

**PERCEPTIONS OF PERSONNEL ON POLICE SUICIDE
AND THE ROLE OF A CHAPLAIN**

by

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MAY THE TRIUNE GOD RICHLY BLESS YOU ALL

ABSTRACT

Title: PERCEPTIONS OF PERSONNEL ON POLICE SUICIDE AND THE ROLE OF A CHAPLAIN.

Key terms: Police Suicide; Chaplain; Suicide Prevention; Pastoral Care and Counselling.

Suicide is a common phenomenon in all Police Agencies. Perceptions about police suicide, different Suicide Prevention Strategies and the Chaplain's role in preventing Police Suicide are researched.

Data gathering employed two methods, namely:-

A questionnaire to assess Perceptions of Personnel on Police Suicide and the Role of a Chaplain in the prevention thereof, and

A case study to substantiate qualitative data.

Information gathered through questionnaires was presented as percentages of personnel agreeing with statements. Results indicate that the following factors influence police perceptions on suicide:-

Job characteristics,

Lack of care and support,

Low morale,

Ineffective coping skills and

Police culture.

Recommendations are made on how Police Chaplains and SAPS Department can get involved in suicide prevention. This include Pastoral role fulfilment, in cooperation with the multidisciplinary effort by Employee Assistance Service (EAS). Recommendations are also made regarding future research on police suicide and chaplain's intervention.

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CHAPTER 1: INTRODUCTION

1.1 STATUS OF RESEARCH

There is lack of empirical research conducted to probe perceptions of personnel on police suicide and the role of chaplains in suicide prevention. Lester and Yang (1997:109), highlight that 'several studies have suggested that police officers have high rates of suicide. The sociological and psychodynamic/psychological theories are two major theories advanced in this research field. There is however a lack of theoretical work advanced from theological perspective to explain the problem of police suicide. This study will be of great value to advance a Practical Theological theory to curb suicide.

1.2 RELEVANCE OF THE STUDY

The study will be to the benefit of the SAPS Department. Heiman (1997:1286) says that in recent years considerable interest has been shown in the phenomenon of suicide in general. One setting that is highly visible and intimately involved with such issues as death and violence, but not considered as harboring active participants in the process of termination by self-destruction, is the police department.

This study will also benefit the families of police. Worden (1991:93, 117) estimates: 'Nearly 750, 000 people a year are left to grieve the completed suicide of a family member or loved one, and they are not only left with a sense of loss, they are left with a legacy of shame, fear, rejection, anger, and guilt... the family is an interactional unit in which all members influence each other,' and they need support. Mishara (1995:7, 52) highlights that 'the most immediate impact of suicide is upon family and friends. The impact is most evident in the bereavement reaction after a death by suicide..... for each death by suicide 6 other persons are intimately affected.'

The study will also benefit the Chaplain/ Spiritual services as Lester (1995:93) writes: 'pastors and chaplains are constantly caring for people who are dying or facing life-threatening health problem-situations that often contain the seeds of despair in the face of the last enemy.' 'More people initially take their emotional problems to clergymen than to any other professional group. This places the clergyman in a key position to detect possible suicidal danger,' Pretzel (1972:237).

1.3 GOAL OF THE STUDY

The study is divided into general and specific research goals.

1.3.1 RESEARCH GOALS

1.3.1.1 To Describe an Overview of the Phenomenon of Suicide

To present an **overview** of the **phenomenon** of the suicide problem among the South African Police Service (SAPS) officers and to **review** relevant **literature** on police suicide by defining **suicide** and to highlight existing **suicide theories** from suicidologists, in particular, the police suicidologists' perspectives. The literature review will also be guided by inputs on the **problems** experienced by police officials, **suicidal signs and behaviors, misconceptions/fallacies/fables and facts on suicide, coping skills** for police officials as well as **suicide intervention/prevention strategies** from suicidologists' perspectives.

1.3.1.2 To Describe the Role of Chaplains, to curb Suicide

Pretzel (1972:21) states that 'suicide is more than a scientific puzzle. It is a human problem, and a religious problem.' This crisis indeed constitutes a Theological, and more specifically, a Pastoral problem, because here we are engaged with issues of life and death. Hence it is imperative to describe **the role of police chaplains** and explore their past, present and future intervention/prevention strategies with a view to curb the police suicide. As Capps puts it 'the ultimate purpose of pastoral care is to help people help themselves.'

1.3.1.3 To Research Perceptions of Personnel on Police Suicide, and on the Role of Chaplains in the SAPS

A *questionnaire* to assess Perceptions of Personnel on Police Suicide and on the Role of a Chaplain in suicide prevention, and a *Case study* to substantiate qualitative data will be used.

Information gathered through questionnaires will be presented as percentages of personnel agreeing with statements.

1.3.1.4 To make Recommendations to SAPS Department

To make the relevant recommendations to SAPS Department on suicide prevention.

1.4 RESEARCH APPROACH

The research approach will be **descriptive**. An empirical situational analysis using a well prepared semi-structured interview technique for data collection and participant observation will be employed to determine/measure variation in responses of a sample of participants. The following groups of research questions will be researched:- the 'what', the 'why' and the 'how' questions, focussing on attitudes, opinions and conditions of respondents. A *questionnaire* to assess Perceptions of Personnel on Police Suicide and on the Role of a Chaplain in suicide prevention, and a *Case study* to substantiate qualitative data will be used. Information gathered through questionnaires will be presented as percentages of personnel agreeing with statements.

The contextually valid descriptions and interpretations of the daily struggles and life threatening situations of policing impacting on their suicide will be researched. The concepts, statements or propositions will be phrased into researchable questions. A schedule for an interview will be created. Outlined indicators for each concept will be used in the questionnaire and a scaled measuring instrument will be developed. Biographical variables like age, service period and race will be considered. A sample size of 34 participants consisting of police personnel will be identified. A time schedule of two months with no costs involved is delineated. Appointments will be secured with the commanders of the units of the participants. An ethical committee will be set up to assist with any ethical issues which might be violated to maintain the dignity, the respect and the confidentiality of participants. No physical and psychological sufferings will be inflicted on the participants. A consent letter will be signed by the researcher and participants.

A case study to provide qualitative data will be done. Data will be organised and categorised for processing. Responses to every research question in the interview schedule will be dissected and statements classified. Constructed data will be interpreted with reference to a Practical Theological frame of reference. The initial concepts will be defined more precisely in the research findings against the background of the original research problem for meaningful interpretation.

CHAPTER 2: SUICIDE AND THE POLICE CHAPLAIN

2.1. SUICIDE AND THE POLICE CHAPLAIN

The SA Crime Quarterly (September 2003:2), a publication of the Institute for Security Studies (ISS), reports that 'in 1998/9, 1,848 employees per 100,000 left the Police department because of death and as a result of being discharged on account of ill health. In 2000/01 this had increased to 2,179 per 100,000 employees- an increase of 18% over three years.' It is evident that the South African policing milieu is a breeding context for the mass exodus of police officers from the police department, be it through murder, **suicide**, resignation, medical, dismissal and related reasons.

From abovementioned information, it may be deduced that committing suicide seems to be a way out or quick solution to resolve such challenges. Hence the study will research perceptions of police personnel on police suicide to probe why the suicidal police officials resolve to commit suicide instead of seeking for an alternative solution. South African Broadcasting Corporation (SABC) news of 2003-05-20 highlights that 136 South African Police officials were killed in 2002:-

Gauteng Province = 51, Kwa-Zulu Natal = 26, Eastern Cape = 15, Western Cape = 14, North West = 7, Mpumalanga = 5, Limpopo = 5 and Northern Cape = 3. The policing milieu is not conducive to the police members in South Africa due to the attacks.

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Gerkin (1986:12) says: 'pastors and pastoral care theorists must constantly have one ear open to the shifts that take place in the ways persons experience their needs and problems of living and the other open to the currents of change in ways of understanding and interpreting human needs.' What roles may a chaplain play to offset such a negative suicidal trend among the police? The study will describe pastoral intervention/ prevention strategies that will ensure curbing of **police suicide**.

2.2. PHENOMENON

2.2.1 Description of the Phenomenon of the Police Suicide from various Resources

2.2.1.1 Information from Support Services

2.2.1.1.1 Employee Assistance Services (EAS) Challenges

The SAPS department has available an Employee Assistance Services (EAS) which is comprised of police chaplains, social workers and psychologists who are employed on full time basis to deal among others, with the prevention of suicide and other related pro-active and re-active enhancement programmes. Hence one anticipate an effective support system and intervention strategies that will reduce the rate of suicide among the police officials.

The SAPS has shown a great concern for the police officers who cause self-destruction, and The National Committee for the Prevention of Police Suicide [NCPPS] comprising of members from police chaplains, social workers and psychologists, was established to coordinate and manage the prevention of police suicide. Although the police officials are constantly empowered by a suicide prevention workshop program, trauma debriefing and pastoral support programmes, it seems that the suicide rate is ever increasing in the lower ranks of the police officers. 'The suicide rate among police ranks in South Africa is 200 for every 100,000 members, compared with 22 in the United States,' (Violanti and Paton, 1999:100.)

The SAPS Employee Assistance Support Centre (EASC) 'provides a confidential short-term counselling, support and information service, at no cost to SAPS employees whose personal problems interfere with their work performance,' (Servamus Issue 10 October 2003:14-15) and the EAS are the providers of Employee Assistance Programme (EAP). The question of how effective this support system is, and how many suicidal police officers access it for help, need to be investigated to ensure its intended purpose. According to Violanti and Paton (1999:100), 'many traumatized and stressed policemen have been unwilling to make use of the SAPS Crisis Line which offers 24-hour counselling. This has been attributed to the stigma attached to social workers, psychologists, and counselling and the shame of seeking help.'

2.2.1.2 Information from Official Files

Cantor (1995:499) indicates that suicide of police officers is a sensitive issue and permission to research official files is not always granted. Further, records may not be available covering the desired study period. Josephson (et al. 1990:227) agree that most police departments do not publish any suicide statistics. Police suicidologists highlight the fact that the police suicide rates are frequently misreported or under-reported primarily because the departments want to protect the image of their officers, and fellow officers want to protect the reputation of their dead brother officer and his insurance benefits for his family, (Bonifacio 1991:169, Stack et al. 1994:84). Violanti (et al. 1996:79) concur that police investigators are usually the first at the scene of any suicide and can readily control information to protect the victim officers and their families from stigma of suicide. It is critical to research the opinion of police personnel on police suicide to identify what drives the officers to commit suicide, and not depend on inaccurate official files only. This process will assist in sharpening chaplain's focus in the prevention of suicide among the police officers.

2.2.1.3 Information from Statistics

2.2.1.3.1 From different statistical sources the rate of police suicide is evident. Technikon South Africa (The Citizen dated 1998-03-02) indicated that 269 police committed suicide during 1996-1997 in their study on police suicide in South Africa. This statistics clearly

indicate the suicide crisis among the police officials as well as the daily demands of their duties.

2.2.1.3.2 The police suicide statistics released by a local newspaper 'Pretoria News' (Source No. 0175 dated 97/04/18/103 from Institute for Contemporary History) for the period between 1994-1997 highlights, (Table 1.1 below):-

	1994	1995	1996	1997 to March 31
Murdered	304	310	284	60
Suicide	<u>188</u>	<u>169</u>	<u>160</u>	<u>37</u>
Resigned	2 999	2 757	1 740	339
Medical	1 372	1 497	938	252
Dismissed	1229	799	289	0
Packages	0	0	420	373

2.2.1.3.3 Comparing statistics by Violanti and Paton (1999:99-100) affirms the abovementioned statistics, '... a high suicide rate in the SAPS is also an indicative of the distress experienced by its members. The suicide rate among the police ranks in South Africa is 200 for every 100,000 members, compared with 22 in the United States.'

2.2.1.3.4 The police suicide incidences which was compiled by Rossouw (1999) as received from the SAPS suicide questionnaires for the period 1994- 1997 from 9 Provinces are reflected in table 1.2.

Police Suicide Incidences				
Period	1994	1995	1996	1997
Suicide Incidences	194	168	169	156

Table 1.2

2.2.1.3.5 Suicide Follow-up Questionnaires' statistics received by SAPS National Commissioner for the Prevention of Suicide (1994-1997) indicates that Limpopo Province reported the following police suicide statistics:-

Suicide Follow-up Questionnaires' Statistics								
Period	1994		1995		1996		1997	
Limpopo Province	RECEIVED	INCIDENTS	RECEIVED	INCIDENTS	RECEIVED	INCIDENTS	RECEIVED	INCIDENTS

Suicide Incidences	5	6	2	6	0	7	0	6
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Table 1.3

The abovementioned table indicates that few cases of suicide statistics were reported. The actual incidents of completed suicides is not reflected. These suicide statistics is relatively lower compared to other Provinces.

The Police Suicides in the SAPS for the past nine (9) years									
Period	1994	1995	1996	1997	1998	1999	2000	2001	2002
Suicide Incidences	200	200	150	130	110	110	130	101	95

Table 1.4

2.2.1.3.6 Table 1.4 shows the number of police suicides in the SAPS for the past nine (9) years, (Swanepoel, Personal communication, 05 October 2003). Research shows that the number of suicides in the SAPS is more than five (5) times that of suicide rates in some instances reported in the literature for other police populations.

From above data, tables 1.1; 1.2 and 1.4, marginal differences in comparing the statistics are evident :-

1994 (194/188/200),

1995 (168/169/200),

1996 (169/160/150) and

1997 (156/37/130).

The Saturday Star (Source Non. 1406 dated 97/01/25/025 from Institute for Contemporary History). In **1995** a total of 170 police officers took their own lives, 155 in **1996**. The assumption by Violanti (et al. 1996:79) seem to carry weight that these statistics indicate instances of under and over-reporting!

