that every subsequent social contact will almost certainly lead to further shifts in perception, or changes in their "individual experiences/matrix of social representations"). The methodological challenge therefore lies in choosing those interviewing techniques that will best help the person clarify the dimensions of their experiences – maximizing those social representations that are of most importance to the individual, and minimizing researcher bias and influence.

With this in mind, it would appear that three main elements should be incorporated into the research methodology:

- Using a non-directive or ongoing reflective (clarifying-feedback) counselling approach in the interviews. Responses that encourage reflective open sharing, minimising influencing the content and direction (except within the broad boundaries of the research);
- Presenting interviewees with the opportunity to reflect on (as in react to) the experiences they have outlined, and "shape" these to their own satisfaction;
• Helping the interviewees focus on their group experiences, and in so doing broadening their perceptions of their experiences.

Of course, research indicates that this is the ideal to be approached. Jovchelovitch (1996) makes the point that "The social is subjective and objective at one and the same time" (p.122). As indicated earlier, there will always be a tension between those engaged in this type of narrative-based research and the so-called scientific purists, and there will always also be the ever-present shadow of experimenter bias or researcher influence. However provided the researcher is as clear and open as possible about the degree of certainty of the data and related "conclusions", this tension should theoretically be identifiable and able to be taken into account.

Busler et al (1997) have, I believe, taken this discussion a significant step further, by introducing the concept of "intimacy" as an inevitable part of qualitative research. They confront us with the fact that qualitative research is always to varying degrees "intimate relationships" – "...relationships that include qualities of mutual care and friendship as well as revelations of, and respect for, personal vulnerabilities" (p.165). They point out that researchers have been loath to acknowledge the extent and impact of intimacy on their research, and to some extent this is understandable, because intimacy in research is about disclosing ourselves. Risky, because intimate relationships "are full of conflicts and paradoxes." (p.169)

A further contribution they make to the debate is to suggest that we focus on the positive. On the potential for learning, rather than a need to blockade against bias. Intimacy, they point out, presents "a unique medium for learning" (p.165). They then identified four important areas about research and intimacy that might be more systematically addressed by the researcher if such learning was to be maximised. This was their attempt to map and explore the territory of intimacy in research:
• Relational reflexivity
• Power in relation
• Relational ethics
• Temporary understandings

(1) Relational reflexivity or "inter-subjectivity" – the nature and influence of the two-way relationship. "...how the unique human connection created the profound understanding revealed in the (research)" (p.166). And they quote Welch (1994) who says that "We create our own stories, but only as co-authors" (p.41).

They indicate that Glesne & Peshkin (1992) talk of the "subjective I" (me talking about myself in the research). Busier et al (1997) are adding the "subjective we" (all participants exploring the interactions).

I would add the "interpretive I" – how we as researchers then take all the data (objective and subjective) and make our own selective interpretations on top of this.

“But, the question still remains (states Busier et al) about how to achieve a comfortable balance between revealing too much or not enough about our intimate relationships in an attempt to enable readers to understand our work and to share in our discovery" (p.167).

This means questioning the motives behind our reflections.

(2) Power in relation, which questions power differentials in the research relationship, and the effect that these might have. Busier et al say “…we believe that understanding, which is rooted in intimacy, flourishes when equality is present...” (p.167). However I wonder whether equality is possible. I suspect that perhaps the best we can have is a non-compromising relationship.
In any case Busier et al suggest researchers ask three questions about power relationships before starting the research:

- What are the socio-cultural relationships?
- Are researcher and researched on roughly equal footing? If not can the inequities be bridged?
- Can researcher and researched engage in critical dialogue about the role of power in their relationship?

(3) Relational ethics, is the moral component. Shared genuineness, openness, honesty, care, etc... Busier et al quote Flinders (1992), who suggests there are three main components in an ethical relationship:

- Collaboration – a shared affinity, plus interdependence
- Avoidance of imposition – avoidance of wrong, plus a quality of genuine openness
- Confirmation – attributing to the other(s) the best possible motives

Their reference to Myerhoff (1979) I also found helpful. She suggested that since neutrality was impossible, and idealisation was undesirable, the question should be asked “Is the researcher qualified to conduct the research?”. If so then “membership and affection” become the focus (which I interpret as “knowing your research area” and “being committed to the research and people involved”). An interesting way to settle ethical issues!

(4) Temporary understandings, is simply acceptance that the research is a “sample of a moment in time”. A reporting of a temporary understanding that will change:

“...understanding is constructed slowly, sometimes emerging from felt meanings into language, sometimes never achieving the kind of clarity that understanding implies...Relationships and degrees of intimacy change over time...all understandings are temporary constructions” (p.168)
Specifically relating to my research, there are certain public social representations associated with suicide that are commonly present in society, are resistant to change, and influence the re-adjustment patterns of those bereaved by suicide. These are the stigmas and myths that still surround suicide. For example, the belief that those that suicide are "mad"; or that they come from dysfunctional families. As might be expected there is evidence of the presence of these to be found embedded in some of the unfolding stories. In this sense, the social representations of each person will always have elements of personal and social bias as part of their structures, and hence will be reflective of both change and constancy in society.

Jovchelovitch (1996) also makes the point that "social representations (are) intertwined with the processes of identity construction" (p.125). That is, in constructing their representational fields, "they state who they are, how they understand both themselves and others, where they locate themselves and others (as in positioning), and which are the cognitive and affective resources that are available to them" (p.125). Again this emphasises the very important part that the personal dimension plays in a social representation.

One final and vital point. Jovchelovitch (1996) indicates that there is a power issue in the formation of our social representations – the perceptions that we choose to underlie our actions. Because our perceptions of reality are formed in social interaction with others, it is clear that, as she emphasises, "different people bring different resources to bear when it comes to imposing their representations" (p.127). The word "imposing" may be a little too strong, but the fact remains that each person will be more or less influenced by the worlds of those they are interacting with. The power lies in many factors. Factors such as differing personality characteristics built up out of past experiences, and in particular, past relationships. In the world of the suicide bereaved power differentials may arise out
of specific factors such as differing time since the death, or differing relationships with the deceased.

The power dimension would seem to be particularly important when social representations are shaped out of group discussions, a central component of the research reported here. Each of those I interviewed reported how much the group had helped them shape their grief journey, although the degree of influence from one meeting to the next is not able to be assessed from my data. This suggests an interesting future line of research – noting the extent to which stories changed following each group interaction.

One of the most interesting aspects of social representation theory, and of special significance to this research, is the way in which the theory attempts to deal with peoples’ emotional reactions to “the shock of the new” – to critical new phenomena in their social environment. Joffe (1996) argues that it is reasonable to assume “that (all) (my emphasis) new events are inherently threatening, at least at the initial point of assimilation” (p.200). She then goes on to indicate that a strong “us” and “them” theme evolves around new social representations involving crises, with the first response being to locate them with the “them”. She uses the example of the western associations that were early linked to AIDS – homosexuality, bisexuality, haemophilia, heroin use, prostitution, promiscuity, Africa, etc. and the use of these associations to push away responsibility to do something (p.201). All “them” terms.

She sees this attempt to distance oneself from experiences of threat as very much rooted in the individual psyche, and in this sense sees it as a psycho-dynamic extension of social representation theory. It is certainly recognized by counsellors as a common (especially early) reaction in the process of psychological re-adjustment, and a very common reaction by those experiencing the suicide of someone close to them – very much “the shock of the new”. In the group meetings it is common for those early in their grief to search “outside” for someone to
"blame" for the suicide – psychiatrists, doctors, psychologists, friends who knew something. Most later are able to look closer to home, and eventually accept that the decision essentially resided with the person who has suicided.

In concluding this brief discussion segment, I emphasise again that this thesis has been carried out using a social constructionist framework, and that within such a framework the major "units of study" are the social representations – with both personal and cultural components – that individuals create to give meaning to their world. The intention has been to highlight some core concepts that have come out of social representation theory, and that are central to this research study.

5. NARRATIVE REFLECTION AS A CENTRAL RESEARCH TOOL

In February 1997, the Victorian Government funded an enquiry into suicide in Victoria, and called for submissions to a Suicide Prevention Task Force, chaired by Mr Peter Kirby. Submissions could be written or presented orally at a series of public hearings and meetings with members of the Task Force. Of the six hundred plus submissions from organizations and individuals, a substantial proportion were from people simply recounting their experiences, either as those bereaved after suicide (the largest number), or as family members coping with potential or attempted suicide, or as members of the community supporting these people (Data obtained in discussions with members of the Task Force and Task Force Secretariat; See also full report, 1997).

The final report and recommendations on programs and approaches to suicide prevention, suicide intervention and suicide postvention were published in July 1997. The interesting point was that the recommendations, with a strong emphasis on educational as well as therapeutic programs, rested heavily, although not exclusively, on subjective narrative-based data – on data from within the experiential world of suicide. The final report still represented the task force looking
from outside at this data, with all the dangers and strengths that implies, however
the weighty inclusion of story data was a significant shift from past enquiries of a
similar nature (eg Baume, 1994). These tended to focus almost exclusively on
quantitative statistical data, particularly from large organisations with the staff able
to collect such data.