2.2.1.3.7 Table 1.5 presented below, for the police suicide statistics for the past five (5) years highlights that the figures stabilised during **1998** and **1999**, and increased with 20 cases during **2000**, and gradually declined during **2001** and **2002**. This decline can be attributed to the Threatening Suicide Interventions by the SAPS EAS, and in particular the SAPS Chaplain Services as reflected in table 1.6.

The Police Suicides in the SAPS for the past five (5) years.					
Period	1998	1999	2000	2001	2002
Number of Incidents	110	110	130	101	95

Table 1.5

2.2.1.3.8 The SAPS Spiritual Services 2002 Annual Report highlights that the following Threatening Suicide Interventions (TSI) were done by Chaplains in 9 Provinces:-

Statistics from SAPS Spiritual Services 2002 Annual Report					
ACTIVITY	1998	1999	2000	2001	2002
Threatening Suicide Intervention	181	191	295	361	314
Cases of Stress	3905	2242	2362	1196	2071
Marriage Problems	3722	3122	2511	-	1385
Work Related Problems	3236	2706	1954	2844	3067
Interpersonal Relations	542	506	1251	1445	1324

Table 1.6

From Table 1.6, it can be confirmed that suicide attempts are related to **stress**, **marriage**, **work**, and are **interpersonal**. Van der Merwe (2002:36,39) states: 'behoorlike ondersteuning is die aangewese optrede wat moet plaasvind sodat daar 'n verbetering kan kom by lede se sielkundige status... Die lede se direkte bevelvoerders en die hulpverlenende professies kan die benodigde ondersteuning gee, aanpasbare coping-strategieë formuleer en beraders skool om sosiale steun aan gespanne individue te bied ten einde hul werkverwante stres te kan bestuur.'

Comparing SAPS Spiritual Services 2002 Annual Report, Threatening Suicide Interventions for the period of five years (**181-191-295 -361- 314** respectively for the year periods of 1998, 1999, 2000, 2001, 2002) as highlighted in Table 1.6, with the number of real suicide incidents for the same period of five (5) years (**110- 110-130-101-95** respectively) as highlighted in Table 1.5, indicates a significant difference.

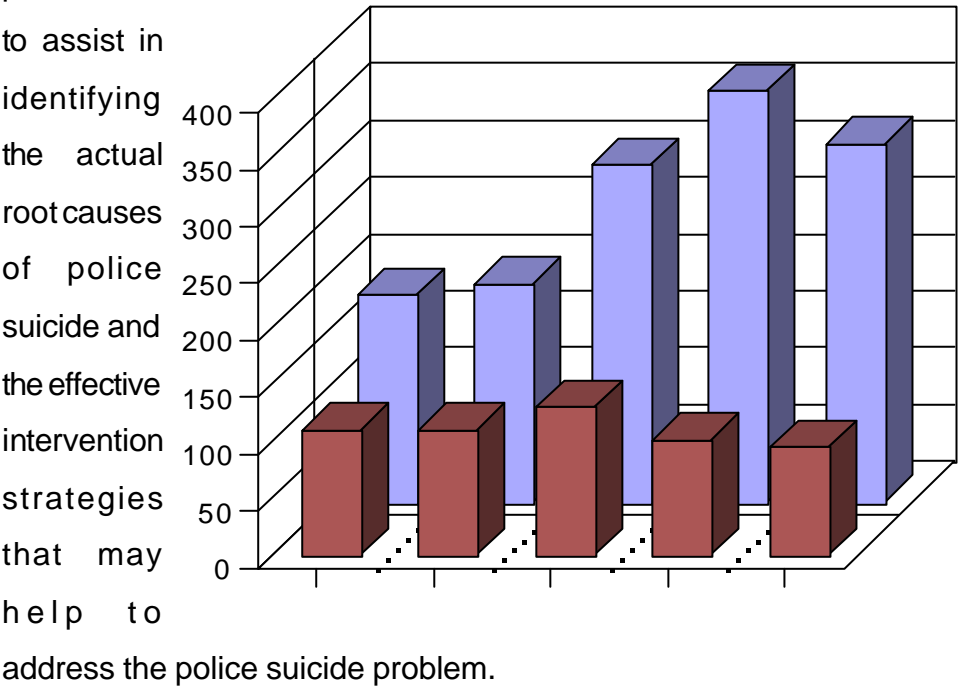
Fig.1 below compares Threatening Suicide Interventions (rear), and the actual number of Police Suicide Incidents (front).

fig.1

The difference of possible completed suicide cases are (71-81-165-260-219 respectively for the same periods of 1998, 1999, 2000, 2001, 2002). It can be deduced that the EAS, especially the chaplains have a critical role to play to curb suicide.

2.2.1.4 Information
f r o m
Workshops

The SAPS In-Service training in the Limpopo Province conducted a study on police suicide during 1997 in the form of the workshops among the police personnel and the members of the Community Policing Forums (CPF). The SAPS Helping Professions including spiritual, psychological and social work services were drawn into these processes



Similar workshops initiatives were conducted in other provinces by teams of EAS to deal with this crisis. The following media reports emanates from workshops:- ‘For some police officers, it’s because of the same old story. While others, it’s broken hearts or too much

of the bottle,' (Sunday Tribune, Source No. 0264 dated 97/07/ 06/187 from Institute for Contemporary History). 'People tended to blame police for South Africa's crime problem, and did not take into account the part that the departments of Justice, Correctional services and Welfare had to play in combatting crime,' (Pretoria News, Source No. 0175 dated 97/04/18/108 from Institute for Contemporary History), and SAPS Ref 9/2/1 dated 1996-10-22.

A comparative study on police suicide from research by Violanti 1995: 688; Lennings 1995: 40; Stack & Kelly 1994:84; Terry 1981:68; Territo 1981:199; Dash & Reiser 1978:18, confirm evidence of these workshops' findings.

The following causes of suicide were found to be problematic among most police personnel:-

Marital and extra-marital conflicts

Alcohol and drug abuse

Financial mismanagement

Work related problems

Terminal diseases such as HIV/AIDS, cancer and heart attack.

Lack of spiritual, psychological, emotional, moral and social support

Negative image on police and

Accessibility of fire-arms and stress.

2.2.1.4.1 Police Culture

Violanti (1996:66) is convinced that the informal police culture places additional pressure on officers to conform to a distinct police role, but for different purposes. The informal police culture seeks to bond together officers against what it considers the evil of the world. This close-knit culture prescribes a theme for solidarity among officers which appears to help them deal with rejection from the greater society. 'The expression of personal feelings is extremely limited in police culture,' (Burgers, 1994:7). As Ainsworth (1995:157 & 247) puts it, 'the police service has come to be regarded as having a closed occupational subculture... Hence "outsiders" are treated with suspicion or even contempt.' The law enforcement officers often become alienated from others due to their particular work situations and social exclusion from those who want nothing to do with police.

2.2.1.4.2 **Police Organisational Stress**

It was verified through these workshops that the context of police culture breeds *stress* that may trigger suicide. Context may be defined as ‘the whole background or environment relevant to a particular circumstance or event’ (Patton 1993:39).

2.3 **LITERATURE REVIEW**

2.3.1 **Definitions of Suicide**

As Cutter (1983:16) puts it: ‘The word suicide has at least three distinct meanings. It refers to the wish to die, as in suicidal pre-occupations and fantasies. It also describes the act of self-injury, as in suicidal behaviour. Third, it refers to *vital outcome*, in the form of the more familiar suicide attempts or commits.’

‘Suicide’ as defined by Buttrick et al (1973-1989:14) ‘is the human act of self-inflicted, self-intentioned cessation.’ Hence Beck, Resnik & Lettieri (1974:4) write: ‘Suicide is the end result of a process, not the process itself,’ Honderich (1997:1453) concurs.

Green’s (1992:12) definition of suicide: ‘the act of killing oneself intentionally... suicide is the deliberate human act of self-inflicted, self-intentioned death.’ Maris (et al 1992:88) in their definition, concur with Green.

Fairbairn’s definition (1995:84): ‘Suicide is an act, whether of commission or omission, and whether performed by himself or others, by means of which an individual autonomously intends and wishes to bring about his death because he wants to be dead or wants to die the death he enacts.’

Mishara (1995:7) defines suicide as ‘a mode of death that is mostly experienced as a brutal dissolution of life, and a violent disunion of existing relationships.’

‘To commit suicide is to end one’s own life intentionally,’ (Maris et al 1992:92).

‘Suicide is doing something which results in ones death, either from the intention of ending one’s life or the intention to bring about some other state of affairs (such as relief from pain) which one thinks it certain or highly probable can be achieved only by means

of death or will produce death,' Battin & Mayo (1980:117-118).

Shneidman (1985:124) says that in any close analysis, suicide is best understood as 'combined movement toward cessation of consciousness and as a movement away from intolerable emotion, unendurable pain, unacceptable anguish.'

'Currently in the Western world' as Shneidman (1985:203) puts it, 'suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution.'

According to Silverman & Maris (1995:10), suicide is not defined as a disease, but 'a death that is caused by a self-inflicted, intentional action or behavior.'

Leenaars' description (1991:311): 'Suicide is probably best understood as a multidimensional malaise. It would seem most accurate to define suicide as an event with biological (including biochemical), socio-cultural, interpersonal, psychological, and personal philosophical/existential aspects.'

'Suicide', to Violanti (1996:7) is 'a personal act, brought about by conscious action...suicide is initiated by "what makes sense" to a person at it's time.

Everstine's opinion (1998:8,11): 'Suicide is a natural product of the incapacity of human beings to interact with each other, for any extended period of time, with out conflict ... suicide is either a singular response to a wide range of differing motives, or the response to a singular motive with many differing forms of expression.'

2.3.1.1 Summary of Aspects of Definition

From abovementioned definitions, the following facts are evident:-

Suicide is personal because the individual/s personally commit/s the act to himself/herself or themselves.

Suicide is self-inflicted because the injury/pain is consciously inflicted to self by self. Suicide is an act of own free will because the individual has a choice to either suicide or not.

Suicide can be prevented because those who are close to the suicidal person, can play a vital role and save life.

It can be argued that since suicide is the end result of a process because suicide doesn't just happen without a process, early detection of suicide signs and behaviors can avert the self-destruction. It can be also be argued that since it starts somewhere and is a conglomeration of many aspects with an aim of seeking a solution, relevant suicide intervention strategies can be implemented to curb it.

2.3.2 Theories on Suicide Types/ Classifications and Common Characteristics

These theories are mostly advanced from secular suicidologists' point of views rather than the pastoral perspective, and are highlighted so as to guide my studies:-

2.3.2.1 Theories

Heiman's (1977:1286) claim that, 'Suicidal events have been observed in almost all the cultural, religious, and political settings in spite of the diversity of attitudes and the variety of feelings enshrouding these settings,' carries weight.

The general theory of police suicide is, according to Violanti (1996:51) and VandenBos and Bulatao (1996:230) its association with the 'availability and expertise of firearms, continuous duty exposure to death and injury, shift work, social strain, criminal justice inconsistencies, and a negative police image.'

Stack (et al. 1994:74-76) do agree with this theory, and confirm that 'most theoretical work has formulated explanations of a presumed high police suicide problem. Two major types of explanations have been formulated: sociological and psychodynamic/psychological theories. The former mentions seven explanations such as: shift-work in policing; anti-police sentiments; working with criminal justice system; danger of death; male domination and alcohol abuse. The psychological explanation highlight police suicide as the 'end result of officer's inability to effectively cope with stress due to

individual factors such as dysfunctional personality traits, distorted cognitive functioning, conditioning from the past,...'

In his theory of the etiology of suicide, Everstine (1995:5) maintains: 'no psychache, no suicide'... implying that 'psychache' is a necessary condition for suicide to occur. He defines the term 'psychache' as 'pain in the psyche.'

Violanti (1996:54-55) wrote, 'To Freud, suicide was expression of individual aggression and self-destruction...Henry and Short viewed suicide as aggression for which outward expression toward others is denied... Friedman (1968) in his analysis of 93 NYC police suicide: The law officer, even the most serene and conscientious, carries with him a complicated psychological structure: while defending the integrity of society and its citizens, he, like the soldier, must do it through extreme mobilization of inner powers of aggression which he always keeps available to work. In time, he get disciplined... and must submit instead of punishing others into submission; aggression becomes damned up and turns upon the individual's self.'

In their studies, Violanti (1996:56-57) as well as VandenBos and Bulatao(1996:233) touches on the following various theories of police suicidologists:-

Nelson and Smith (1970)

It appears that the law enforcement officers often become alienated from others because of their particular work situations and social exclusion from those who want nothing to do with police and seem they bear almost all hatred from them... If this be so, the presence of suicide potential in an occupational group of this orientation may be understandable.

Heiman (1975)

A common sense approach would be to view police suicide from a psychological basis, emphasizing the unique and multidetermined aspects of suicide patterns, while at the same time being cognizant of the role of societal influences... at the individual social interface.

Gibbs and Martin (1964)

They theorized that suicide varies inversely with the degree of status integration in a population.

Loo (1986)

In his study of Royal Canadian Mounted Police (RCMP), he conceptualized police suicide in terms of Baechler's (1979) framework. Baechler viewed suicide as a positive act of a relatively normal person struggling with life's problems and trying to resolve them. The focus of suicidal behavior is the person's personality, coping skills, and logic more so than the effects of society.

Bonifacio (1991)

He proposed a more recent psychodynamic approach to police suicide. Bonifacio agreed with other theorists that the effects of police work may be more than simply allowing aggression via a 'license to kill.' He hypothesized that feelings of helplessness may be brought on by the officer's exposure to crime, human misery, and death. These feelings may in turn exacerbate feelings of inadequacy that were already present in the officer's personality, causing overwhelming feelings of self-loathing. Suicide may be the officer's attempt to restore feelings of strength and adequacy. In this regard is a demonstration of strength, courage, and misery.

Leenaars (1991:28) states that: 'The developmental theories of Freud, Erikson, Piaget ... assume various life stages and associate them with certain expectations or developmental tasks. In some theories, individual development depends on interaction with specific environmental conditions.'