In speaking with, and listening to, the members of the task force, I formed the
opinion that the magnitude and power of the story-based public response to this
inquiry into suicide significantly influenced the confidence with which the Task
Force put forward its recommendations.

The power of people reflecting in an interactive environment on their experiences in
driving growth, education, regrowth, change, therapeutic change, or any other term
that may be used to describe the forward development of the person, has been
well documented in literature from very earliest philosophical writings. John Dewey
is one who may be said to have led the "modern" voluminous literature in this area,
and over the last two decades or so, there has been a more specific application of
reflective processes to a range of professional areas. For example Schon (1983,
1991) in the area of management, Shulman (1987, 1991), Wood (1992), and
Richardson (1990A) and others in the area of education, Lincoln and Guba (1985)
and others have applied this to the person of the researcher.

There have been many definitions of reflection. All see it linked to thought
processes. Some focus on the esoterics of thinking, but most today would perceive
that reflection has only significantly occurred when thinking is linked to action
have expanded the concept to include past learnt (especially specialised
professional) knowledge that has in essence become an unconscious part of the
person (Schon, 1991, who called this "tacit knowledge"). Schutz (1972) has taken
the inculcated social and cultural knowledge that people grow up with, and store in each new experience, as central to the reflective process.

It is sufficient to recognize that the process of reflection is a vital component in the people's stories. In the context of the research in this thesis, however, the place that Dewey (1933, 1934) and Schutz (1972), in particular, give to reflection is paramount. To Schutz and Dewey, reflection is at the heart of a process that orders and organizes experiences after they have taken place as part of the ongoing stream of consciousness. In the context of this research, this is the process that reconstructs the grief experiences and fits them into the individual's total life experiences, so that they can "get on with living". It gives them meaning. Chapter 5 expands on this.

The stories told by the members of the support group grow out of an internal reflective analysis of their experiences (physical, psychological, emotional, social) in a multi-dimensional social context. The new narratives that reflect the new lives that have been forged during the therapeutic and educational processes they have experienced after their trauma, are stories that owe their re-shaping to the power of further reflection, particularly including access to the reflections of others around them.

As the thesis argues, a self-help support group is a context in which interventions are applied that are based on educational principles and practices as well as therapeutic principles and practices. As an educational context, it is one in which growth and learning takes place; in which the leaders and/or facilitators have similar responsibilities to a classroom teacher. In particular, responsibilities for the conditions of learning or growth (the "atmosphere" and facilitation skills), and for enabling access to "the special knowledge of the class" (knowledge about grief and grief recovery).
In the self-help group “classroom” examined in this study, the curriculum is “Theories, Principles and Practices of Loss and Grief”. The teaching-learning process involves the telling and clarification of the story and experiences of the “class members”, and applying to these experiences the knowledge from the personal and professional experience of the leaders and the other group members.

Turning to the self-help group as a therapeutic context, there is a strong similarity between what occurs in the group and Michael White’s description of Narrative Therapy (White and Epson, 1990). The essence of narrative therapy is that in telling their story, people will find new insights emerging and new ideas developing. In this process people gain a new experience of self. White uses the term “restoring” — recreating a life-story that is congruent with the person’s changed conditions. Others have used the term “narrative of self”, which suggests that the task is to create a narrative that is closer to a true manifestation of the self. This suggests that the therapeutic focus is a reframing of personal narratives at many different levels.

It can be argued that distinguishing between an educational and a therapeutic focus leads to a false division; that education and therapy are interchangeable constructs, and the programs and interventions and the conditions for effective programming and intervention are the same. Philosophically, this writer would agree. However, as I have suggested in the body of the thesis it may be more pragmatically helpful to view education and therapy as two sides of the one coin, because in the minds of most people, each has a different focus. An educational focus brings a perception of programs and procedures aimed at cognitive learning. The therapeutic focus suggests procedures and techniques seeking changes at some deeper emotional and more personal level. In reality, both focuses must involve the whole person, however, I accept that there are socialized expectations at work. What is generally accepted as common to both frameworks is that the same conditions are necessary for both positive therapeutic and positive
educational change or growth – empathy, trust, genuineness, unconditional acceptance, etc. (Rogers, 1951, 1969; Carkhuff, 1969)

Shulman (1991) and others, have argued in relation to traditional educational contexts, that the teachers are at the core of changes in knowledge, attitudes and practices in the classroom. It may equally be argued that the leadership of the support-group will be at the core of changes associated with those attending the group. Changes in knowledge, attitudes and practices. This is supported by the interview and discussion data in my research.

**Narrative as the basis for reflective change**

What follows is a critical review of selected literature dealing with the notion that narrative or story is the most appropriate basis for evaluation and research in a personal growth or change (educational/therapeutic) context. This is a selective examination of the writings of a number of educational researchers, who, with varying degrees of enthusiasm and emphasis, argue for the richness and importance of the stories of those involved at the core of the change process (leader-teachers and group participants-students in particular), as holding the base data for growth, change and reform. More specifically, these people, writing in the field of education, argue that the *personal professional knowledge* of teachers (add group leaders or facilitators) should be at the core of educational change, and that “teachers’ knowledge in its own terms is ordered by story and can best be understood in this way” (Elbaz, 1991, p. 3).

The *personal professional knowledge* of the leader/coordinator, facilitator and support helpers in The Compassionate Friends Bereaved-by-Suicide Support Group being researched in this thesis, is seen in the broad sense as defined by such as Shulman (1987, 1991) and others. It involves *professional knowledge* (the organizational and facilitative group skills combined with the specialized knowledge
about the processes of grief and grief recovery), and the personal experiential knowledge (loss and grief and grief recovery experiences).

Wood (1992) actually makes the definitive statement that "...omitting subjective knowledge and personal knowledge from our conceptions of what can be known denies us access to truth" (p.545). Certainly this denies us access to the total truth, and perhaps it denies us access to the important core truths. It seems that all would agree with this, however it is in the emphasis, the interpretation and use of the subjective data – the "voices" and "stories" and "narratives" – that important differences are found.

As Lincoln & Guba (1985) point out, a central issue in qualitative research may be defined as "How do we represent reality?" and from the researcher or evaluator's point of view, how do we represent the reality of others, and still retain the integrity of their world? In examining the writings of the chosen authors, this is the strongest challenge emerging; the most important challenge involved in using the personal constructions or perceptions of people (be it teachers, support group leaders, students or support group attendees) as the central data bank. And there is little argument that using dynamic, ever changing views of reality means one is entering a minefield.

Each writer chosen for this brief review focuses to a greater or lesser extent on how to present with the greatest integrity the issue of "reality". Denzin (1995), for example, makes an emotional plea for researchers to take the plunge, and dive into the teacher's private personal professional world. "Into the interior, feeling, hearing, tasting, smelling, and touching worlds of subjective human perception" (p.16). He points out that the danger for the "observer-researcher", standing outside and peering in, is that what they think they see or hear can be misconstrued, and therefore the researcher has no choice but to work in the subjective world of the teacher. Of course this does raise the question of whether it
is necessary to plunge *right in* to experience with accuracy another person's subjective world? The phenomenologists, led by such as Rogers (1952), would say "yes", that only the client has access to all the internal data that will be needed to bring about real relevant change.

Chenoweth et al (1997), essentially agree with this, however they put a different perspective on it. Speaking from a family therapy perspective, they argue that it is the accurate understanding of the narrative base of helping that establishes the helper's *accountability as a helper*. They emphasise that there is no *base* for real change "beyond narrative", beyond the story of the person seeking change. However, they support that the client's narrative may not be enough on its own. They see the importance of including in the arena of change the narrative of the therapist. By this they mean the therapist's needs, skills and personal professional knowledge, including the 'chemistry' of empathy that develops. They imply that because this is a relationship, the final representations of reality – the final narrative of grief recovery in the support group – must include all the ingredients of the context.

Although they agree on the importance of the therapist's influence, they keep our attention firmly fixed on the original client story, and the challenge to keep it the core of the change:

"How can we as therapists, regardless of our orientation, be mindful of the importance of the client's original story throughout the restorying process? How can we remain cognisant of our influential position so as not to abuse our power in a rush for a more empowering narrative? How can we be sure if it is the therapist or the client who is moving beyond the original narrative?" (pp.223-224).
We as researchers may not yet be ready or equipped to take the plunge, so it may be more appropriate and more pragmatic, at this time, to ask a question something like "Is there perhaps some middle response, which enables us to keep one foot in the more familiar objective world?" This theme will be returned to later.

In a more cautious fashion, Gudmundsdottir (1991) notes that most reported teachers' stories are those told to researchers for the researcher's purposes, and are different to the stories they tell each other around the staff-room table. She suggests that these latter stories may contain the data that is of most value, and encourages research to move in this direction. Her major concern is that the teacher's story does not get misinterpreted, but remains the teacher's story; that it does not become the researcher's story without the researcher knowing it. She feels this is less likely to happen if the researcher has a clear theoretical framework from which to keep his or her world separate and grounded.

In this research project, where the researcher is essentially "in the classroom with the teacher", this may not be an issue.

Shulman (1991) adopts quite a conservative practical each-way-bet approach. He agrees that the teacher's private world is important, and in fact becomes quite excited about the richness of the subjective experiences. Yet he opts for a process of triangulation (other observations) to protect his doubts about relying on purely subjective data. Shulman recognises that even reputable "observers construct the teachers they apprehend, and that different observers could write very different versions" (p.393), and he even cites evidence to prove this. He says it is both sobering and exhilarating that different observers can present different portraits of the same person. Even in the diversity, he sees signposts for research. For example, what effect did the teacher-researcher relationship have on the portrait presented or the portrait recorded? Shulman uses his multiple portraits of
Gudmundsdottir's "Nancy" to point out that the only "reality" is that "the only stability is change; the only certainty is flux" (p.394).

Zeller (1995) while advocating the value of narrative reports, is even more cautious about the difficulties involved in recording them accurately. She warns against fictionalizing (to protect confidentiality) and imaginative writing (to represent a point of view graphically) and using interior monologue (a person's thoughts and feelings). She indicates how difficult it is to represent a pause, a change, "the waverings of conversation" (p.80), the differences between impressions and word-for-word. In other words, the meaning of researcher interpretations of data.

Zeller throughout remains somewhat distanced from the interviewee. In this respect, it seems she is missing an important element when organizing her subjective data – collaboration between researcher and interviewee to ensure that the interviewee "shapes" the data, and gives it some authentic "reality", a process that Wood (1992) focuses on.

There are exciting possibilities in Denzin's (1995) "in boots and all" invitation, however it may be a little early in our understanding of story/narrative data to take the full plunge into another's world and leave it at that. In this sense Shulman's (1991) conservatism, in which he advocates additional checks, may be more suited to the current times, although his "reality" (above) does keep us humbly aware that subjective research is complex and dynamic.

In the research discussed in this thesis, because I have contact with the interviewees outside the interviews (in the support group meetings, and in various social settings), there is in place a form of "triangulated check". Although the data is still essentially "subjective", hearing their stories against the stories of others in the group, plus being able to hear the changes in stories over time, enables a broader perspective.
Of course, it could also lead to a "pollution" of stories. Johnston and Kerper (1996) speak of interpersonal power as very significant in influencing social representations. In many respects this is as dangerous in the search for "truth" as the influence of researcher bias or "power". This emphasises the importance of the researcher having strong narrative-research skills. More on this later.

Wood (1992) and Clandinin (1985) are good examples of those who are exploring the research interview itself, and recognising the lengthy time-consuming and complex process of feedback and clarification between teacher and researcher or evaluator — if stories are to be usefully unfolded. In this writer's opinion, this is addressing the real core of the difficulties associated with subjective story-based research — how can we ensure that the person's story is as complete, unambiguous and as "true" as possible. At least to the point where the story-teller themselves is satisfied with the accuracy of the reporting. Clandinin (1985) uses MacIntyre's (1981) notion of "narrative unity" to emphasize the need to retain the integrity of the story. It would seem vital to retain the unity of the teacher's world.

Clearly this is only focusing on one side of the equation, and would not satisfy the ultimate question being asked by the skeptics -- that is "How can you assess the degree of accuracy and honesty of story-based data?" In relation to this I make four points. Firstly, narrative-based research does seem to be at least moving in the direction of having equality (with respect to reliability and validity) with objective quantitative data! Secondly, there is now sufficient evidence to suggest that such a collaboratively developed program can lead to productive growth and change. Thirdly, is there any real evidence to support the contention that so-called objective data is more accurate or honest in terms of its propensity to promote growth or change? And finally, perhaps "accuracy" and "honesty" are not what we should be seeking. Both terms imply some absolute truth or value, and researchers such as Shulman (1991) clearly caution us against this.
Perhaps the most convincing voice for a conservative approach to "story as core" comes from Carter (1993) who sees two major flaws in an extreme emphasis on teachers' personal professional voice. Firstly, she says, "an extreme emphasis on a teacher's personal meaning implies that such stories are of significance only to the writer (whereas) stories exist within a community" (p.8). Secondly "an extreme view of teachers' voice endows their stories with an authenticity that is simply unwarranted" (p.8). In this she is standing alongside Elbaz (1991) who points out that teachers are not privileged authors who somehow have direct access to truth and the power to tell the whole story. As Carter (1993) emphasises, stories are only one person's constructions (her emphasis) of reality. Shulman (1987) and others would argue that that may be so, but collectively they are the ones that know because they are at the centre of the action, and so their knowledge should be given top billing.

Once again in the context of the research in this thesis, it might be argued that stories that are re-shaped in the group discussions are more "realistic". Social psychologists argue that we live by the social representations that are shaped by our contact with others.

Carter's comments do at least return us to the reality of "reality" – that in the educational context there are many single and inter-relational realities involved, of which the leader/facilitator/teacher's reality may well be the most important. The implications are apparent to the extent that it is clear that narrative research does seem to have much to offer, but that we have a long, slow and painful process ahead of us before we will understand and be able to reap the full benefits.

Reflecting, briefly, on the above, it would seem that we have three broad problems with "reality". First, the problem of obtaining complete and unambiguous stories from all the players involved. Second, the difficulties in bringing these stories
together and integrating their data into composite “realities”. Third, the problem of placing all the individual realities, and the integrated realities, into the local and beyond-the-local contextual and/or cultural realities. This agrees with Elbaz (1991) that “voice must speak from an embeddedness within the culture” (p.13).

Focusing for a moment on the first of these, it seems that if we can learn how to represent accurately the full complexity of one person’s story to the outside world, then many of the issues associated with the other problems will disappear. It seems useful to consider the individual’s story as the “unit of narrative or story”.

At this stage in the search for greater understanding, I am not greatly concerned with philosophical issues of absolute truth, however it certainly seems important to define what would be considered to be an acceptable level of “data integrity”. In relation to determining, for example, the efficacy of a teacher’s story in the teacher supervision or evaluation domain, the process developed by Wood (1992) in her teacher supervision role provides a good level of acceptable data-integrity. That is, “agreement reached by teacher and supervisor at the end of a process of collaborative clarification”. It is my belief that if there are any major inconsistencies or major gaps in the story/data, this will show up in the later applied phase. This model would seem to have relevance for many situations involving narrative inquiry.

However, there is one very important assumption underlying the above definition. The assumption that the supervisor (or evaluator or researcher) is competent in the skills and qualities needed to work with the teacher and reach an “agreement of integrity”. And it is here that I believe the real, central, core difficulty lies in using story or narrative or any subjective perceptual data in research. What we are talking about is the researcher’s ability to understand and use the skills associated with the elusive and complex quality of empathy. In 1972 Carl Rogers wrote an
article entitled “Empathic: An unappreciated way of being”, and the reader is directed to this to get some idea of the complexity of this communication concept.

It would seem that it is at this intersection, where “story” and “processes for bringing the story into the world” meet, that we will discover the keys that really open up the subjective world for researchers and others. For example, two of the issues discussed here ("what is reality" and "standing close to or away from the players") are issues depending on an understanding of this intersection. I believe that an awareness of the importance of this intersection will further our knowledge in many ways, and it is not clear to what extent the writers discussed in this chapter are aware of this.

Wood (1992) and Clandinin & Connelly (1996) certainly use a "behavioural-shaping" model to reach clarification of teachers' stories and issues. This suggests that they are aware of the need to keep returning to the teacher to check out the efficacy of their recordings, which is an important part of the process of empathy. Denzin (1995) seems to understand the need to "walk closely beside the teacher", but gives no indication of understanding the full complexity of this process. Shulman (1991) by his very conservative approach to subjective data suggests he has some awareness, but this is not made explicit. In fact none of the writers reported here have focused on the communication processes themselves. At best there is a peripheral awareness.

I firmly believe my research provides a clear indication that understanding the meaning of an experience at the intersection of people and experience, must be interpreted first by those involved in the experience. Let us argue separately about how we take our meanings from their interpretations. But their interpretations must be the beginning of meaning.
I will turn now to an examination of the issue of the researcher as closer to or further from the internal perceptual world of the person whose story is being explored. Like most researchers I see this as a central issue. As Gudmundsdottir (1991) states about teacher research “it is a serious interpretive mistake in qualitative research when the teacher’s story becomes the researcher’s story and the researcher does not know it” (p.413). This becomes a central issue when it is realized that the other end of the spectrum is just as problematic. As Shulman (1991) points out, the data also changes considerably the further the researcher moves from the world of the subject. Too close, or too far – both researcher stances are in danger of producing flawed data.