Lester (1997:41) highlights a developmental theory of suicide that has not been tested empirically. He says the second and third years of life are crucial for the development of suicidal tendencies. During those years, children begin their struggle for independence and autonomy from the mother. Their own identities begin to develop. These are difficult tasks and they are made even harder by the fact that children are still dependent on the

mother. Thus the second and third years involve tremendous conflict between the growing desire for autonomy and the fear of alienating the mother while she is still needed.

According to the developmental model, Beck (et al. 1974:10) are convinced that this model 'may indicate the cultural rather than biological origin of the "**cry for help**," and the fact that some members of our society, especially the suicidal prone, never learn to seek help.'

'The learning theory model stipulates that one learns to adopt suicide behavior in the same way that he learns to adopt coping behavior,' (Beck & Resnik 1974: 12). According to Louw (et al. 1991:63) 'this approach rests on the assumption that most behaviour is learnt.' As Campbell (1981:68) puts it, 'From the earliest stages of upbringing the child learns that parts of himself are unacceptable, dirty, shameful and bad. He therefore begins to see himself as a person only of conditional worth.'

Lester (1997:132,133) wrote: 'The critical-mass theory is based on ideas developed by TC Schelling (1978). Schelling argued that when a behavior occurs in a society, it may at times increase to a critical frequency or mass beyond which so many people are showing the behavior that its incidence becomes self-sustaining... The social deviancy theory of suicide... based on an idea proposed by Henry Wechsler and TF Pugh... argued that individuals who are deviant from the culture will experience greater stress, which in turn will increase their risk of psychiatric disorder. Thus people who are in a minority within a community should also have higher suicide rates... Henry and Short proposed a sociological theory of suicide with a different basis, the Dollard frustration-aggression hypothesis. They believed that suicide results from frustration, and they examined the effects on suicidal behavior of the frustration generated by economic fluctuations.'

Lester and Yang (1997: 31, 41, 59) highlight different theories from the suicidologists:- 'Ginsberg (1966) noted that suicide arose from the dissatisfaction of individuals. Dissatisfaction itself was related directly to the discrepancy between the actual reward that the individual was receiving and his level of aspiration... While Durkheim claimed that suicide rates tend to climb during times of economic expansion and contraction, Ginsberg argued that suicide rates should rise only in times of economic expansion while dropping

during times of economic recession. In contrast, Henry and Short argued that suicide rates rise only during economic contraction but not in times of economic expansion. Despite these differences, these three theories share several features in common...The economic theory of suicide developed by Hamermesh and Soss (1974) is based on a utility function which is determined by the permanent income and the current age of the individual.'

2.3.2.2 Comments

From the abovementioned theories, the following problem areas can be detected among the SAPS members:-

The challenges emanates from cradle through the different life stages of an individual (personality). Hence the police officer is influenced by the impact of stages of development. The individual's aggression which is not effectively addressed by the police department, will eventually impact on delivery of service. The individual's alienation from colleagues and the community can not be ignored.

The inconsistencies and frustrations experienced in the criminal justice system do impact directly or indirectly on the police members. The lack of effective coping mechanisms to deal with the psychological and emotional pain associated with police work must be addressed continuously to ensure enhancement of the police member's coping skills.

The police department depends on the available human resource to operate effectively. Hence the individual's dissatisfaction due to unmet expectations/needs is a concern to the police department. The disruptions in the individual's relationships and intimacy if noticed must be reported to the Employee Assistance Services (EAS) to ensure that the member is assisted, supported and help through this process and stages of his/her life. If the individual's suicidal behavior is addressed timeously and realistically, many vulnerable lives of suicidal police officers may be salvaged.

2.3.3 Suicide Types/ Classifications, Aspects and Reasons

It is crucial to understand the types/classifications and characteristics of suicide, for effective intervention/prevention strategies. This process will help to describe a better picture and broaden one's views in dealing with the police suicide. There are motivations

or reasons as to why a police officer commits suicide.

Green has done research in this regard, and what follows are his findings:

2.3.3.1 **Reasons for Suicide**

Green (1992:25-27) highlights the following dozen reasons for police suicide:-

A suicide is committed to escape from an intolerable pain.

A suicide is committed to punish survivors.

A suicide is committed to gain attention.

A suicide is committed to manipulate others.

A suicide is committed to join a deceased one in death.

A suicide is committed to avoid punishment.

A suicide is committed as a self-punishment.

A suicide is committed to avoid becoming a 'burden.'

A suicide is committed to avoid the effects of dreaded disease.

A suicide is committed to pursue an irrational, impulsive whim.

A suicide is committed to seek martyrdom.

A suicide is committed to express love.

According to Green (1992:22), the three sets of suicide motives are analysed by Menninger under the following characteristics of suicide:-

The wish to kill

Suicides which exhibit hate, aggression, blame, and a wish for revenge.

The wish to be killed

Suicides characterised by guilt, submission, self-blame, and self-accusation. The person wishes to destroy self in order to assuage powerful feelings of guilt.

The wish to die

Suicides which exhibit a sense of hopelessness, discouragement, and despair. The person experiencing severe illness or great pain decides that life is not worth living.

2.3.3.2 **Suicidal Types**

Fairbairn (1995:126) classifies these different types of suicide:-

No hope suicide... extremely unhappy or unfulfilling life (personal motivation).

Existential suicide... much anxiety about the future.

Dutiful suicide... cultural duty to suicide.

Altruistic suicide... rather dead than be a burden.

Revenge suicide... a way of getting at others... (others)

Political or ideological suicide... intent to make political point (personal)

Judicial suicide... legalistic reason to suicide.

Other driven-suicide... driven by others to suicide...(others)

Multiple suicide and mass suicide... involve more than one.

2.3.3.3 **Suicidal Aspects**

Shneidman (1985:119-149 & 216 & 231-232) highlights six aspects of suicide as well as their ten common characteristics:-

Situational Aspects of Suicide

Common stimulus in suicide - Unendurable psychological pain

Common stressor in suicide - Frustrated psychological needs.

Conative Aspects of Suicide

The common Purpose of suicide - *To seek a solution.*

The common Goal of suicide - *Cessation of consciousness.*

Affective Aspects of Suicide

The common Emotion in suicide - *Hopelessness-helplessness.*

The common Internal Attitude Toward suicide - *Ambivalence.*

Cognitive Aspects of Suicide

The common Cognitive State of suicide - *Constriction.*

Relational Aspects of Suicide

The common Interpersonal Act in suicide - *Communication of intent.*

The common Action in suicide - *Egression* i.e a person's escape.

Serial Aspects of Suicide

The common Consistency in suicide - With life-long coping patterns.

Shneidman (1985:26), refers to Jean Baechler who in his book 'Suicides'

(1979) classifies four kinds of suicidal acts:-

An escapist suicide is one of flight, or escape from a situation sensed by the subject to be intolerable. Aggressive suicides are four subtypes: crime... vengeance... blackmail... and appeal. Oblative suicides, those of sacrifice or transfiguration are, says Baechler, 'practically unknown in daily life.' Ludic suicides, which refer to proving oneself through the ordeal or the game.

Shneidman (1985:25-26) highlights the following three types of committed suicide:-

Egotic suicides are those in which the self-imposed death is the result, primarily, of an intra-psychic debate, disputation, struggle-in-the-mind, or dialogue within one's self, in the "congress of the mind." Dyadic suicides are those in which death relates primarily to the deep unfulfilled needs and wishes pertaining to the significant other - the partner in the important current dyad in the victim's life... Ageneratic suicides are those in which the self-inflicted death relates primarily to the individual's "falling out" of the procession of generations; his losing (abrogating) his sense of membership in the march of generations and, in this sense, in the human race itself.

Blumenthal (1990: 691) highlights occurrence for the following suicide types:-

"Altruistic suicide" occurs as a result of society's expectations of the individual.

"Egoistic suicide" occurs when the individual has poor social supports and poor ties to the society. "Anomic suicide" occurs where the individual's relationship to society is suddenly disrupted, such as when a person unexpectedly loses a job. "Fatalistic suicide" occurs when individuals lose control over destiny, such as the mass suicide that occurred on Masada. Fatalistic suicide is due to high degree of social regulation. Alvarez (1972:81-82). Lester (1997:124) explains: *Egoistic* suicide as a low degree of social interaction... *Altruistic* suicide as a high degree of social interaction and *Anomic* suicide as a low degree of social regulation.

2.3.3.4 **Comments**

Battin & Mayo (1980:151) claim: 'to choose suicide is not to choose to die.' From the abovementioned suicide types/classifications and common characteristics, the following problem areas can be depicted as verified by research:-

The suicidal person need a life-line to sustains him/her in the form of support and care at home and workplace from their families and management. Those who commit suicide are hopeless, vulnerable and in seeking solution, suicide may be an option if the assistance, support and help is unavailable. Suicidal person wish to communicates something, e.g revenge, love, etc. and need someone to listen.

2.3.4 Suicide Warning Signs and Behaviors

2.3.4.1 Warning Signs and Behaviors

2.3.4.1.1 Definitions

Silverman and Maris (1995:10) define suicidal behaviors as 'actions that place an individual at high risk for self-destruction.' Hence according to Martin, Kocmarec & Gertridge (1987:5.6), 'suicidal behavior does not happen all at once, nor does it take place in a vacuum. A person's family upbringing may predispose him or her to suicidal behavior.' According to Bonifacio, (1991:6,61) 'behavior is the result of conflict between the conscious and the unconscious system... behavior is the result of the interaction of several causes that may compete with each other for expression. It reflects the influence, conflicts and compromising among the id, ego and superego.'

2.3.4.1.2 Suicide Ideation

Piennaar & Rothmann (in press), highlight that 'suicide ideation should be considered as the first warning sign of more serious suicidal behaviour... Suicide ideation constitutes but one aspect of suicidal behaviour, and is defined as the domain of thoughts and ideas about death, suicide and serious self-injurious behaviour. It includes thoughts related to the planning, conduct and outcome of suicidal behaviour, particularly as the last relates to thoughts about the response of others...'

2.3.4.1.3 Communicating the Intent

Suicidologists (Martin, Kocmarec & Gertridge 1987:1.1; Beck & Resnik 1974:49; Smith 1989:21) agree that 80% of those who commit suicide communicate their intent or conflict in advance, either consciously or unconsciously through the warning signsSmith (1987:25-

27) categorizes these warning signs into three headings, viz. verbal, behavioural and situational .

2.3.4.1.4 **Warning Signs / Behaviors**

However, Richman (1986: 25-55) presents detailed tabulated data of suicide warning signs with features, trends/ manifestations and comments, which is highlighted beneath, and do verify that this researcher has observed these warning signs and behaviors among the police officers:-

The individual becomes quiet, withdrawn, with few friends, and often not recognized.

There are changes of behaviour in personality resulting in lack of communication, sadness, and trouble making. Experiences an increased failure or role strain in school, home, work, friends and love relationships. Recent family loss or changes through death, divorce, separation or illness, job loss etc. Feelings of despair and hopelessness in many forms. Symptomatic acts like taking unnecessary risks, abuse of alcohol and drugs, aggression and giving away possession.

Communication of suicidal thoughts or feelings through statements such as “I wish I was dead.”

Presence of a plan like storing up medication or buying a gun.

Negative or fearful attitudes towards treatment or psychiatrists which reveals refusal for help.

Impasse in therapy by “sabotaging” of therapy; extreme resistance; becoming increasingly depressed or suicidal.

2.3.4.1.5 **Suicidal Clues**

Hence Hackett & Violanti (2003:45) categorize them as follows:-

Direct Verbal Clues

“I wish I were dead.”

“I’ve decided to kill myself.”

“I’m going to end it all.”

“If (such and such) doesn’t happen, I’ll kill myself.”

“I’m going to commit suicide.”

Behavioral Clues

Donating body to medical school

Changes in behavior (especially episodes of yelling or hitting, throwing things, or failing to get along with family, friends, and peers)

Sudden interest or disinterest in religion

Relapse into drug or alcohol use, especially after a period of recovery

Indirect, or Coded, Verbal Clues and

"I'm tired of life."

"My family will be better off without me."

"Nobody needs me anymore."

"Sometimes the thought of eating my gun doesn't seem like such a bad idea."

"It was good at times, but we must all say goodbye sometime."

"Here, take this (cherished possession); I won't be needing it anymore."

Situational Clues

Sudden rejection by a loved one (e.g., girlfriend or boyfriend), or an unwanted separation or divorce.

Recent move-especially if it is unwanted.

Death of a spouse, child, or friend (with increased risk if death is by suicide.)

Diagnosis of a terminal illness.

Sudden, unexpected loss of freedom (e.g., about to be arrested, pending time in prison, etc.)

Anticipated loss of financial authority.

Publicly humiliating event or situation of feeling a "loss of face"

2.3.4.1.6 Other Views / Opinions

Blumenthal (1990:690) is of the opinion that 'this self-destructive act can reflect many motivational determinants across the life cycle: personal and interpersonal, biological, familial, and cultural. For many, it is a response to loss, separation, and abandonment. For some, it may represent a release from despair of what seems to be a barren future or the hopelessness of old age. For others, it may be an impulsive act, experienced as

revenge for rejection. For yet others, it may symbolize the desire to be reunited with a lost.'

Green (1992:23) indicates that 'the helpless, hopeless and hapless condition has been described by some suicidologists as the "pressure of unbearable pain." The suicidal person feels trapped in a corner; believing himself to have exhausted every other solution, which may have included medication, therapy, prayer and many more, he now sees suicide as his only answer. He is not so much wanting to die but sees death as the only solution to escape the "unbearable pain." Maris (et al. 1992:321) are convinced that 'substance abuse is sometimes viewed as a self-destructive behavior.'

Bonifacio (1991:2,23) highlights that 'the psycho-dynamic approach to behavior believes that there is more than just conscious logic that motivates people to think and act in certain ways. Behavior is the result of unconscious as well as conscious mental forces... The psychodynamic view of behavior sees the human mind as a kind of an iceberg. Only 10 percent of an iceberg is above the water and therefore easy to detect... The other part of the mind, the unconscious, is below the surface of our conscious awareness and is not directly observable.'