One useful strategy might be to give different names to the “stories” obtained from “close in”, as with Wood (1992) and Clandinin (1985), and the “stories” obtained from a more “objective-observer” viewpoint, as with Grant (1991) and ‘Linda Reed’, and Zeller (1995). I suggest a useful starting point might be to call the former “story” and the latter “narrative”, even though it is clear that it is a description of the two ends of a continuum. Most writers appear to see the terms “story” and “narrative” as interchangeable terms (eg Emery, 1996; Wood, 1992, Scholes, 1992, as reported in Carter, 1993) and begin to tease them apart and suggest that story might be viewed as a special kind of narrative with at least three components: (a) a situation involving conflict or struggle; (b) an active protagonist who engages in the situation for a purpose; (c) a sequence that implies causality.

Scholes’ story or narrative is therefore seen as something that is structured, sequenced, projecting human values and issues, and with a central player in it. His view of “story” as a special form of this describes, however, a central player who is active, and this suggests that there is another form of narrative where the central player is passive.
Thus a useful extension of Scholes' definition might be to describe reports that are a result of a close researcher-teacher relationship, a relationship that is collaborative (Wood, 1992; Clandinin, 1985), as "stories", and reports that are obtained from a more objective observer standpoint (Grant, 1991), as "narratives". In the former the chief protagonists in determining the content of the report (the teacher whose story it is, and the researcher who is continually checking the accuracy) are essentially active with respect to the knowledge of the report; in the latter the protagonist in charge of the report (the researcher who interprets the observations) is essentially passive with respect to the knowledge of the story.

This "story" versus "narrative" perspective which views story and narrative as two ends of a continuum is valuable for several reasons. Firstly, it emphasises that the researcher/evaluator is always to some extent a "narrator", which says he or she always has a special responsibility, skill and discipline to ensure that the story being related is cohesive, clear, relevant, and useful to the players involved (be it teacher, administration, or others). Secondly, it can be used as a measure of the degree to which the information or knowledge is teacher oriented or researcher oriented, which gives some perspective on whose "reality" is being represented. Thus issues of validity and reliability may more readily be addressed.

Time has been spent examining and setting up definitions of story and narrative for two reasons. First of all, because this is important when considering the contributions of such as Wood (1992), whose narrative-based teacher evaluation program is very much "story" oriented, and secondly because a central issue in the research reported in this thesis is the close relationship that the researcher has with the people he is interviewing. In Wood's (1992) case, the core of her approach in her program is to clarify, in a collaborative process, the story and central issues of the (experienced) teachers she is supervising. Only when the teacher agrees on the accuracy of the story and issues can relevant and meaningful (to the teacher) action strategies be developed and implemented.
In the case of my research, I have worked in the support group as the support-facilitator with all those interviewed. A focus on a collaborative process as Wood (1992) describes, within a counselling framework akin to Egan's (1999) model, would seem to be one way of balancing the subjective-objective dimensions.

Interestingly, Wood might well attract criticism from Shulman (1991) and Gudmundsdottir (1991), who would say there is still a danger in this of either (a) bias on the part of the evaluator (researcher) in interpreting the interviewee's story and identifying the most important issues, or (b) interviewees holding back on revealing all the significant elements of their stories. This may well be so, but using the above differentiation between "story" and "narrative" could help assess the extent of any bias. As previously stated, Shulman himself would opt for a process of triangulation (other observations) to protect the integrity of the evaluation. Wood on the other hand would point out that many of the teacher's issues are deep and sensitive (for her case study of Helen it was an issue of basic trust, for example), and any triangulated process undertaken would need to protect this vulnerability or fragility. In fact she quotes Helen as saying "How can I trust administrators and colleagues to discuss my teaching problems so that I get help from them, but I don't get burned?" (p.541).

It would probably protect both data integrity and teacher fragility if the teacher was involved in the decisions regarding back-up data collecting methods. As Diamond (1992) would say "Teachers need not only to have their voices listened to, but also to be enabled to speak in them" (p.67).

As previously stated, the writer is drawn to Denzin's (1995) emotional plea for researchers to take the full subjective plunge into the (teacher's) private personal professional world. It is only in the full empathic contact that there will be found the data that is the most relevant and the richest. But listening to those who would
argue against such a risk-filled plunge (for the outcomes are quite unpredictable), and who would argue for the retention of strong objective and quantitative research, we hear again echoes of the 1950's and 1960's and the in-fighting over the question of "What is effective therapy?" that took place between the behaviourists and the humanists.

These same arguments are now being applied to the area of teacher growth or change or supervision or evaluation, and by extension to the greater process of educational reform. And the writer finds himself standing with writers such as Wood (1992), Denzin (1995), Emery (1996), Clandinin and Connelly (1987, 1994), Shulman (1987) and Elbaz (1991) who are arguing for a stronger focus on the subjective "stories" of the educational players (especially the teachers/leaders/facilitators). Some such as Wood, Denzin and Emery from close in to the world of the players; while others such as Shulman and Clandinin and Connelly (1987) seem content at this stage to stay a little further out.

It took over twenty years for the bulk of therapists to accept the notion of striking a balance between a subjective and an objective relationship with their clients. A balance for the therapist between vulnerable empathiser and expert observer. The vulnerability in entering another person's subjective world is that there is always a danger that the therapist (researcher?) may become lost or confused or even seduced by the other's world. Denzin (1995), for all his enthusiasm, does not seem aware of the immensity of this issue. As a counsellor the writer is aware that this "walking in another's world" can produce data that is rich and relevant; data that can become a stepping stone for personal change and growth. The experience is both powerful and stimulating. But it is also true that it is fraught with danger; that considerable understanding, experience and skill is needed to maintain the efficacy of the process.
Similarly in employing the expertise of the skilled objective observer, there is an increased danger, as Denzin (1995) points out, that one may focus on data that is irrelevant to the issue of the person being helped. In counselling, missing the core of the problem can be dangerous to client health. Is it any different for the committed teacher, or in the case of this research, for those bereaved persons being interviewed? I think not.

In concluding this discussion, Carter (1993) reflects the general feeling of the writers chosen here when she says that:

"the analysis of story (and teacher's story in particular) is of central importance to our field as a framework for reorienting our conventional analytic practices and for attacking many of the basic issues of interpretation, meaning and power we face. And as we have already seen, it has given rise to many exciting projects" (p.11).

Diamond (1992), however, best expresses the current state of play with respect to narrative and voice in educational advancement and reform. In his analysis of the reports of Weber and Trumbull, he indicates that narrative data in an educational setting is a veritable "chorus of voices" and "The danger of trying to attend to a chorus of voices and then provide for their plurivocal or polyphonic treatment is that nothing may seem complete or conclusive" (p.79). He points out that "voices or perspectives remain elusive" and that as "More biographers accept the all-but-impenetrable uniqueness of the individual", we must accept the complexity and the elusiveness and that "few biographies (or autobiographies) can last and none is definitive. Each is overtaken by other versions" (p.79).

Unfortunately, Diamond uses graphic word pictures that may create despondency and barriers to further research for some, however he has highlighted the main difficulty with research in this area. It is complex, and we will need considerable
knowledge, skill, patience, and time, to sift through and analyse the meanings in the narrative data, to see the links or lack of links, and from all this to develop specific and general theoretical and applied understandings, collective themes, that will advance educational practice. Adopting a semiotic approach to the analysis of data, as I have done in this research, offers, I believe, one optimistic direction for future narrative-based research.
APPENDIX 2

RESEARCH DESIGN

ORGANIZATION OF THE INTERVIEWS

Selection

Choosing a sample that would best represent those who have attended and are attending The Compassionate Friends Bereaved-by-Suicide Support Group was a challenging exercise. Selecting a sample that would be fully representative of this group, with its ongoing continually changing membership, was as impossible as finding a sample that would represent all groups of this type – given that each person's grief pattern is unique. The shape of each person’s grief recovery path is a complex matrix of personal and social representations or constructions, the result of the interactions between the individual and all the elements in his or her multiple environments. Including, in this case, the interactions and experiences arising out of the individual's pattern of attendance in the support group.

A choice, however, needed to be made, based on criteria that would allow some analysis across the group. In making a choice, I took into account the few experiences reported in the literature (Farberow, 1992; Clarke, 1993), but drew most heavily on my experiences in this group and with the suicide-bereaved generally, as a counsellor, as a group facilitator and group leader, and as a person bereaved by suicide myself.

In the end I chose to include in my research data from the interviews of five group members, and it is my opinion that the stories that these five shared with me, cover
a sufficient range of group related variables, and provide a sufficiently rich bank of
data to represent a high proportion of those who have attended The
Compassionate Friends Bereaved-by-Suicide Support Group over the years of my
involvement. Furthermore I believe that the data they provided has led to very
meaningful discussion, useful practical outcomes, and given me invaluable sign-
posts for future research.

The group related variables I considered finally were:

- Different attendance patterns – regular, irregular, one only. Out of
  these I opted for regular attendance, so I could obtain more consistent
  perceptions on the value and role of the group.

- Length of time attended group – less than 3 months, more than 3
  months. Meetings are only held each month, so I chose those who had
  attended at least three months. In fact all those chosen to be
  interviewed had been attending the group for at least one year.

- Time after death when first attended – less than 3 months, more than 3
  months. Here there is a range from less than 3 months to over 10
  years.

- Role in group – leadership, member. Here there is a spread.

- Gender of group member. There are two males and three females.

- Parent or sibling – 4 parents and 1 sibling is roughly equivalent to the
  ratio of parents to siblings in the group.

Clearly other categories may have been included (for example categories to do
with the person who had suicided). I did consider interviewing at least one person
who had only attended for the one meeting, however apart from the privilege of
hearing another rich story, I felt the only advantage would be to hear why that
person stopped attending. My contact with those who have attended The
Compassionate Friends groups over the years had, I believe, given me sufficient data on this point, and this has been built into the thesis.

*Table B* indicates the variables chosen to be considered and where the five chosen interviewees fitted in.

**TABLE B**

<table>
<thead>
<tr>
<th>Attendance Pattern</th>
<th>Time in group &lt; 6 mths</th>
<th>Time in group &gt; 6 mths</th>
<th>Time after death attended &lt; 3 mth</th>
<th>Time after death attended &gt; 3 mths</th>
<th>Role in group Leadership team</th>
<th>Relationship to dead child</th>
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- L = Lyn; F = Finbar; V = Val; C = Cara; J = Jim.
- Gender mix: 3 females and 2 males
Initial contact

Each support group member selected to be interviewed was contacted three times before being interviewed:

(1) First contact was by telephone and included:

A request: The potential interviewee was asked if they were willing to take part in a research study that the researcher was carrying out with selected members of The Compassionate Friends Bereaved-by-Suicide Support Group.

Information: The following information about the project was discussed:

- That the aim of the project was to explore members' experiences since the death of their loved one, and to discuss the part that the group has played in the re-building of the lives of those who have attended the group.
- That about two hours of their time was requested, the core of which was one interview envisaged to take about one hour, plus later time to check the transcribed interview.
- That the interview was to be audio recorded.
- That they would be given a transcript of their interview, and a later opportunity to clarify or modify the contents.
- Confidentiality and anonymity would be protected throughout the project.
- On agreement to take part, a letter was sent to them with the details spelt out. This included an insistence that they ring me if further information was needed.
- That I would phone them again after a few days, and get their agreement or non-agreement – and if necessary answer any further queries.
- That if they agreed, they would be asked to fill in a letter of consent as part of the University of Melbourne ethics approval process.
Question time: Time was allowed to ask any immediate questions

(2) Second contact was by letter

The letter thanked them for volunteering to be interviewed, summarized the nature of the research, their part in it and the procedure to be followed, and asked for their signature on the letter of consent.

The interview process

There were three parts to this data collection process:

- Each selected group member was interviewed separately, either in their home, or if they preferred, in my home or a neutral place. The interview was taped, and a transcript made.
- Each interviewee was then sent a copy of the transcript of their interview, and they were invited to change or modify any of their comments/responses if they so desired.
- I then collected the “edited” transcripts and discussed any changes.
  (These were minor, and only involved errors of fact).

Setting and time

Wherever possible, the individual interviews were held in the home of the person being interviewed. This was not possible for Jim’s interview, which was conducted at my home. A neutral venue, such as The Compassionate Friends centre had been offered, but Jim did not consider this necessary.
A time limit of one hour was considered for each interview. The intensity of the subject matter suggested that this would allow an appropriate balance between caring for the interviewee and yet allowing sufficient time to gather meaningful data. Most interviews went over this time.

*Interview questions*

The following interview areas were developed to provide me with a starting point for hearing their stories.

**A. Background and Context data:**

*About (the person who had died):*

Name, Date when died, Age when died, Birth date
Tell me about events leading up to _____’s death.

*About your immediate family:*

Who is in it? Partner, siblings
Where did _____ fit into the family?

*About your wider cultural & social world:*

Significant people in your early life
Significant people in your life just prior to _____’s death.
Significant people in your life now.
Involvements, Interests, Employment
B. View of yourself & Your world

(1) To what extent has _____’s death affected your view of yourself and your world? How would your view of yourself, and the world you live in be different if _____ had lived? Apart from the devastating fact that _____ is no longer here, what has been the most significant impact of your loss?

C. Giving meaning to your experiences

(2) How have you gone about coming to terms with _____’s death? How did you make sense of the death or give it meaning? Can you divide this up into stages? How do you interpret the death now?

D. Cultural & social support & influence – Especially early family & life experiences

♦ It is true that to a significant extent we are shaped by our social and cultural relationships, and in particular our early life experiences.

(3) First, tell me who was around you (family, friends, significant others) when _____ died? Include all close influential people (parents, partner, children, grandparents, uncles aunts, close friends….). How did each person react? What did they say? What did they do? List them.

♦ I’d now like to understand how your early life experiences influenced the way you dealt with _____’s death. How well your upbringing prepared you for _____’s death.

(4) Focussing on your mother/father. What did they say to you about _____’s suicide? What advice did they give you about handling the loss? Were there changes with time?

How would you describe the attitude or approach to death in your family?
(5) Finally, to what extent have those around you – family, friends and significant others – helped you in your journey of grief recovery?

**E. Part played by TCF support group**

(6) When, why and how did you make contact with the TCF bereaved by suicide support group? Can you describe the feelings and thoughts of your first meeting?

(7) Describe your pattern of attendance – how long & how regularly

(8) What do you think goes on for people that they look for something like this group? What do you think they are expecting the group to give them? What were you expecting the group to give you? What do you think goes on inside people that finally makes them decide to attend?

(9) Can you describe your overall impressions of the group?

(10) Can you describe what the group experiences have contributed to your journey of grief recovery?

(11) Tell me about the most significant experience you have had in the group?

(12) Tell me about those individual members who have had a significant influence or impact on you and on your personal grief journey? Who are they & what have they given you?

Describe your own influence on the group.

(13) Can you describe any changes that have occurred in your life as a direct result of attending the group?

(14) Would things be any different if you had not attended the group? Where would you be now if you had not attended the group?

(15) Finally in terms of contributing to your journey since _____’s death, can you position your group experiences in relation to other people or groups of people in your life (family, friends, colleagues, others)? Start by rating each out of 10.

Check list:

- Support Group members
• Immediate family members
• Close friends
• Work colleagues
• Social groups – Church, club, sports etc...
• Professionals - Counsellor/Psychologist/Psychiatrist/Social worker/etc
• Any others?

F. Looking into the future

(16) How do you see your future grief journey unfolding? What is the place of the group in this?

G. General about the group organization

Group structure:

(17) Think about the format and structure of the group. Can you comment on this in relation to influencing your grief journey; thoughts, feelings, reactions.

Leadership:

(18) Can you comment on the style of leadership of the group in relation to supporting bereaved people. Did it support you in your journey? Does the style of leadership assist all who attend? Who does it best help? In what way? Who does it least help? In what way? Are there any changes you would suggest could be made to the leadership.

H. Any other comments
CONSENT FORM

DOCTOR OF EDUCATION RESEARCH
Jon Stebbins
1998-2001

Further information may be obtained from Jon Stebbins, 9729 5581, or from Dr Rod Fawns, 9344 8263.

INFORMED CONSENT FORM

NAME OF PARTICIPANT: ____________________________

PROJECT TITLE: The contribution of the self-help support-group to the grief-recovery process (reconstruction of meaning) of those bereaved by suicide.

NAME OF INVESTIGATORS: Dr Rod Fawns
Jon Stebbins

1. I consent to participate in the above project, the particulars of which have been explained to me, and are appended hereto.

2. I authorise Jon Stebbins to interview me.

3. I consent to have my interviews and discussions recorded on audio and or video tapes.

Jon Stebbins

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4. I acknowledge that:

(1) the possible effects of the interviews and discussions have been explained to my satisfaction
(2) I am informed that I am free to withdraw from the project at any time and or to withdraw any data previously supplied
(3) the project is for the purpose of research, the outcome of which will be a Doctor of Education thesis (unpublished), and possible related journal articles
(4) I have been informed that confidentiality of the information I provide will be safeguarded subject to any legal requirements

SIGNATURE OF PARTICIPANT:

______________________________

NAME OF INDEPENDENT WITNESS:

______________________________

SIGNATURE OF INDEPENDENT WITNESS:

______________________________

LETTER TO INTERVIEWEE

THE UNIVERSITY OF MELBOURNE
FACULTY OF EDUCATION

Jon Stebbins

Thesis20
Dear XXXX

This is part of the formal preparation expected by the University.

Following our conversation at the group meeting and over the phone, thank you for considering being interviewed for my University of Melbourne Doctor of Education research project. To help you finally decide whether or not to formally sign the University’s consent form, and become part of the project, I am including here a written description of the project. This may make my request even clearer.

Please do not hesitate to contact me (9729 5581) if you have any additional queries.

I would like to emphasise again that the utmost care will be taken to protect confidentiality and anonymity. Your true name will not be used in written materials, and you will be given the opportunity to see transcripts of what you have said, and modify your input if you desire.