2.3.4.2 The Development of Suicidal Behaviors

2.3.4.2.1 How Suicide Develops

Richman (1986:59-60) states that 'suicide takes time to develop. The unremitting fear and anxiety, the rage, the constant presence of crisis that never seem solved or resolved, take their toll and drain the participants. The basis of suicide from this view can be considered as an accumulation of unresolved stresses throughout time, in the patient and the family, each one added to the other, up to the breaking point.' Hence there must be mutual-care and support among the police members, friends/colleagues, families and any unusual behavior should be taken seriously and remedied by relevant service provider/s.

2.3.4.2.2 Communicating Intent

Hackett and Violanti (2003:8) highlight that 'within the police culture, officers who are experiencing psychological problems can be viewed as weak and sometimes a "bad fit" for the profession.'

Lester (1995:93) says that "people communicate the presence of a dead-end stories with phrases such as: 'that's impossible,' 'that will never work,' 'I can't do that,' 'I don't know where to go from here,' 'there is nothing else to do'. In relation to Anton Boisen's image of "the human person as a 'document' to be read and interpreted in a manner analogous to the interpretation of a historical text", such sentiments: 'that's impossible,' 'that will never work,' 'I can't do that,' 'I don't know where to go from here,' 'there is nothing else to do,' are to be well understood and taken very seriously by the recipient/s (Gerkin 1984:38). This especially, is the field relevant to the police chaplain as a pastoral service provider. But almost anyone can become the recipient of such messages, and has to be aware of these warning signs, and understanding them is very crucial for effective intervention or referral.

2.3.4.2.3 Comments

The police member is expected to do the impossible missions. He is perceived by the community as an all rounder. Even if the service/s required of him/her are of any nature the police member have to improvise to make it work. The police member must first comply and complain later when instructed by seniors. The police culture is of such a nature that members are channelled to react in a certain way. The police member is supposed to direct his efforts for breakthroughs. The police member have to do something in order to succeed in his/her duties.

2.3.4.2.4 Public View / Opinion

Servamus (Issue 04 April 2003:9) reports that 'the general public see the police official as some tough character who has no fear and can experience trauma and violence without suffering any ill effects'. The truth of the matter is that a police is also human and vulnerable like any other human. 'The police are neither all-powerful nor all knowing and cannot make pain, fear and feeling of helplessness go away... The policeman cannot make us feel totally secure from accidents of fate or the antisocial predators among us,' (Bonifacio, 1991:188).

2.3.4.2.5 Emotional Camouflage

The challenge facing the SAPS helping professions for effective intervention, is that the affected police members mostly conceal their emotions by camouflage, others putting many faces and pretence. This can be deduced from this scenario:-

Kirschman (1997:17) reflecting on the feelings of Lt. Al Benner, Psychologist, SFPD, highlights that, 'to function effectively in our job, you must annihilate, smother, and suppress normal emotions like fear, anger, revulsion, and even compassion. To do otherwise is to invite overwhelming doubt or hesitancy when decisive action is required. The penalty for your achieved competence is a mind set that might as well be a foreign language to your social contemporaries. We are...victims of our own success. When these same normal and appropriate emotions... surfaced in personal relationships, we automatically shut down and wonder why, over time, that the people we care about the most complain that we are aloof, cold, and uncommunicative.'

2.3.4.2.6 Cognitive Therapy

Blumenthal (1990:484) discusses cognitive therapy for suicidal behavior and defines it thus, 'cognitive therapy is very active, structured, problem-oriented form of therapy in which the therapist and patient collaborate in examining how the patient's attitudes and beliefs contribute to distress.' If a person is hopeless, this state of condition is conceptualised by Blumenthal as 'the consequence of cognitive rigidity, dichotomous thinking, and deficient problem solving skill' (1990:482). Hence research in the past decade has revealed common cognitive characteristics of suicidal individuals, including dichotomous thinking, cognitive rigidity, problem-solving deficits, hopelessness, and the acceptance of suicide as a desirable solution, (1990:494-5).

2.3.5 Suicide Fables or Misconceptions or Fallacies and Suicide Facts

2.3.5.1 Comparison between Suicide Facts and Fallacies

In their studies, Martin (et al. 1987: xi-1.3,1.8; Smith 1989:17-18; Alvarez 1972:8, and Pretzel 1972:74) highlight suicide facts and fables or fallacies or misconceptions which need to be understood by everyone involved in effective intervention.

This is in line with what Shneidman (et al 1994:92) in their study highlight:-

Fables/ Misconceptions / Fallacies	Facts
People who talk about suicide don't commit suicide.	Of ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.
Suicide happens without warning.	Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.
Suicidal people are fully intent on dying.	Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them. Almost no one commits suicide without letting others know how he is feeling.
Once a person is suicidal, he is suicidal forever.	Individuals who wish to kill themselves are suicidal only for a limited period of time.
Improvement following a suicidal crisis means that the suicidal risk is over.	Most suicides occur within about three months following the beginning of improvement, when the individual has the energy to put his morbid thoughts and feelings into effect
Suicides strikes much more often among the rich - or, conversely, it occurs almost exclusively among the poor.	Suicide is neither the rich man's disease nor the poor man's curse. Suicide is very democratic and is represented proportionately among all levels of society.
Suicide is inherited or "runs in the family."	Suicide does not run in the families. It is an individual pattern.
All suicidal individuals are mentally ill, and suicide always is the act of a psychotic person.	Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

2.3.5.2 **Suicide Facts**

Everstine (1998:8) says that 'the root causes of suicide are not philosophical or religious in nature, nor are they determined by accident or chance. They are not inherited, nor are they influenced by diet or disease. They do not develop suddenly but grow by accretion over time. They arise out of the most fundamental human experience, namely the association of one person with another.'

Shneidman, Faberow & Litman (1994: 55) say that, 'Suicide does not just occur. Experience has shown that it is more often the end result of a process that has developed over a period of time...'

Blumenthal (1990:687) asserts: 'Suicide cuts across all age, racial, occupational,

religious and social groups.'

2.3.6 Coping Skills/ Mechanisms/ Modes

2.3.6.1 Definitions

Maris (et al. 1992:558) define coping as 'behavior that facilitates adaptation to change and helps to maintain a continued level of previously adequate functioning.'

The 'coping skills' are defined by Violanti (1996:40-41) as 'behavioral reactions to distress,'... and he identifies two primary categories of coping strategies: 'emotion and problem focussed strategies.'

2.3.6.2 Coping Strategies

Lennings (1995:40-50) highlights these following two major coping strategies 'emotion focussed and problem focussed strategies,' but remarks that, 'although a third type of coping strategy avoidant behavior, also play an important role...police culture acts to inhibit the expression of emotion and the everyday perception of police is a problem-solver... police use fewer problem coping strategies than non-police, even in a group of police officers who embrace higher education and, therefore might be expected to use more rational ways of dealing with stress.'

Piennaar & Rothmann (in press) say that 'police who use maladaptive coping skills (e.g excessive alcohol intake, drug use, smoking, overeating), or fail to interpret work-related events accurately and react in a rational manner, will experience chronic, long-term stress ... Several studies... found that emotion-focussed strategies were maladaptive, whereas problem-focussed strategies were adaptive.'

According to van der Merwe (2002:36), 'Meer spesifiek is gevind dat diegene wat minder geneig is om probleem-gefokusde strategieë te gebruik om met probleme te cope, asook diegene wat nie soek na sosiale ondersteuning nie, geneig is tot selfmoord-denkebeeldvorming.'

The term 'vulnerability' signifies a weak-ness in coping skills- a soft area (or areas) of

behavior that allows a stressful event to overwhelm the person in spite of his or her attempts to cope, (Maris, et al. 1992:558). Dublin (1963:166) rightly states that 'the solution of many crises thus depends upon the relation of the individual to the world immediately about him.' According to VandenBos & Bulatao (1996:245), 'police officers must be allowed greater flexibility at work in terms of decision making and control over their work environment.' The life-line for any suicidal police member is very essential and crucial for survival.

It must be indicated here that there are many ways in which a suicidal police member copes and deals with his/her problems, depending on the individual personality. 'Police officials have developed their own methods to deal with trauma, such as the use of alcohol, denial, joking, humour, etc. ... Research has shown that police officials do not always need substantial emotional debriefing or support following traumatic incidents,' (Burgers 1994:7-8). Bonifacio (1991:15-19) highlights that a police officer shows defence mechanism like depression, denial, rationalization, isolation, projection, reaction formation and identification, as coping modes. Kübler-Ross (1970: 35, 44, 72, 77) states that 'denial is usually a temporary defence...when the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy, and resentment...the third stage is 'bargaining' ...the depression is a tool to prepare for the impending loss... in order to facilitate the state of acceptance.'

Territo & Vetter (1981:206) suggest practical organisational and individual programs for coping with stress which calls for firm commitment from the individual and department. Dash (et al. 1978:20) confirm this statement and agree that comprehensive programs of primary and secondary prevention attribute to relatively low suicide rate among the police. Janik (et al. 1994:272) state that support families can buffer and diminish the occupational stress that a police officer experiences.

2.3.6.3 Coping with Organizational Stress

As a coping measure, the organizational stress can, according to Kirschman (1997:66), be dealt with by police officers as follows:-

Taking pride in being police family, not over-identifying with police role.

Ever ready for job.

Pick your battles carefully. Save your energy for big challenges.

Avoid being hyper-vigilant in event of complaint, investigation dispute with superior.

Join a support group or buddy up with a friend for support.

Be legal wise and ask for help.

Expect strong emotions. Don't be a willing target.

If you have questions... wait until the dust settles and emotions cool down to talk about.

Stay calm if your cop is threatening physical violence.

Egan (1998:8) indicates these two principal goals of helping the client:-

Help clients manage their problems in living more effectively and develop unused or underused opportunities more fully.

Help clients become better at helping themselves in their everyday lives.

2.3.6.4 **Comment**

Piennaar & Rothmann (in press), agree that 'turning to Religion as strongest predicting coping strategy in suicide ideation can only be explained by the context in which it manifest itself. The SAPS employs chaplains as part of its permanent work force, while the helping professions are made up of psychological, social and spiritual services.' These professionals are there for members' care and support.

The above coping measure is crucial and essential for every SAPS police member. The services provided or any support rendered in and outside the policing milieu to police member/s must be in line with the abovementioned two principal goals of helping the client as cited by Egan. The chaplain helps police members to help themselves! He doesn't provide a fish, but rather teach them how to catch a fish.

2.3.7 **Suicide Prevention**

2.3.7.1 **Definition**

Sinclair (et al. 1994) define prevention as 'the act of preventing.' Prevention is better than cure, more particularly in the context of a suicide and its aftermath! Hackett & Violanti

(2003:13,14) are of the opinion that 'the individual agency should have a plan in place to deal with an emergency employee-involved suicide intervention... Law enforcement administrators have a responsibility to create an environment where training of all personnel in suicide prevention and intervention is the norm.'

2.3.7.2 The Troubled Souls

Shawchuck & Heuser (1993:29) say 'the greatest malady of the twentieth century, implicated in all our troubles and affecting us individually and socially, is a "loss of souls." When the soul is neglected, it doesn't just go away; it appears symptomatically in obsessions, addictions, violence, and loss of meaning. Our temptation is to isolate these symptoms or to try to eradicate them one by one; but the root problem is that we have lost our wisdom of the soul, even our interest in it.' Holifield (1983:269,270) correctly states, '... the chaplains too frequently lacked the skills appropriate to the cure of souls ...'

2.3.7.3 Suicide Prevention Challenges

Violanti (1996:3) rightly states that we are faced with challenges to prevention, the greatest being the lack of empirical and reliable evidence on a topic. A second challenge is the consuming denial by officers and departments that suicide is a problem. Suicide prevention is often forsaken for operational training programs, and no one wants to admit that suicide may exist in epidemic proportions within their own professions. The SAPS department too cannot be detached from this reality.

Shneidman (1985:226) cautions: 'suicide prevention should optimally be practiced in consultation with a number of colleagues representing various disciplines. Suicide can best be understood in terms of concepts from several points of view.' Violanti (1996:79) and VandenBos & Bulatao (1996:241) agree that 'police psychologists and others who work with police officers are cautioned about the primary purpose of suicide prevention program: to assist the individual officer. Such programs, once implemented, tend to become entangled in organizational bureaucracy and may lose sight of this important goal.'

According to Everstine (1998:3) the reduction of suicide rate 'will be by the efforts of

mental health professionals in devising methods of primary prevention that will affect the general public, as noted by Edwin Shneidman in his definition of suicide: Perhaps the main task of suicidologists lies in the dissemination of information especially about the clues to suicide: in the schools, in the workplace, and by means of public media.'

2.3.7.4 **Reasons for Committing Suicide**

Everstine (1998:8) highlights that 'the resolve to kill oneself begins with a look, a word that can mean more than one thing, crossed signals, failed expectations, insensitivity, criticism, meanness, anger, a grudge, retaliation, the hellish hatred that one person can feel for another. People kill themselves out of spite. They wish to hurt, maim, cripple, or destroy another person. To do this, they must sacrifice their own lives, and they see it as a fair exchange.' Mishara (1991:93) highlights that, 'the person who commits suicide puts his psychological skeletons in the survivor's emotional closet - he sentences the survivors to deal with many negative feelings, and, more, to become obsessed with thoughts regarding their own actual or possible role in having precipitated the suicidal act or having failed to abort it. It can be a heavy load.'

2.3.7.5 **Suicide Prevention Responses**

Shneidman, Faberow & Litman (1994:94) are convinced that, the availability of active suicide prevention services may offer such a person a grasp on life. They offer the possibility of showing that life is not so fatally narrow and that death need not be the only answer. 'If suicide attempts involve other methods and the victim is discovered in time, his/her life could be saved,' reports Servamus, (Issue 08 August 2003:16).

Shneidman (1986:231-232) highlights the following prevention responses among highly suicidal persons, and can be applicable to the SAPS context:-

Stimulus (unbearable pain): reduce the pain.

Stressor (frustrated needs): fill the frustrated needs.

Purpose (to seek a solution): provide a viable answer.

Goal (cessation of consciousness): indicate alternatives.

Emotion (hopelessness-helplessness): give transfusions of hope.

Internal attitude (ambivalence): play for time.

Cognitive state (constriction): increase the options.

Interpersonal act (communication of intent): listen to the cry, involve others.

Action (egression): block the exit.

Consistency (with life-long patterns): invoke previous positive patterns of successful coping.

2.3.7.6 **Suicide Prevention Measures**

Leenaars (1991:296-303) discusses suicide prevention under three rubrics:-

a) Primary Suicide Prevention

Refers to measures to prevent the development of significant suicide intent.

The broader social ills of a society are being corrected, such as child abuse, breakdown of families, reduction in alcohol and drug, poverty alleviation, keeping elderly company etc.

Educating professionals like physicians, nurses, clergies, teachers, police etc. in recognizing depression, gun control measures, and establishment of suicide prevention centres.

b) Secondary Suicide Prevention

Addresses those measures undertaken to stop the suicidal process once it has begun from moving forward to a lethal culmination, and to reverse it so that the patient will be relieved of the pressure to commit suicide. In this instance Leenaars refers to treatment of depressed and suicidal patients for specialized treatment, and managing the recovery phases.

c) Tertiary Suicide Prevention

Refers to measures to reduce impairment and suicide probability in the minority of individuals who tend to remain suicidal over months and years... Leenaars refers to treatment of those patients who does not show any sign of change over months and years and on the brink of suicide. Here, combinations of drugs and electroconvulsive therapy is applied, including modified narcosis and neurosurgical treatment notwithstanding calculated risks when discharging such a suicidal patient.

2.3.7.7 Suicide Prevention Methods

Maris (et al. 1992:105-106) highlight the following methods of suicide prevention, and can be applied to the SAPS context:-

To physically prevent the act.

To remove the distress or dysphoria that is feeding the suicidal urge

To instill some ethical or moral barriers to the act of suicide...‘each of these three approaches requires considerable time and individual attention.’

2.3.7.8 Tips on Career Management

According to Kirschman (1997:50) it is critical that people effectively manage their career.

These tips are applicable to the context of the police department:-

Determining early on one's success and gratification.

Alternative rewards satisfactions.

Mutual goals in life.

Planning finances. Be moneywise.

Never blaming oneself when disappointed.

Developing social networks in fields besides law enforcement.

Continue with education.

Continuous planning prior to retirement.

Decide how to spend time after retirement.

Consider your legacy 5 years prior to retirement.

2.3.7.9 Suicide Prevention Programs

Applicable programs VandenBos and Bulatao (1996: 293-295) highlights are:-

a) Grievance Processing and Harassment Prevention Programs

This program deals with issues relating to grievances and any form of harassment. (Operational in the SAPS to date)

b) Employee Assistance Programs

The EAP deals with the assistance which the employee might need. (Implemented in SAPS recently) Servamus (Issue 10 October 2003:14-15), and South African Police Union Post Vol No 10 November 2003. According to Violanti & Paton (1999: 246-251)

there are standard preventative measures that any police department should consider, from recruitment process through various training and support programs to 'help minimize suicides and the negative impacts suicides have on all stakeholders.'

c) Stress Management Program

This program deals with the management of stress. (Operational in the SAPS)

2.3.8 The Role of Police Chaplains

According to Parker (1984:40), a 'role is an external perception of what one is and how one functions in relation to particular society or community..."*where personalities and social systems interpenetrate.*" A role is the organised system of participation of an individual in a social system. It is the way in which the individual in his ordinary work situations presents himself and his activity to others, the ways in which he guides and controls the impressions they form to him, and the kinds of things he may and may not do while sustaining his performance before them."

The significance of a chaplain's role has been increasingly acknowledged by the military and para-military structures in the Army, Police and Correctional Services. The Military Chaplain (Vol 2 Issue ½ 2003:14) reports that, 'it was noted that chaplains could fulfil their potential when utilised correctly...' Underlying this research is the guiding assumption that a police chaplain has a very important role to play in the prevention of police suicide. Hence 'in the case of hospital chaplains,' asserts Pattison (1993:210), 'they, like many other public service workers are very much more clearly under the control of managers and are more insecure in their jobs.'

What follows are the past, present and anticipated future police chaplain's roles/functions/responsibilities.

2.3.8.1 The Past Police Chaplain's Roles/ Functions/ Responsibilities

These role were contained in the Church-State agreement prior to April 1994, as contained in SAPS Standing Order (General) 5B/1993:-

SAPS chaplains have the **spiritual care** of members of the SAPS.

SAPS chaplains are to **carry out the instructions of the SAPS** to the work of the

SAPS Chaplaincy.

The chaplain is responsible to **carry out the instructions of his church**. Where these instructions affect the work of the SAPS Chaplaincy, they shall be the subject of consultation between the church concerned and the SAPS.

In addition to the above the SAPS **chaplain may do voluntary work of his church or congregation**, but not if such work conflicts with the work of SAPS Chaplaincy.

The police chaplain was seconded by his/her church to work in the police in agreement with the service condition between church and the state. S/he has a church oriented role to play as highlighted by the church/state agreement above. The chaplain's role was more of pastoral care and counselling to the different stations, units and components, and s/he also operated among the police members who were doing detached/ border duties. S/he was more operational in his/her role.

2.3.8.1.1 **The Past Job Description of Police Chaplain's**

We simply cannot understand **the role of police chaplains** without highlighting their job descriptions or functions as contained in South African Police Services **Standing Order (G) 5B/1993:-**

Departmental

To offer care to every police member/officer and or family.

Chaplains periods

To preach to all members/officers on regular basis.

Combined services

Officiate at police memorials, dedications and parades.

The ministry of prayer

To offer prayer during officials functions and according to the needs.

Spiritual services during training

Teach/help police students to identify with spiritual norms and values.

Confidentiality of interviews

When counselling police members/families, maintain principle of confidentiality.

Informing the next-of-kin of the death of SAPS member/officer

Conveyance of death messages and rendering support to the bereaved family/ies.

Community functions of the Spiritual Services

Render physical and emotional support to the community in crisis situation/disaster.

Denominational functions of the chaplains

Responsible for certain limited services to his/her religious/church affiliation.

The above roles/services which were offered by police chaplains were sometimes perceived and often narrowed down to the following **pseudo five-fold ministries**:-

Petrol stations (e.g pastoral counselling and preaching/devotion on morale enhancement to police officers & Employee Assistance Programme),

Pattison (1993:39) says that, 'the church is not just, or even primarily a senior group of moral philosophers; it is a community of lovers and worshippers as well.' A chaplain is a church representative and operates in line with the commission of the church in administering his/her duties.

Funeral undertakers (e.g death communication and funeral arrangements, burials and death aftercare to bereaved police families),

A chaplain is often misunderstood in his duty as responsible for police funerals, hence s/he has a broader role than this, to see the bereaved through their bereavement period by pastoral therapy.

Fire extinguishers (e.g family/marriage/ work and relational crisis of police officers),

The police chaplain is not to be regarded as moral 'policemen,' (Pattison, 1993:33,52), '...Each individual is to be regarded as a rational and responsible for their own moral code and behaviour.'

Ambulance service (e.g sick visits to the police officers at home, hospitals, barracks, work). The chaplain needs to move from an ambulance ministry to a ministry of involvement and participation.

Road sign (e.g. for ethical directives to police officers on moral regeneration).

Maddox (1991:164) asserts, 'while the church is part of this subject field, it is not programmatically identified as the center of all God's work in the world. Rather, attention is directed to the moral/religious dimensions of general human culture.'

2.3.8.2 **The Summary of Current Police Chaplain's Roles/ Functions/ Responsibilities**

The current police chaplain's roles/functions/responsibilities are contained in SAPS Spiritual Services Projects file of 2003, and they are clearly explained:-

Service delivery rendered by Spiritual Services are delivered on the following three categories:-

2.3.8.2.1 Pro-active Ministry

Programs/Projects:-

- Moral Regeneration
- Ethics and Anti-corruption
- Marriage Enrichment
- Contact Camps
- Retreats
- Action Against Crime
- Transforming the City

Pastoral Care:-

- Mothers' and Fathers' day celebrations
- Christmas Carols
- Easter celebrations
- Police Sundays
- Devotions
- New Year's eve messages
- Government and Mortuaries

2.3.8.2.2 Re-active Ministry

Programs/Projects:-

- Memorial Services
- God's Answer to AIDS
- Funeral Committees
- Pastoral Care:-
- Disappointment Counselling

Hospital Visits
Death Messages
Funerals
After Care & Bereavement Counselling

2.3.8.2.3 Employee Assistance Services (EAS) Programs (in conjunction with Social Work Services and Psychological Services).

Debriefing
Suicide Prevention
Voluntary Counselling and Testing
Trauma Centre
Disabled Care

2.3.8.3 **Summary of Future Police Chaplain's Roles/ Functions/ Responsibilities**

According to Firet (1986:82,133), the chaplain should play a pastoral role fulfilment, which is 'the intermediary of God's coming in his word... the field in which God and man are brought together in a relationship of tension in which the word occurs which brings people to understanding and change.' Hence 'the word in which God comes to his people is hermeneia, and when that word-event occurs in pastoral role-fulfilment, a power is at work which leads to understanding,' Firet (1986:96). Pretzel (1972:11) indicates that 'clergyman represents that acceptance of the community and the security of the spirit. He is needed to understand and to counsel.' His/her role is broader than a secular therapist, and can be conceptualised as highlighted below:-

2.3.8.3.1 **Chaplain's Ministry as Conceptualised in the Acrostic 'ROLE'**

The chaplain's roles in police ministry may be conceptualised as highlighted from the following actions within the policing milieu:-

Reconciling.

To reconcile police members with God, and others (family, colleagues and community).

Offering pastoral care, support, and counselling to police members.

To offer relevant pastoral therapy to the police members.

Liberating.

To liberate the police members who are stressed, depressed, aggrieved and hopeless.

Empowering

To empower police members with spiritual anchors and sound ethical principles through preaching, teaching and related pastoral programmes.

2.3.8.4 Pastoral Care

Dr. Tibane (SABC 3 TALK Programme, August 2003), said that, 'people don't care how much you know, until they know how much you care.'

'Pastoral care is,' according to Pattison (1993:195) 'any form of personal ministry to individual and to family and community relationships by representative religious persons (ordained or lay) and by their communities of faith, who understand and guide their caring efforts out of a theological perspective rooted in the tradition of faith.' Therefore, 'the ultimate purpose of pastoral care is to help people help themselves' (Capps 1984:77). Firet (1986:103) says that pastoral care is the form of intervention which is individualizing proclamation of the Word, in which the emphasis lies in the inner relationship of a person to God and which is directed to the entirety of the existence of a person.

Patton (1993:13,17,179,180) define pastoral care as follows:- 'Is that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all people perfect in Christ to God... care is what makes the human being human. If we do not care, we lose our humanity... Hence good pastoral care of victims require theological construction. It requires that we look with grave seriousness at victim blaming, at our premises and prejudices about violence and about sexuality, at our beliefs about parents and children and family life.'

Gerkin (1997:88) says that pastoral care's primary focus is to care for all God's people through the ups and downs of everyday life, the engendering of caring environments within which all people can grow and develop to their fullest potential. Larty (1997:9) affirms that pastoral care seeks to foster people's growth as full human beings together with the development of ecologically holistic communities in which all persons may live human lives. Only Study Guide for PTA 200-W (1985:98) confirms that 'mutual care is usually evident in a network of friendships, in small prayer groups and regular telephone conversations and in spontaneous responses when crises or hard times occur.'

Willimon (1979:27, 28) is convinced that 'our pastoral care is carried out within the context of a worshipping community attempting to live out its faith in this world. To forget that context in our care is to lose our perspective, our identity, and the source and resource of our care... worship is primarily a corporate and incorporating event, incorporating not our diverse people but also diverse traditions, expectations, expressions, and motives.'

Poling (et al. 1985:126) explain the community thus: 'community refers to the communion that people desire with one another, the deep sense of belonging to one another.' Hence, 'loving community is a process of interaction within a historical and socio-political context characterized by:-

shared patterns of interaction that move toward creativity, shared social structures that move toward justice, shared loyalties that move toward intimacy and shared meanings that move toward faith,' (Poling et al.1985:146)

2.3.8.5 Pastoral Counselling

Gerkin (1984:28) says that 'the art of pastoral counselling is in large part the art of drawing upon that imaginal storehouse in the formation of a response to the heard story of the one seeking help... Pastoral counselling may thus be understood as a dialogical hermeneutical process involving the counselor and the counselee in communication across the boundaries of language worlds.' Van der Ven (1993:41) speaks of hermeneutic-communicative praxis, which refers to 'verbal and nonverbal interpretation of written and spoken texts and their verbal and nonverbal communication.' Adams (1970:20) writes: 'counselling is the work of the Holy Spirit. Effective counselling cannot be done apart from him. He is called the paraclete (Counsellor) who in Christ's place came to be another counsellor of the same sort that Christ had been to his disciples.'

As suicide is mediated through a communication system, so, too, is the prevention of suicide... the communication of suicide intent by self-destructive person has probably saved many lives through alerting concerned loved ones and professionals, (Richman 1986:138-139). Communication is, according to Erasmus Kritzenger (et al. 2001:3), 'a two-way process whereby information (message) is sent from one person (sender) through a channel to another (receiver) who in turn reacts by providing feedback.' To Johnson (1972:61, 117), communication can be defined as 'a person sending a message

to another individual with the conscious intent of evoking a response... in responding to another person's messages, there are two basic aspects which determine the effectiveness of a response: 1). the intention of the receiver as he gives his response, and, 2). the actual phrasing of the response itself.'