I also point out that for this project, Dr Rod Fawns, a senior lecturer at the University of Melbourne, and someone for whom I have a high level of trust and respect, will be supervising my project. He is the only person who may be privy to confidential information. He is also available as another support-resource during the project.

It is intended that about 12 people will be interviewed, the interviews taped, and transcripts sent to all participants. Then a small number (about 4) of this original group of interviewees may be brought together to discuss their experiences as a group. Finally all those originally interviewed will be re-interviewed after they have seen their transcripts, to discuss any changes.
(Note: In fact only 7 members of the support group were interviewed, and of these, 5 were included in the thesis data. It was also decided that the small group interview was unnecessary).

Each interview is expected to take about one hour, with as much time as we need to “debrief” afterwards. You can decide which venue is most comfortable for you. This could be at your home, my home, at the University or in The Compassionate Friends centre in Canterbury. A quiet place without interruptions is the most important consideration.

PROJECT OUTLINE

(ORIGINAL) PROJECTED TITLES:

THE CONTRIBUTION OF THE SELF-HELP SUPPORT-GROUP TO THE GRIEF-RECOVERY PROCESS (RECONSTRUCTION OF MEANING) OF THOSE BEREAVED BY SUICIDE.

or

CONVERSATIONS WITH MEMBERS OF A BEREAVED BY SUICIDE SUPPORT GROUP: INTERPRETING THE VOICES OF THE BEREAVED; GIVING MEANING TO THEIR EXPERIENCES; AND UNDERSTANDING THIS IN RELATION TO THE CONTRIBUTION THAT THE MEMBERS AND PROCESSES OF THE SELF-HELP SUPPORT GROUP HAVE MADE TO THEIR JOURNEY OF GRIEF RECOVERY.

OUTLINE OF RESEARCH

To give you some background. Over the last decade or so, research into the issue of suicide has grown considerably. In the earlier part of the decade, most of the

Jon Stebbins
research was aimed at determining whether suicide was an issue for genuine community concern. This has now been firmly established, and more recent research has focussed on the worrying increase in the suicide rate amongst adolescents and young adults.

While this focus on suicide prevention and young people is strongly applauded, the area of support for those left behind in the aftermath of suicide has been sadly neglected. Research and support resources have been minimal. The research reported here seeks to, in part, redress this imbalance. Using a narrative-based approach to data gathering, (i.e. listening to peoples' stories), the study seeks to evaluate the impact on the grief recovery of those attending a bereaved by suicide support-group. The Compassionate Friends Survivors of Suicide support group has been chosen because it is representative of the open-ended type of support groups to be found in many self-help organizations, where people can enter or leave as they feel the need.

As stated, interviews will be carried out with selected members such as yourself, including members of the leadership team, who have attended the support group over the past few years.

As you probably are aware, I have been involved with this group for many years, first as a member seeking support, and then over the last nine or so years as a facilitator-leader in the group.

From its beginnings there have been valuable informal indicators, both written and verbal, that the group has helped many people recover from the trauma of suicide. There has not been, however, extensive systematic exploration and evaluation of the experiences of those who have attended the group. In particular there is little comprehensive data about the exact nature and extent of the "help" the group provides to its members, so that strong aspects of the group's functioning may be
maintained and built on, and weaker aspects strengthened or deleted. So the data obtained from the conversations with members attending this group will be analysed in terms of the impact that the support-group has had on their grief-recovery. It is also hoped that the data will tell us more generally about the contribution that all groups like this one make to alleviating the distress of those bereaved by suicide.

A narrative research methodology has been chosen, because I believe that the most important information is to be found inside the stories that people tell of their experiences. (Recording statistics and observing the impact “from the outside” can, I believe, only provide limited data on something that is deeply personal).

As stated, a sample of 11-12 will be interviewed, the interviews taped, and transcripts sent to all participants. Then a small number of the original group of interviewees may be brought together to discuss their experiences as a group. All those originally interviewed will be re-interviewed after they have seen their transcripts, to discuss any changes.

Again I emphasise, please contact me if you have any further queries.

Your sincerely, etc....
"Thanks again _____ for agreeing to take part in this research project. As I explained, my project is an attempt to understand how you have gone about understanding your experiences since _____’s death, and re-building your life. In relation to this, I also want to gain more understanding of self-help support group experiences, and in particular the part The Compassionate Friends Bereaved-by-Suicide Support Group has played in the grief journey of those who attend. Specifically I am interested in the way the people in the group, the leadership, the structure, the processes, the setting, and even your own input, has influenced the shape of the journey you are undertaking in rebuilding your life.

"My hope is to create from your stories a better understanding of this group and the potential place of support groups like this in the overall support process for all bereaved by suicide. I know that the picture that will result from hearing all your unique stories will add up to a very moving and powerful story. I also suspect that a different story would emerge if I chose others to interview, however I suspect any differences would only be in detail – not in substance.

"So, after checking some background details, I would like to invite you to reflect on several broad questions to do with you and your grief journey, and with how your support group experiences have influenced your journey".

Jon Stebbins
INTERVIEW AREAS:

- The basic invitation is to tell me about ____'s death, and the impact of this on your life.

More specifically,

- The impact of ____'s death on your view of yourself and your world.
- How you went about understanding and giving meaning to ____'s death and your subsequent experiences.
- A view of your cultural and social world before and after ____’s death, and how those around you supported and influenced your grief recovery.
- The part played by The Compassionate Friends bereaved by suicide support group in your grief journey.
- A look into the future and your grief journey.

We then moved into the interview.
APPENDIX 3

THE COMPASSIONATE FRIENDS ORGANIZATION

1. Worldwide organisation

The Compassionate Friends (TCF) is a volunteer-based self-help organisation founded in England in 1969 by two families who were helped by the Reverend Doctor Simon Stephens - a Navy Chaplain - although the organization itself is non-denominational. It is now established worldwide, with branches in most countries, including the United States of America, the United Kingdom and across Europe, Asia, Canada, Mexico and Australia. There are branches in all the Australian states.

The basic charter of The Compassionate Friends is to support parents, siblings and grandparents where a child – of any age – has died.

The support offered by the organization encompasses all types of deaths - road trauma, illness, accidents, suicide, murder.

2. The Compassionate Friends in Australian

The Compassionate Friends was established in Australia in 1978 by Lindsay and Margaret Harmer, however the Harmers retired from the organisation in 1990. They left many legacies, and a very valuable one was an organised structure of support that could be built on. Since 1990 TCF’s base has been broadened, and the organisation is now run by a ten-member Committee of Management – all volunteers.
TCF obtains some funding from the Victorian Government through the Department of Human Services. The rest of its ongoing costs are obtained through gifts and subscriptions. In 2001 TCF has two part-time paid Co-ordinators of Volunteers, a part-time paid Administrative Co-ordinator, and a part-time paid Outreach Co-ordinator (servicing support groups). Except for the very occasional one-off paid project worker, all others who work for the organisation are unpaid volunteers.

An important part of the organization's ethos is that all Committee of Management and volunteers who work with the bereaved in groups, on the phones, or at the drop-in TCF Centre in Camberwell, should be bereaved parents, siblings or grandparents. There are, however, important functional links with helping professionals and other organizations. For example, the coordinators of volunteers debrief regularly with private clinical/counselling psychologists, and regular meetings are held with organizations such as SIDRF and SANDS.

All counselling and other volunteers and support-group leaders are now appropriately trained. Group leaders must not only be trained, but must run groups under TCF guidelines if the group is to be called a TCF support group. Clearly this helps protect the bereaved who attend the groups. There is some certainty that the group will be "safe" and promote genuine grief recovery. It is also believed that having guidelines for the group's operation, as well as having leaders who are trained, also supports and protects the leaders themselves. All support-group leaders are themselves bereaved parents — or siblings for sibling groups — and there is security in having the operational guidelines to fall back on.
3. Supports offered

TCF offers a wide range of supports to the bereaved, and to those inquiring on behalf of the bereaved:

(1) *Counselling to the bereaved:*

At The Compassionate Friends Centre, "Drop-in" listening and help to find formal counselling if requested (Centre open 10am to 3pm).

24 hour phone contact (24 hours - phones diverted to volunteers' homes outside 9am-5pm).

(2) *Information:*

To friends of the bereaved or to professionals, by phone or in response to written requests.

A register of helping professionals is being developed.

Packages of material about handling grief are sent to bereaved people who contact the organization.

A comprehensive Newsletter is sent to over 1500 homes, 100+ professionals and related organizations (including individuals and organizations overseas)

There is a comprehensive library.
(3) **Wider Community Thrusts**

TCF has held State conferences covering a range of issues associated with support for bereaved families, a National conference in 1998 to celebrate twenty years in Australia, and its first International Conference is planned for late 2002.

TCF has forged many links with community professionals, including running workshop/seminars exploring ways to better work together.

Members will go out & talk to community groups on request.

(4) **Support groups:**

In the Metropolitan area there are several general groups; a young parents’ group; a siblings’ group; a Jewish faith group; a suicide survivors’ group, and a number of informal “coffee” groups.