Patton (1993:219,229) says that 'in pastoral counselling the counselee has openly said in some way, "I need help." The counselee has acknowledged weakness and vulnerability with respect to at least some points in her life and has given the pastoral counsellor the power to help her deal with this need of change... pastoral counselling involves the kind of communication that makes the human risk of choosing possible.' Adams (1970:216) says 'communication breakdown is a serious problem.' Erasmus-Kritzenger (et al. 2000:109) say 'listening is a very important part of communication process, and without listening taking place, communication cannot be successful.'

Holifield (1983:297,298) highlights that in the *Client-Centered Therapy*, the counsellor should try to adopt the client's "frame of reference" - that is, to see the world as the other person saw it, even to see the other person as if from the person's own perspective - in a form of perception Rogers called empathy ... The counsellor's empathic, nonjudging attitude of "positive regard" would assure people that they were accepted as they were and thus permit them to feel and to articulate the experiences they had denied or distorted. This is also true of the SAPS department's subculture. Holifield (1983:320) is pro "relationship-centered counselling" by Howard Clinebell as opposed to "client-centered approach" by Rogers (dealing with person's feeling) in terms of enhancing a person's ability to form satisfying relationships with other people. In my opinion as a police chaplain, there must be correlation between these two approaches for effective intervention. If one deals with a client, a kind of relationship develops, hence it is very critical to understand what the client's need for relevant and appropriate help.

2.3.8.6 Suicide Prevention From Pastoral Perspective

2.3.8.6.1 A Pastoral Approach

Everyone has an opinion about why someone else wishes to die... efforts by suicidologists to explain suicide have been frequent but usually they are not accepted by

other suicidologists, (Cutter 1983:11,15,26). Hence Martin, Kocmarec & Gertridge (1987:13.9) are of the opinion that 'the quality of one's understanding and response to the act of suicide is a product of the way one comes to look at the subject matter.'

The Theological views concerning the pastoral approach to suicide:-

Willimon (1979:41) indicates that 'problem-laden person who seek help from a pastor do so for very deep reasons - from the desire to look at themselves in a theological perspective. They come... consciously or unconsciously to view themselves from the one perspective, to work out their problems in the one context, to set their needs within the framework of the one community that the secular therapist or counsellor may not be able to give them - the community of faith and its ordained representatives.' Gerkin (1997:79-82) sees a role of a pastor as a priest, prophet, wise guide, shepherd, mediator and reconciler. Hence this is the field of Theology, and in particular, Practical Theology. Fowler (1987:17) and Gerkin (1986:60,61) defines Practical theology as critical and constructive reflection leading to ongoing modification and development of the ways the church shapes its life to be in partnership with God's work in the world.

Ackerman (1996:46) asserts, 'Theologians continue to be cartographers of changing context.' Patton (1993:39) defines context as 'the whole background or environment relevant to a particular circumstance or event.' Hence the police chaplain plays a role which is more meaningful within the police context. S/he is trained/orientated into the police subculture and may effectively engage with SAPS members through his/her interventions and pastoral therapy.

Capps (1984:11, 23,37,39) is convinced that 'Pastoral actions are occurring all the time. The bereaved are being comforted. The home-bound and institutionalized are being visited. The lonely, depressed, and frightened are receiving words of pastoral encouragement. Alcoholics, rape victims, drug abusers, couples planning marriage, and couples contemplating divorce are being counselled. Such pastoral acts are so common as to be almost routine ... there is no "textbook" model for any of these actions because in each case there are different persons involved with circumstances and expectations

uniquely theirs ... Human actions are like texts in the sense that they too take different forms ... Like written texts, meaningful action leaves its mark ... have content ... have influence or force ... has unintended consequences ... creates a world ... is always open to reinterpretation.' The police chaplain has the broader insight and understanding of police members, and he/she may interpret with ease their frustrations and challenges.

Theologians (Lester 1995:4; Gerkin 1984:37, 55, 97; and Holifield 1983:340) agree that the phrase "human document" is Boisen's way of reminding us that any human being is a unique text that must be read (heard) and interpreted (the hermeneutical task). 'Hermeneutics has to do with interpretation... hermeneutics takes place most frequently within the tradition which views language as the locus of meaning,' (Lundin, Thiselton & Walhout, 1985:1). Capps (1984:49) suggests a hermeneutical model that seeks to gain insight into the meaning of such pastoral actions needs to address itself to these three factors, with each building on the previous one in an essentially circular process:-

Identifying the basic *dynamic* assessment of the action;

Making a *diagnostic* assessment of the action; and

Determining whether and in what ways the action is *disclosive*.

The affected police members mostly conceal their emotions by camouflage, others putting many faces and pretence, and the chaplain as a pastoral therapist is to engage the client to admit that a problem indeed exists so as to deal with it. This is the first and crucial step towards resolving the problem.

Adams (1970:37) is of the opinion that 'the psychotherapist is only one of many behavior change, and psychotherapy is the only one of many methods for behavior change.' Hence Patton (1993:229) says that 'as pastors we cannot simply apply the principles and values of the psychologists.' Pastors deal with matters of ethics and morality, repentance, confessions and sanctifications (to mention but a few) and are both carnal and spiritual in nature.

'In order that pastoral relationships at every level may open up and invite this level of

connection, pastoral leaders need both the skills and discerning sensitivity to relate to people's inner lives ... a knowledge of psychodynamics needs to be supplemented by a knowledge of spiritual dynamics - the dynamics of the individual's internalization of knowledge of God and the life of the Spirit,' Gerkin (1997:89).

Lester (1995:36,42) says that 'Suicidal ideation can emerge out of a circumstance in which a person's narrative does not make sense as projected into the future and, therefore, no future action makes sense. Any person suffering from any level of despair has failed to form a narrative that effectively connects the present with the past and the future ... Pastoral care specialists must help persons "re-collect" and accept their past, but caregivers must also attend to the despair that comes because of a person's refusal, or inability, to confront the future and actualize the possibilities.' Gerkin (1986:125,126,) states that, 'The horizons of pastoral care must be widened to include the concern for the pain, anxiety, and confusion of purpose being experienced by ordinary people within and outside our communities of faith, when life seems no longer to cohere ... By bringing differing horizons of understanding of life in the world into mutually proximity, a "fusion of horizons" may take place which embodies a fresh and clear vision of what life in the world is and, more important, should be.' Lester (1995:136,138) writes: 'Deconstructing a narrative must include enabling people to assess the validity of the future stories present in the cultural context in which their narrative has been constructed ... our lives change when new people open new worlds to us that transform the quality of our consciousness.' According to Capps (1990:71-73), it is very critical to identify a frame to view problem, situation; frame problem, situation in more than one way; reorganise or alter prevailing system for change; formulate own reframing and stimulate own imaginations for reframing...Reframing is the method within which *relabeling* is one useful technique ... used in psychotherapy ... Reframing is not a science but an art. Moreover, it is a hopeful art. It builds on the idea that a person can break out of limiting preconceptions to a broader understanding possibilities ... Good reframing are not "con-artists" who view other people as potential victims; they are "pro-artists" whose creative imagination is for the sole purpose of enabling others to have fuller, more abundant lives, (Capps 1990:2,4,24,25,51). The chaplain interprets the story of a client in a fusion of both horizons, and through good reframing administer relevant pastoral therapy within the police subculture.

2.3.8.6.2 **A Contextual Approach**

Blumenthal (1990:500) says that suicide prevention require 'multidisciplinary effort. That no single discipline or profession has all the necessary resources to address the problem of suicide adequately...' Martin, Kocmarec & Gertridge (1987:16.7) highlight that 'a caregiver's responsibility is to assist the client in the process of solving their life problem,' and the chaplain must team up with other caregivers in this process.

All the cultures are not static, and this also, includes the police subculture. When dealing in the context of the police milieu, it is imperative for any caregiver to know and understand why the police official behaves and thinks in a particular manner.

Johnson (1972:2,3,4,10) writes: 'The rapid technological change we have been experiencing for the past several decades has resulted in rapid cultural change within our society. Our culture seems to be changing from an emphasis on *achievement* to an emphasis upon *self-actualization*, from *self-control* to *self-expression*, from *independence* to *interdependence*, from *endurance* of stress to a *capacity for joy*, from *full employment* to *full lives*... *self-actualization* consists primarily of being time-competent, that is, of having the ability to tie the past and the future to the present in meaningful continuity while fully living in the present...' on *interpersonal skills*:-

'The first area of skill development involves self-disclosure, self-awareness, self-acceptance, and trust... The second area of skill development focuses upon being able to communicate your ideas and feelings accurately and unambiguously... Finally, learning how to resolve problems and conflicts in ways that bring you and the other person closer together and facilitate the growth and development of relationship...Self-disclosure may be defined as revealing how you are reacting to the present situation and giving any information about the past that is relevant to understanding how you are reacting to the present,' Bormann (1986:54) concur. Johnson(1972:142,227) further highlights that 'self-acceptance is a high regard for yourself, or, conversely, a lack of cynicism about yourself,...interpersonal skills are vital for interpersonal effectiveness and self-actualization.'

The above challenges have direct/indirect impact on the SAPS department. The South African policing milieu demands that the police members become buddies, 'friends' (Sinclair, et al. 1994) indeed and in need. They cannot survive on their individual or solo efforts. There is a greater need for mutual care and support within the changing context of the SAPS subculture to offset suicide.

The following is the researcher's pastoral understanding of how such a model can be realised:-

The two metaphors which are of great importance here are "**ecological**" and the "**Body of Christ**." According to Fowler (1987:20-21), the ecological metaphor runs in two directions ... the community of faith as an "**ecology of care**" ... second use of the ecological metaphor, the community of faith as an "**ecology of vocation**." Vocation has to do with a response person makes to God's call to partnership and with the way that response exerts ordering power in a person or community's priorities and investments of self, time and resources. Rom. 13:1-5, a police is called by God to bring about justice to the community s/he serves. Heyns and Pieterse (1990:57,60) explain the "Body of Christ" metaphor as a practical theological approach. Cochrane (et al. 1991:64) highlight that 'all parts are equal, all are accorded their role in building the Church and in ministering to the world, all are treated with respect, all are integrated into a whole under the leadership of Christ, all serve each other. '

This approach can be highlighted thus, from this biblical perspective (1Cor.12:12-26):-

Unity in diversity (12,14,20,27): Every person is unique, but we need each other.

Sense of belonging (15-19): We are not islands, but we co-exist.

Mutual acceptance (21): We must accept one another unconditionally.

Greater care to all parts (22): We care for each other.

Special treatment to all parts (23): Do unto others as you would like them do unto you.

Mutual concern (23-25): One's concern is mine too.

Mutual suffering (26): One's suffering is mine too.

Mutual happiness (26): One's happiness is mine too.

In this system, there is an 'eco-web' type of relationship:-

This metaphor can be explored within the policing context, and each police member be compared to a part of the body as described here. In this kind of "Ecology" a broader picture is painted to understand the problem of suicide and how to deal with it effectively. A part of the body is not an end in itself, but a means of interdependence for mutual support. Hence, there is mutuality of care, concern, acceptance and treatment, to mention but a few. Every part exists for a special purpose and reason. Each part forms an indivisible whole. Each part complement each other, hence there is action and reaction, interaction and coordination towards a harmonious working system like an orchestra. Tension is often experienced by the system. It can thus be hypothesised that if Suicide is cry for help, lack of any help, care, support and intervention, drives the person to be suicidal. The picture can be painted and interpreted as an Acrostic: **SUICIDE IS A CRY FOR HELP**, (Addendum A).

CHAPTER 3: EXPERIMENTAL RESEARCH

3.1 GOAL OF THE STUDY

The study is divided into general and specific research goals.

3.1.1 RESEARCH GOALS

3.1.1.1 To Describe an Overview of the Phenomenon of Suicide

To present an **overview** of the **phenomenon** of the suicide problem among the South African Police Service (SAPS) officers and to **review** relevant **literature** on police

suicide by defining **suicide** and highlighting existing **suicide theories** from suicidologists, in particular, the police suicidologists' perspectives. The literature review will also be guided by inputs on the **problems** experienced by police officials, **suicidal signs and behaviors, misconceptions/fallacies/fables and facts on suicide, coping skills** for police officials as well as **suicide intervention/prevention strategies** from suicidologists' perspectives.

3.1.1.2 **To Describe the Role of Chaplains, to curb Suicide**

Pretzel (1972:21) states that 'suicide is more than a scientific puzzle. It is a human problem, and a religious problem.' This crisis indeed constitutes a Theological, and more specifically, a Pastoral problem, because here we are engaged with issues of life and death. Hence it is imperative to describe **the role of police chaplains** and explore their past, present and future intervention/prevention strategies with a view to curb the police suicide. As Capps puts it 'the ultimate purpose of pastoral care is to help people help themselves.'

3.1.1.3 **To Research Perceptions of Personnel on Police Suicide, and on the Role of Chaplains in the SAPS**

A *questionnaire* to assess Perceptions of Personnel on Police Suicide and on the role of a Chaplain in suicide prevention, and a *Case study* to substantiate qualitative data will be used. Information gathered through questionnaires will be presented as percentages of personnel agreeing with statements.

3.1.1.4 **To Make Recommendations to SAPS Department**

The relevant recommendations will be made on how police chaplains and the SAPS department can get involved in suicide prevention.

3.2 **RESEARCH APPROACH**

3.2.1 **Descriptive Study**

To describe the role/s of a chaplain in the policing milieu as a spiritual service provider

3.2.2 **Qualitative Research Paradigm (Inductive Procedure)**

The concepts, statements or propositions will be converted into empirical concepts, and

be phrased into researchable questions. A schedule for interviews will be created/designed.

3.2.3 A Practical Theological Approach (Inductive)

The empirical or operational scientific approach will be used to interpret gathered data to gain more reliable objective knowledge as a method of investigation.