Country areas are more difficult to support, however there are a number of groups currently meeting regularly. All are general support groups. For example, Geelong, Hamilton, Horsham, Kyabram, Castlemaine, Bendigo, Gippsland.
## APPENDIX 4

**ATTENDANCE PATTERNS**

THE COMPASSIONATE FRIENDS BEREAVED-BY-SUICIDE SUPPORT GROUP  
(Oct 1991-Sept 1992)  
(No meetings December or January)

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Jon Stebbins  
Thesis 2001
APPENDIX 5

FULL REPORT OF A SUPPORT-GROUP MEETING

2000

This full report of a recent Compassionate Friends Bereaved-by-Suicide Support Group meeting is included to provide a feel for the structure and functioning of this group. Changes have been made to protect anonymity, however the interactions and range of issues are as reported, and is typical of most meetings. The Coordinator of the group, Sue, leads the meeting; and I am the main support facilitator in this group. There are also a number of support leaders present.

The setting is a suburban community centre. (The leadership team met at the centre at 6pm and over a light meal shared “how things had been for each of us over the last month”, and finalized the evening’s program). The large pleasant room has been set up by the leadership team, with the chairs in a circle at one end, and cups laid out on a nearby table for a welcoming cup of tea. A second table is set up near the entrance door with name tags, a book to record names and personal details, including those of the person who has died (this data is later recorded on The Compassionate Friends data base), notices and reference books and other useful resources etc.

Sylvia, one of the support helpers has arrived with little gift-wrapped packets of seeds, tied with a note of hope, for the mothers to plant on Mothers’ Day. A thoughtful caring gesture.

People begin arriving from about 7.30pm, and Sue, the Coordinator/leader and her leadership team (facilitator Jon, and support helpers Sylvia, Barbara and Hannah) greet each person as they arrive, and record their names in the attendance book.

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Those attending for the first time are noticeable by their tense white faces, reflecting deep pain, and, commonly, fear and bewilderment. A leader, often with a gentle hand on the arm, quietly attaches to each of these, welcomes them, records their personal details, and leads them off for a cup of tea and a quiet chat. They then either stay with them or leave them in the care of other longer-term members. Others who have attended meetings before use this time to renew contacts.

Shortly after 8.00pm all are invited to be seated for the formal meeting; leaders spread around the group. Sue, as coordinator, opens the meeting by welcoming everyone, introducing new members and making a special point of praising the courage it has taken to attend. She then reads out a short focussing piece. Tonight it is The Compassionate Friends Credo which defines why all are there, and emphasises that “we need not walk alone”. This is followed by a brief time for notices, news from members, and information from TCF central. This brief introductory segment not only sets the context, but also allows those attending to sit and settle down to “a sense of group”.

The formal grief-work then begins, opening with a brief reference to the “ground rules” (Listening etc.), and a short reflective time on the up-coming Mothers’ Day – its significance and associated difficulties. An appropriate topic such as this is usually discussed at this point in the meetings. Tonight mothers in the group are encouraged to share the meaning of Mothers' Day for them, and their strategies for handling the day. Sandra says she will spend some time alone with her memories of her dead son, and some time with the rest of the family. Penny, who has a new look of calmness about her, reports that this is the first time in three years that she has looked forward to mothers’ day, and her later sharing about her surviving children being more settled explains why.

We then move into the most important part of the meeting, where each person has the opportunity to share their stories and their current issues. On Sue’s invitation...
David starts this process. When his twin brother (21 years old) suicided two years ago, David started drinking heavily, to the point where he recently spent five months in an intensive detoxification program. We get a rare smile as he reports that he has been feeling much better lately, less exhausted, and that his job and study are going well. Many present indicate pleasure at hearing this, for his openness and courage has touched many.

_The leader applauds his new energy, comments on his lovely smile, and draws out that he keeps regular contact with a counsellor whom he trusts._

Ewan, David's father, looks very tired. Having travelled over 150 kms from the country to attend the meeting has no doubt contributed, but Ewan also looks quietly pleased as he indicates that his bouts of depression are becoming more spaced, and now tend to be several days apart. Finally he bounces a little as he shares that his original high energy level is returning. Ewan and David have been attending intermittently for a year.

Kris (20 years, and with two young children), whose 20 year old brother died over two years ago of an intended drug overdose, has been attending regularly for nearly two years with her father (Bert), sister (Samantha – not present this meeting) and brother (Paul). She “has been busting all day”, she says, to tell us how she had got talking to a young father when they were dropping off their children at school that day. He had mentioned that he was a single father, and that his wife had died. Kris’s sympathetic response and her sharing that her brother had suicided had led to him confiding that his wife had also suicided. This, said Kris, was the first time he had ever told anyone, and they had sat for some time discussing the issue of shame. Kris felt really good that her openness and non-feeling of shame had been so helpful.
The group discussed and compared for a short time the different ways they had felt the stigma of suicide, either from within themselves or from others – or both. The idea that the person who had suici ded must be seen to be responsible for their own final decision was acceptable to some but not others. Jon closed this by reflecting that the parental feeling of responsibility for their children was one of the most difficult issues to resolve, and siblings had very similar difficulties.

The meeting then passed on to Paul, a tall gangling young 17 year old, and Kris's young brother. He looks self-conscious and shakes his head, as he usually does, when asked to speak. He will chat with group members later over the informal "cuppa".

Like Kris and Paul, Bert, their father, first attended the group about four weeks after their son and brother died. Bert speaks with feeling of the importance of the group to him. Of the sense of sanity and normality he gains from attending, and of the sadness in him that his wider family and friends no longer talk about his son. He says he had moved beyond anger about this, and now feels indifferent to these people, although when pushed gently by the facilitator, he admitted that the anger still lurked. He shrugs in a resigned way, and says how thankful he is that his three remaining children and he are able to speak openly together.

The leaders later felt that Bert needed extra support and contact over the next month. He had just changed jobs and shifted house, and seemed particularly unsure, flat and lost. One of the team agreed to contact him over the next week or so.

Maylene has attended the group off and on for three years; once with her sister. She has had two siblings suicide – her brother (30 years, three years previously) and her sister (21 years, and ten years previously). She reported that she was still concerned about another of her sisters, who was seeing a psychiatrist. She then
told a moving story of her family making contact with her dead brother's two young
children (now 5 and 11) for the first time since his death. The children's mother
(who lived interstate) had not told her children how their dad had died. Maylene
had spoken to the group facilitator previously about whether or not to tell them the
truth, if the opportunity arose. The question of how dad died did come up, and
Maylene was able to help the mum tell the truth and discuss the meaning of the
death in a way that the children could understand and cope with. She felt good
about this.

Penny and Sam have been attending in two to three meeting bursts for the two
years since their daughter died (aged 20). They have had many traumas with their
other children since the death. There had been at different times, real fears of
suicide with three of the remaining five. They reported that at last there were real
signs that the major crises may have passed – but they were still very much on the
alert.

*The issue of real fear for other children following a suicide became a recurring
theme over the evening. This aspect of the ripple effect of suicide arises again and
again in the groups, and supports the statistics about the vulnerability of other
family members following a suicide.*

Betty, attending for the first time, and whose 45 year old son had died only four
weeks ago, was unable to speak. She confessed later to a terrible and growing fear
of being alone (her husband had also died recently).

Barbara and Robert's daughter had suicided two and a half years ago, and they
have been attending the group for nearly two years. Robert spoke of living with an
empty abyss which contained all his feelings for life and loving, and how very
slowly he was aware of the abyss shrinking as feelings returned and he felt more
able to reach out to people again. He spoke of the fear of loving and then losing
that love. Barbara, one of the trained support-helpers, talked about one of her other
daughters, who was seriously suicidal, but who was now on a drug that calmed her
depression. Barbara expressed mixed feelings about the fact that her daughter
may have to be on the drug for the rest of her life. Robert's comment was "So what!
At least she lives", with which Barbara agreed.

_This led to general discussion about the dilemma of using prescribed drugs and the
uncertainty of the medical and general community's knowledge about drugs. And
about the need for drug therapy to be accompanied by personal counselling._

Hannah, another of the trained support-helpers in the group, whose 21 year old
daughter had died four years ago, spoke of the value of the recent leadership
training she had undertaken. The particular training program contained a
component encouraging trainees to assess where they were with their own grief,
and whether they were ready to support others. She was pleased that she had
sufficiently come to terms with the death of her daughter to be able to handle the
intensity of this part of the training.

Martha, Ken and Alice (Martha's mother) arrived together. Ken had been attending
for several months, but it was the first meeting for both Martha and Alice. Martha
and Ken had lost their 24 year old son to suicide. Ken spoke of an intense anger
directed at his son, with whom they had shared so much, and given so much. He
also emphasised that the intensity of his anger did not diminish his love for his son,
nor his intense sadness that his son had taken such a "non-refundable" (his term)
step. Both the women were unable to speak.

Colleen and Sabine were also attending for the first time. Colin, Colleen's son and
Sabine's brother, had suicided just six weeks ago at 23 years of age. Colleen could
not speak, and Sabine spoke briefly of two years of terrifying drug use and
violence. She also expressed a strong feeling of guilt because she was so
judgmental of Colin at the time, instead of just holding him and loving him. She also spoke of still feeling intense shock.