3.3 DEMARCATION OF THE STUDY FIELD

The study field is within Limpopo Province. Personnel attached to the following police stations: Polokwane and Seshego; and from Area Crime Combatting Unit (ACCU) are research participants. The driving distance is more or less 15 km from the stations. Suicide statistics are checked for the past 9 years: (1994-2002) in 9 Provinces.

3.4 EXPOSITION OF EXPERIMENTAL APPROACH

3.4.1 Conceptualisation

3.4.1.1 Perception

According to Makins et al, (1994:1156), perception is 'the process by which an organism detects and interprets information from external world by means of the sensory receptors.' Compare Hanks et al, (1979:1088).

3.4.1.2 Personnel

According to Makins et al, (1994:1163), personnel refers to 'the people employed in an organization or for a service or undertaking.' Compare Hanks et al, (1979:1094).

3.4.1.3 Police

Makins et al, (1994:1203), define police as 'the organized civil force of a state, concerned with maintenance of law and order, detection of and prevention of crime.'

3.4.1.4 Suicide

Fairbairn's definition (1995:84): 'Suicide is an act, whether of commission or omission, and whether performed by himself or others, by means of which an individual autonomously intends and wishes to bring about his death because he wants to be dead or wants to die the death he enacts.'

3.4.1.5 Role

According to Makins et al, (1994:1341), role is 'the part played by a person in a particular social setting, influenced by his expectation of what is appropriate.'

3.4.1.6 Chaplain

Makins et al, (1994:271), define the word chaplain as 'a Christian clergyman attached to a private chapel of a prominent person or institution or ministering to a military body, professional group, etc.' Compare Hanks et al, (1979:271).

3.5 OPERATIONALISATION

3.5.1 Definition of Preliminary Perspective

Hypothesis 1. ***Police personnel families need services of chaplains after the suicide of a family member, and*** Hypothesis 2. ***Police personnel need the services of chaplains to prevent suicide***, were formulated and operationalised by creating measuring instruments. Outlined indicators for each concept/statement were used in the questionnaire. A five-point Likert scale measuring instrument were used with the research groups to rate the weight of their response. Guiding answers on certain questions were (yes/no). Biographical variables like age, service period, race (et cetera) were taken into consideration.

3.5.2 Creating an Instrument

The five-point scale instrument was created and *Guiding answers (yes/no)* were used to measure the existing perceptions raised in the questionnaire which impacts on/relates to police suicide.

3.5.3 Sampling

A sample size of 34 participants (voluntary participation) consisted of serving police officers. Biographical particulars were used. The ranks of sergeant to captain, including one administration clerk in Limpopo (Polokwane and Seshego police stations including Crime Combatting Unit) were investigated with interviews.

The research sample is classified as follows:-

Seshego Police Station = 10 participants; Polokwane Police Station = 7 participants and Area Crime Combatting Unit = 17 participants.

The appointments were secured via the station commissioners and commanders of the

SAPS. Police respondents were convened at the local halls (different dates and times) and briefed by the researcher concerning their choice to participate in the research. Those who opted were afforded the opportunity to withdraw from this process if they feel stressed, and to be counselled.

It was a convenient sample as these police stations and unit are relatively accessible and suitable for research. The researcher could fulfill his preferred role as a police chaplain and as a researcher. The target group met all the requirements. The research questions were clear to understand with minimum explanation and effort. Distance to stations and unit was accessible. Ethical issues of research such as: - Harm to respondents, - Informed consent, - Deceptions of respondents and - Violation of privacy were considered, (De Vos, 1994: 24-30), General guidelines in respect of voluntary participation (UNISA Tutorial letter 501/2003) was taken into consideration.

3.6 CATEGORIES OF QUESTIONS

3.6.1 Questions regarding Biography

Biographical (Rank, Age, Service record, Sex, Population group, Educational qualification, Marital status, Sport/Hobby).

3.6.2 Questions regarding Performance

Recent performance, Awards/Medals received, Dept. trials, Interpersonal problems, Critical traumatic incidents, Stressful situations, Family relations, Marriage relations, Recent Medical history, and Suicide Ideation/Intent.

3.6.3 Questions regarding Perceptions

Perceptions about police work, culture, officials, and chaplain's roles: (What, Why and How questions were raised for each concept/statement):

Contents of questions (factual= opinions, attitudes, feelings etc.) Objective information elicited (background = demographic, behavior experience etc.).

- 3.6.3. a) What creates a perception that policing is a high risk job compared to other professions?
- b) Why do you say so?
- c) How to ensure that operational members are cared for and supported?

- 3.6.3. a) What creates a perception that there is lack of care and support among police?
 - b) Why do you say so?
 - c) How to ensure that the police members are cared for?
- 3.6.3. a) What creates a perception that the police morale seem to be very low?
 - b) Why do you say so?
 - c) How to ensure that the police members' morale is enhanced?
- 3.6.3.a) What creates a perception that police officials experience financial problems?
 - b) Why do you say so?
 - c) How to ensure that the police members overcome this problem?
- 3.6.3. a) What creates a perception that police members abuse substance?
 - b) Why do you say so?
 - c) How to ensure that the police members are helped?
- 3.6.3. a) What creates a perception that police are engaged in criminal activities?
 - b) Why do you say so?
 - c) How to ensure that the police members are discouraged from this practice?
- 3.6.3. a) What is your opinion about the services rendered by the police chaplain?
 - b) Why do you say so?
 - c) What is your opinion about the services rendered by the police social work?
 - d) Why do you say so?
- 3.6.3. a) What is your opinion about the services rendered by the police psychologist?
 - b) Why do you say so?
 - c) What is your opinion about the services rendered by other professionals outside SAPS?
 - d) Why do you say so?

A point scaled questionnaire with a minimum of 50% = adequate, 60% = good, 70% = very good and 75% is target. These are the response captured from the data:-

3.7 DATA COLLECTION

3.7.1 Setting Orientation

The time schedule for the research was ten (10) weeks to complete with no costs involved. An ethical committee was set up to assist with any ethical issues which might be violated so as to maintain the dignity, the respect and confidentiality of the participants.

No physical and psychological sufferings were inflicted on the participants. A consent letter was signed by each participant and the researcher.

3.7.2 Participant Observation

The researcher was personally involved in the process from the beginning to the end. He did observe the attitudes, behaviours and reactions of research groups.

3.7.3 The in-depth Interviewing

This approach was used with the second research group to collect data. This approach provides face to face interpersonal role situation in which one person, the interviewer asks the interviewee questions to gather data to the research problem.

3.8 RESULTS

Findings were arrived at inductively on the basis of interview materials. Research surmise or hypothesis are suggested through the lenses of pastoral understanding.

It was found that:-

3.8.1 Data Captured regarding Participants' Biography

From the ranks of sergeant to captain, including one administration clerk, their ages ranges from 28 to 54 years (average 38,4 years). Their service record ranges from 2 to 33 years (average service record being 14,88 years). From this sample are 82% males and 17,64% females. Their population group are 5,88% White, 91,18% Black and 2,94 % Coloured. Their educational qualification ranges from grade 10 to junior degree. From this sample 85,29% are married, 11,76% single, 2,94% didn't indicate. There are 64,71% who participate in sport, 8,82% have a hobby, and 20,59% who don't participate in sports/hobbies.

3.8.2 Data Captured regarding Participants' Performance

The statistics shown that 55,89% of the research population's recent performance is good to very good, 12,35% satisfactory and 8,82% poor. Only 11,35% were recently reprimanded for any misconduct and 67,65% were not. The research population with outstanding departmental trial is 23,53 % and 76,4% do not have any. Those who indicated the recent interpersonal problems is 29,41% and 64,71% did not experience any. Only 14% indicate that no help or assistance was ever given. There were 29,41% of respondents who were exposed to any critical traumatic incident and 8,82% help in the

form of debriefing was given, and 8,82% were not given any. There were 41,18% who were recently exposed to any stressful situation, only 2,94% were supported/helped and 29,41% not supported/helped.

3.8.3 Data Captured regarding Participants' Perceptions

3.8.3. a) What creates a perception that **policing is a high risk job** compared to other professions:-

79,41% respondents agree/fully on the basis of negative police image and lack of community support, 52,94% agree/fully on the overexposure to accidents / deaths violence & other related traumatic scenes, and 76,44% agree/fully on the crimes relating to shooting/robbery/highjackings/murder/rape and other gruesome scenes.

3.8.3. b) Why do you say so:-

35,29% respondents agree/fully that the high police suicide rate creates a perception that policing is a high risk job, 52,95% agree/fully that it is the high level of trauma and PTSD, 76,47% agree/fully that it is too much stress and depression and 85,29% agree/fully that high rate of police attacks / killings are the main reasons to perceive policing to be a high risk job.

3.8.3. c) How to ensure that operational members are cared for and supported:-

91,17% respondents agree/fully that specialised training and physical resources such as bullet proof vests must be provided, as well as trauma debriefing and counselling be administered to those members who are exposed to traumatic scenes, 82,36 % agree/fully that pastoral enhancement/enrichment programmes must be provided to all operational police members. 91,17 % agree/fully that the community should be encouraged to collaborate with the police officials in the fight against crime.

3.8.3. a) What creates a perception that there is **lack of care and support among police**:-

73,53% respondents agree/fully that the police members don't seek help nor open up easily (police subculture), 64,17% agree/fully on many cases/problems of relationship and intimacy (families, spouses, parents), 58,82 % agree/fully that the police helping professions' care and support structure is insufficient, and lastly 76,47% agree/fully that there is lack of confidentiality (commanders will eventually know the client's problems). Research, as Piennaar & Rothmann (in press) puts it, has shown that officers do 'not feel

supported by Psychological and Top Management of the SAPS.'

3.8.3. b) Why do you say so:-

55,89% respondents agree/fully that seeking help/opening up is a sign of weakness (police were trained not to complain), less than 50%, (47,06%) agree/fully that officials lack trust and hope in their families, friends, relatives and helping professions, 91,17% agree/fully that police top management is perceived to care much about physical than human resources (e.g during accidents by state vehicle, the concern is much on the damaged state vehicle than the condition of member involved in accident).

3.8.3. c) How to ensure that the police members are cared for:-

91,17% respondents agree/fully that a culture of opening up should be encouraged by changing the police mindset, 88,23% agree/fully on mutual care and support culture, and 79,41% agree/fully that police top management ought to empathize with all stressed/traumatized police officials.

3.8.3. a) What creates a perception that the **police morale seem to be very low**:-

67,64% respondents agree/fully that fear of the unknown as a result of transformation and restructuring (e.g Resolution 7) creates a perception that the police morale seem to be low, 88,23% agree/fully that it is due to lack of incentives-(promotions, pay progression, cash bonuses for deserving police officials), 94,12% agree/fully on unfair labour practice (e.g biased, lack of involvement and consultation) 73,53% agree/fully that police officials are afraid and vulnerable to defend themselves against the criminals.

3.8.3. b) Why do you say so:-

61,76% respondents agree/fully that fear of leaving comfort zones, (office work & close to families) and posted to challenging places is perceived as a factor which makes police officials to lack self motivation and inspiration, 82,36% agree/fully on poor working conditions (lack of physical resources and incentives), and 67,64% indicate that hopelessness and despair as a result of many forms, (e.g loss of loved ones, terminal illness) are the main reason for lack of self-motivation and inspiration.

3.8.3. c) How to ensure that the police members' morale is enhanced:-

97,05% respondents agree/fully that to ensure the enhancement of police morale, the affected police officials should be involved and consulted in matters such as postings/transfers, 94,12% agree/fully that good working conditions should be created

and fair labour be practiced among all police officials, 94,12% indicate that moral and morale enhancement as well as other similar/related programmes should be implemented, and 91,17% indicate that police top management must care and support all police officials (e.g grieving and bereaved).

3.8.3. a) What creates a perception that **police officials experience financial problems:-**

58,82% respondents agree/fully that financial mismanagement/improper budgeting creates a perception that the police officials experience financial problems, 73,53% agree/fully that it is due to high inflation rate/high costs of living, 64,71% agree/fully that it is due to poor salaries, especially the lower ranking police officials.

3.8.3. b) Why do you say so:-

82,36% respondents agree/fully that most police officials are enslaved to debts (loan repayments), 55,89% agree/fully that most police officials are corrupt and they accept bribery, 55,89% agree/fully that it is due to poor family maintenance, and less than 50% (47,06%) agree/fully that many police officials are preoccupied with suicide ideation/thoughts.

3.8.3. c) How to ensure that the police members overcome this problem:-

70,58% respondents agree/fully that financial empowerment problems should be implemented, 70,58% agree/fully that sound financial management practice should be encouraged, 94,12% agree/fully that the salary gap among all police officials should be restructured.

3.8.3. a) What creates a perception that **police members abuse substance:-**

70,58% respondents agree/fully that many police officials can't deal with their relationships, intimacy and work related problems, less than 50% (47,06%) agree/fully that many police official are involved in syndicates which deals with drugs and related crimes, 67,64% agree/fully that many police officials experienced financial problems due to substance abuse.

3.8.3. b) Why do you say so:-

55,89% respondents agree/fully that many police officials are addicted and dependent on substances and are/were rehabilitated, 58,82% agree/fully that there are many cases of absenteeism and poor service delivery related to substance abuse , 64,71% agree/fully

that many police officials are attacked, injured and or killed at/from shebeens.

3.8.3. c) How to ensure that the police members are helped:-

91,17% respondents agree/fully that the substance dependent police officials should be rehabilitated, 94,12% agree/fully that the police officials should be empowered to confront their problems and deal with them effectively, 88,23% agree/fully that the police officials should be encouraged to participate in sport or have a hobby.

3.8.3. a) What creates a perception that **police are engaged in criminal activities**:-

61,76% respondents agree/fully that police officials lack integrity, discipline, loyalty and honesty, 50%% agree/fully that the police officials are greedy (never content with their salary), 61,76% agree/fully that the police officials are corrupted by the corrupt colleagues/community members.