The facilitator interrupted at this point, to prevent well-meaning members jumping in to rescue Sabine by telling her she should not feel guilt. It was important that she fully express and explore her feelings.

Val’s 24-year-old daughter had suicided eighteen months ago. A regular attendee for over a year, she still could not accept the reality, and spoke of being two people, one outside the other who went on living and working, and the other (her “real self”) that looked out at this person with amazement and was hiding like a tiny child, frozen with fear and pain. Val is a single parent, with two other young children.

This provoked comments from many people in the group, who also saw themselves as two people – one a coping person and the other a non-coping person. The facilitator emphasised that this was a common experience in grief, indicating that the grief recovery process was often described in terms of these two parts of people slowly blending together, a process that often took many years.

Peter and Linda live in the country, and this was their first time in the group. It was ten months since their son, aged 23, had suicided, and they had recently had the difficult task of burying a part of their son that had been kept back by the coroner for further testing. Peter spoke of the difficulty of making a small casket, and of reopening the grave, and wondered if they would ever be able to reach a closure.

Linda sparked a discussion about belief in an afterlife. She spoke of eagles that regularly flew over their home, and her fantasy that one of them was her son. Others spoke of God – for and against. This also led to the following story:
Monica, a regular for the last ten months, whose 25 year old son died just over one year ago at Easter, told the story of attending an Easter church-march. She was asked by the minister-organizer how she was. When she automatically said “All right”, the minister said “No, how do you really feel?” Monica then told her in no uncertain terms. “Actually”, she said, “I feel like shit! And I want to know what right God has to raise his own son and leave mine to rot”. Her angry response had the minister avoiding her for the rest of the day!! She did go on to say that when she went to church on the Sunday, she experienced a strong sense of peace that she found very comforting.

Jon, the group facilitator, whose 18 year old son killed himself ten years ago, commented on the vast range of issues, and how new ones keep appearing (burying a part at a later date was new to him), and about the raw courage present in the group. He also spoke of the terrible ripple effect in families, and shared that his daughter was still struggling and a worry.

The 15 year old sister of Robyn (about 25) and Nerri (about 20) had suicided just 5 weeks previously. Both were new in the group. Robyn talked of deep fear and of not even beginning to grieve yet for herself because she was now so frightened for another sister who was talking suicide. Nerri cried uncontrollably all evening, and expressed guilt because this was the first time she had cried for and given thought to her dead sister. She said she had been selfishly concentrating on her university exams and protecting herself. She was less worried about her other suicidal sister than Robyn, although she wondered whether she was again just hiding her head.

*It was noticeable that the siblings in the group all came together for over half an hour after the formal meeting time, and as they were leaving, both Nerri and Robyn said to the group leader that they felt much calmer and had a clearer perception of what was happening for them.*
Jenny, who had attended the previous two meetings, spoke for the first time in the group. She thanked everyone for sharing their stories, and making her feel less alone and more normal. Her only daughter had died about six months previously, and she was feeling very uncomfortably guilty at occasionally laughing and feeling good.

Sylvia, another of the trained support-helpers, whose only son (aged 30) had died nearly two years ago, talked of “her other self” who will deal with mothers’ day, and look after her mum, and smile with her daughter. Her real self she decided she will leave in bed for the day. She then presented each person in the group with her gifts of seeds to plant on mothers’ day.

Gia, at her third meeting, whose 18 year old daughter had died nine months ago, shared that it was becoming more and more difficult to keep going; that the pain was particularly intense of late. She said she was not suicidal, just totally exhausted. She was thinking of taking time off work to travel.

Madelaine and Jerry, whose 23 year old son had suicided nearly two years ago, spoke of the anger and distress associated with dealing with a crooked businessman who had sold them a poorly made headstone. It had taken months to get it replaced, and each had felt they had put their deepest grief on hold. Madelaine said she was crying all the time at home.

Beryl, whose 17 year old daughter suicided nearly two years ago, spoke of finally starting to feel again, and that this began to happen when her other daughter stopped worrying them (she had been suicidal). She also confides that in a strange way, it had helped her when she was “forced” to support her close friends, Wilma and Reece (below), whose 18 year old daughter had also killed herself just eight weeks previously.
Wilma and Reece say they are not ready to speak at length. It is too painful. They briefly thank everyone for the sharing. It has made them feel less alone, and aware that there is support out there if needed, although they did not know what they needed – except needing their daughter back.

Bob, whose 24 year old son was diagnosed as schizophrenic and killed himself over five years ago, reads a poem his younger son has recently written. He admits that he still thinks of his son most days, but that the associated pain, although not diminished in intensity, appears less often, with longer gaps between the peaks.

Sue, the group coordinator-leader, and the last speaker, whose 18 year old son had died over ten years ago, shares with the group the terrific jolt she received recently when she met her son's old football coach, and discovered that he had not heard about the death. There was both pain and pleasure in talking with him about her son and what had happened, and reliving memories.

She then concludes the formal part of the meeting by

- Reading a short piece on hope,
- Thanking everyone for their contributions and emphasizing how this helps others in the group,
- Commenting briefly on two of the themes that had emerged,
- Warning everyone that they may feel flat and tired over the next two or three days and that this was normal, and
- Inviting everyone to stay and share supper – perhaps with someone whose story had particularly touched a chord in them
- And finally reminding everyone not to hesitate in contacting one of the leaders or the central TCF help line if they felt in need of extra support.

The final informal "cuppa" time may well be the most important part of the meeting, certainly it is vital in that this is when individuals forge bonds of ongoing support.
and healing. The leadership team especially uses this informal cup of tea time to speak with those who seem particularly vulnerable. However, the most noticeable thing at this time is to observe the members themselves busy establishing and consolidating support networks.

Finally, after the others had gone, the leadership team meets briefly to check each other out, and to ensure that those who had seemed to be especially vulnerable were contacted soon after the meeting. All first time members are contacted during the week following the meeting.
APPENDIX 6

ROGERS' PROPOSITIONS

1. Every individual exists in a continually changing world of experience of which he is the centre. The core of this is that this private world can only be fully known to the individual.

2. The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality.

3. The organism reacts as an organised whole to this phenomenal field.

4. The organism has one basic tendency and striving – to actualize, maintain, and enhance the experiencing organism. Again this emphasises Rogers' belief in organic holism.

5. Behaviour is basically the goal-directed attempt of the organism to satisfy its needs as experienced, in the field as perceived.

6. Emotion accompanies and in general facilitates such goal-directed behaviour, the kind of emotion being related to the seeking versus the consummatory aspects of the behaviour, and the intensity of the emotion being related to the perceived significance of the behaviour for the maintenance and enhancement of the organism.

7. The best vantage point for understanding behaviour is from the internal frame of reference of the individual.

8. A portion of the total perceptual field gradually becomes differentiated as the self.

9. As a result of interaction with the environment, and particularly as a result of evaluational interaction with others, the structure of the self is formed – an organised, fluid, but consistent conceptual pattern of perceptions of
characteristics and relationships of the "I" or "me", together with values attached to these concepts.

10. The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the organism, and in some instances are values introjected or taken over from others, but perceived in distorted fashion, as if they had been experienced directly.

11. As experiences occur in the life of the individual, they are either (a) symbolised, perceived, and organised into some relationship to the self, (b) ignored because there is no perceived relationship to the self structure, (c) denied symbolisation or given a distorted symbolisation because the experience is inconsistent with the self structure.

12. Most of the ways of behaving which are adopted by the organism are those which are consistent with the concept of self.

13. Behaviour may, in some instances, be brought about by organic experiences and needs which have not been symbolised. Such behaviour may be inconsistent with the structure of the self, but in such instances the behaviour is not "owned" by the individual. This emphasises the over-riding power of the internal drives.

14. Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolised and organised into gestalt of the self structure. When this situation exists there is a basic potential or psychological tension.

15. Psychological adjustment exists when the concept of self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of self.

16. Any experience which is inconsistent with the organisation of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self structure is organised to maintain itself.

17. Under certain conditions, involving primarily complete absence of any threat to the self structure, experiences which are inconsistent with it may be perceived,
and examined, and the structure of self revised to assimilate and include such experiences.

18. When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals.

19. As the individual perceives and accepts into his self structure more of his organic experiences, he finds that he is replacing his present value system—based so largely upon introjections which have been distortedly symbolised—with a continuing organismic valuing process.
CHAPTER 14

BIBLIOGRAPHY


Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:
Stebbins, Jon William

Title:
Understanding the experiences of the bereaved: interpreting how the bereaved give meaning to their loss in the context of a suicide-bereaved self-help support group

Date:
2001

Citation:

Publication Status:
Unpublished

Persistent Link:
http://hdl.handle.net/11343/38853

File Description:
Understanding the experiences of the bereaved: interpreting how the bereaved give meaning to their loss in the context of a suicide-bereaved self-help support group

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