3.8.3. b) Why do you say so:-

Less than 50% (47,06%)respondents agree/fully that many police officials have bad morals and are corrupt, 67,64% agree/fully that many police officials have departmental trials / suspensions / lost jobs, 55,89% agree/fully that many police officials have a criminal record pending / are imprisoned, and less than 50% (44,12%) agree/fully that many police officials experience recurring suicide ideations/thoughts.

3.8.3. c) How to ensure that the police members are discouraged from this practice:-

91,17% respondents agree/fully that a culture of integrity, discipline, loyalty and honesty (police code of conduct), 82,36% agree/fully that dedicated police officials should be rewarded to acknowledge good performance, 64,71% agree/fully that the police officials should expose / report corrupt colleagues and the community members, and 76,47% agree/fully that the moral and psychological well-being of members should be enhanced by administering relevant therapy.

3.8.3. a) What is your opinion about the services rendered by the police chaplain:-

The table below indicate the response from the research population:-

VERY GOOD	GOOD	SATISFACTORY	POOR	VERY POOR
32,35%	29,41%	29,41%	5,88%	2,94%

61,76% indicate that services rendered by the police chaplain are good/ very good.

3.8.3. b) **Why** do you say so? The following reasons are given:-

The chaplains are seen during morning devotions, memorial services and parades.
They are there when members are deceased, buried and render death after-care.
They counsel and care for members and families who experience various problems.
They bring hope and encouragement to the hopeless and discouraged.

3.8.3. c) **What** is your opinion about the services rendered by the **police social work**:-

The table below indicate the response from the research population:-

VERY GOOD	GOOD	SATISFACTORY	POOR	VERY POOR
11,76%	26,47%	26,47%	17,65%	14,71%

38,24% indicate that the services rendered by the police social workers is good to very good.

3.8.3. d) **Why** do you say so? The following reasons are given:-

Have the potential to help.

Assist members and families who experience various problems.

Empower members with relevant social skills.

3.8.3. a) **What** is your opinion about the services rendered by the **police psychologist**:-

The table below indicate the response from the research population:-

VERY GOOD	GOOD	SATISFACTORY	POOR	VERY POOR
0%	17,64%	32,35%	26,47%	14,71%

17,64% indicate that the services rendered by the police psychologists is good to very good.

3.8.3. b) **Why** do you say so? The following reasons are given:-

Have the potential to help.

Have supported very few members with psychological intervention programmes.

Are not known by most members (need marketing). Piennaar & Rothmann (in press) concur: 'Unfortunately, Jacobs (1998, p.4) states that the biggest problem in the SAPS is the perception of a lack of confidentiality of psychological and social work services that prevent personnel from utilising these services. These services should constitute a primary social support source in the police organisation.'

3.8.3. c) **What** is your opinion about the services rendered by other professionals

outside SAPS:-

The table below indicate the response from the research population:-

VERY GOOD	GOOD	SATISFACTORY	POOR	VERY POOR
8,82%	23,53%	35,29%	11,76%	8,82%

32,35% indicate that the services rendered by other service providers outside the SAPS is good to very good.

3.8.3. d) **Why** do you say so? The following reasons are given:-

Help many members.

Satisfied with their services.

Are eager to help.

It must be indicated that the above research findings are based on a sample size of 34 research population and confine to two police stations and one police unit.

3.8.4 **Data Analysis**

Data was analysed by percentages. Responses to every research question in the interview schedule were dissected and statements classified. Respondents statements were classified, and for every class subclasses were determined and each expressed as a percentage. Totals are calculated for each dimension / evaluation to quantify respondents' rating in data processing.

3.8.5 **Data Interpretation**

Constructed data is interpreted with reference to Practical Theology frame of reference. Conclusions arrived at are inductively formulated as research findings to the research subject matter. The initial concepts are amplified and defined more precisely in the research findings against the background of the original research problem for meaningful interpretation. Centrality of meaning is considered in that respondents were attached to events.

3.8.5.1 **Questions regarding Biography**

More than 85% of research subjects are married, and their families can buffer their stressful work situation if meaningful marriage enrichment programmes are conducted by the police chaplains on sound biblical marriage principles which address these

virtues:- love, sexual purity, money, honesty, loyalty etc. as well as the husband and wife's roles and responsibilities in the healthy marriage relationship. If the attitude and behaviour of these married police officers are changed, issues such as HIV/AIDS will also be addressed realistically through biblical principles (Abstaining and Being faithful), thereby reducing the risk of further infections, absenteeism, marriage problems, financial problems and others.

3.8.5.2 Questions regarding Perceptions on Policing

The perception on policing as a high risk job due to police killings scored more than 85%, (lack of community support and negative police image scored more than 79%) calls on the joint social responsibility of all the police and the community. Security Minister and Police National Commissioner are agreed (POL. TV 2003 November 14) that it is first, the responsibility of the police member to defend himself or herself. Servamus (Issue 11 November 2003:15) reports that 'What is critically required is the building of strong partnerships between law-enforcement agencies and other sectors of society. It is imperative for the police chaplain to engage the local church and religious structures in this initiative since they also play a very critical role in bringing peace and stability to the communities.

3.8.5.3 Questions regarding Perception on Labour Practice

The low morale scored high on unfair labour practice (over 94%), over 88% on lack of incentives and over 82% on poor working conditions. This is a great challenge for the police top management in enhancing the level of morale, being fair to all the police members, creating conducive working conditions, and to capacitate them for coping effectively in their policing. The police members need some support for who they are, (vulnerable and exposed) and what they do, (fight and combat crime) how they do it, (good or bad policing) and where they do it, (crime-infested milieu). Hackett & Violanti (2003:8) are convinced that 'within the police culture, officers who are experiencing psychological problems can be viewed as weak and sometimes a "bad fit" for the profession. This attitude has been responsible for officers remaining silent and not seeking the psychological assistance they may need.'

3.8.5.4 Questions regarding Perception on Financial Matters

While the research respondents scored over 73% that their financial problems is due to high inflation and high cost of living, they are agreed that police members have fallen prey

to the loan sharks, thereby becoming overburdened by debts and loan repayments. They see (94%) the solution to this problem is to close the huge salary gap between the junior and senior police members.

SA Crime Quarterly (No 5 September 2003:4-5) highlights that SAPS personnel by rank, January 2003 were as follows:-

Asst. Commissioners and above: 138

Directors: 428

S/Superintendents: 1,079

Superintendents: 3,430

Captains: 10,081

Inspectors: 56,930

Sergeants: 18,072

Constables: 12,191

Civilian: 27,327

The report highlights that 'to increase the proportion of officers in higher rank-related salary categories, police personnel numbers at middle and higher management level are unhealthily high. There is almost one commissioned officer (of the rank of captain and higher) for every six non-commissioned officers in SAPS.' Programme like money-wise are also seen to be the tool which may effectively address the affected police members' financial problems. The police unions have taken to the street the financial plight of the junior police (low salaries as compared to other policing agencies). This seem to be a genuine and legitimate concern which, if addressed positively, will also enhance morale of most of the police. However, this challenge has a direct impact on the current police promotion policy.

3.8.5.5 Questions regarding Perception on Substance Abuse

There were over 70% from the research respondents who see the cause of alcohol abuse emanating from relationship and intimacy problems. These can relate to work, family,

marriage and other relational problems. Over 94% agree that this situation can be addressed positively through relevant relationships empowerment programmes, over 91% agree that rehabilitation to the substance and drug dependents is the solution, and over 88% believe that participation in sports and having a hobby can alleviate the situation. Alcohol is seen as one of coping mechanisms. This problem impact negatively on policing due to absenteeism, accidents due to drunken driving, poor service delivery, strained police-community relations etc. Servamus (Issue 06 June 2003:50-51 and Issue 07 July 2003:56-58), reports that, 'not all absenteeism occurs as a result of genuine sickness and injury... it goes without saying that the cost of absenteeism is enormous... Loss of productivity, lower morale as a result of high work loads, hiring of temporary staff, possible payment of overtime and additional administrative costs as the real cost drivers...'

3.8.5.6 Questions regarding Perception on Crime Involvement

On the question of police involvement in criminality, there are over 91% research respondents who agree that a culture of integrity, discipline, loyalty and honesty (police code of conduct) must be cultivated, more than 82% who think the dedicated police members should be rewarded, and over 76% agree that the moral and psychological well-being should be enhanced. In the Servamus (Issue 09 September 2003), Dir. Grobler argues that 'a small salary is not the reason for getting involved in corruption, as even a person who earns a big salary can become involved in corruption.' The police member who gets involved in criminal activities (and do crime), does not deserve to be police member. S/he is appointed to fight crime and clamp down all forms of criminal activities. Servamus (Issue 09 September 2003:41) reports that, 'although an average of 95% of any organisation's employees are honest, there are unfortunately some employees who give an organisation a bad name. And there is a good chance that this situation can be changed early in police officials' careers and during their training.' The police chaplain can be of great assistance in this regard.

3.9 POLICE SUICIDE CASE STUDY FOCUSING ON A SINGLE INCIDENT (2003)

The second research group consists of a family of a suicided police member (case study). The in-depth qualitative interviewing as conducted so as to gather qualitative data

with a view to answer the research questions. (It required intellectual skills like good memory, social skills like listening, and practical skills like taking notes). Ethical questions were considered.

3.9.1 Overview of the Project

To critically study suicide incident within a contemporary time frame.

To critically evaluate the suicide impact on the bereaved family.

3.9.2 Procedural Descriptions

To interview the surviving spouse so as to collect quality data.

To critically review the unfolding of this single suicide event.

To critically review the impact of the intervention rendered to the bereaved family.

3.9.3 Data Collection

Two basic questions, “Why” (to probe the reasons for attitudes, behavior) and “How” (to probe response, coping, emotions, etc.) were raised as set questions in order to build a theory from empirical and Theological reflections for future pastoral interventions which have to be rendered to the bereaved police families.

3.9.4 Guide for Case Study

A synoptic historical review of a suicided member prior to suicide is outlined below, and fictitious names are used so as to protect the victim's family and colleagues.

Mr. Xaxa (police official at station Bravo) is divorced, but he had two children in his first marriage whom he continued to support/ maintain. He marries Mrs. Yoyo, who is also divorced and have a child in her first marriage (stays with Mrs. Yoyo's mother). The couple is blessed with two more children in their second marriage (boy aged 9 and a girl aged 3).

Mr. Xaxa and Mrs. Zuza (police official at station Bravo) are colleagues and they work together in the same unit. They agreed to have a secret affair (it became known to their colleagues), and eventually they have a child out of wedlock. Mr. Alfa, the legal husband to Mrs. Zuza, and Mrs. Yoyo, do not suspect any foul play between both their spouses. They are convinced that their relationship is purely based on work.

Mr Xaxa is very abusive towards Mrs. Yoyo, his legal wife. He ends up having series of violent and abusive cases (over a period of years in their marriage) which are ultimately withdrawn whenever they bury the hatchet. He starts to take too much alcohol as a coping mechanism. Both couples decided to start from a clean slate and became active church members. Mr. Xaxa backslided and his family continued to be active. He became violent and abusive once again. Mrs. Yoyo and children are forced by the circumstances beyond their control to stay away from the activities of the church. They experienced marital and financial problems.

Mr Xaxa beats his wife one night, she and the children ran to the nearby police station to report the incident. The case of family violence and assault is opened against him, and the family is sheltered at the station's victim support house.

The matter is reported the following day to the chaplain by the Station Commissioner for intervention. Chaplain (Charlie) visited the couple and counselled them. They agree to reconcile and the wife is prepared to withdraw the charges against her husband.

Their local church minister (Rev. Delta) is also informed about the matter and he visited the couple at their home on Monday. They both admit that they had problems, but the matter was already settled. Upon further enquiry, the minister realised that they need intensive pastoral therapy and marriage counselling. The couple finally opened up and the minister discovers that they have a history of constant fights and abuse (emotional and physical), by the husband. Cases to that effect were opened and dropped whenever they reconciled. The minister is very much certain and convinced that his interventions were a great success, and they pre-arrange a follow-up session for Sunday so as to review how the couple is coping.

On Wednesday of the same week, two days after the intervention by the church minister (Rev. Delta), Mr. Xaxa has suicided. It was confirmed that he reported for work as usual. He did not show any sign of suicide. During lunch he requested permission to visit the doctor (apparently for his HIV test results). It was verified that he made a loan application, and as a precondition or requirement he has to do this test, which he previously tested negative. Something seem to have gone wrong after he left the surgery. He went straight to his home, found his two children, uncle and the domestic helper. He greeted them and went into one of the three bedrooms, changed his police uniform and put on his private clothes. He called his two children into the bedroom, but they ignored him and continued watching TV and playing in the sitting room. After a few minutes, the elder child (boy) went to the bedroom to fetch his toy. He saw his father's body lying there, dead! No one heard the shot/noise from his firearm. The boy cried and ran back to the sitting room to alert his father's uncle.

The police were called by the uncle, and upon arrival, they cordoned off the place and took the children to the nearby house for debriefing and support (suicide note was found on the scene). The wife was called, (information concerning this incident was not disclosed). Upon arrival she is taken to the house where her children and other family members were kept with the SAPS Helping Professions (police chaplains and psychologists). Intervention and initial debriefing were done, and the emotional and pastoral support rendered to them. The wife blamed the police for the incident, but five (5) days after the Helping Profession team disclosed the contents of the suicide note as she had insisted, she became very shocked, but refuted the contents of those allegations in that she was not the cause of her husband's suicide. Continued support was given by the local church members and their minister, the neighbours, friends and relatives until the last day of burial.

This case study may not be generalised to all the cases of police suicide, but at least it shares some light on most unresolved issues which may lead to police suicide. It must be indicated that this case study is supported by most of the research on police suicide theories, suicide types, suicide warning signs, as well as the suicidal police's coping skills in crisis situations discussed in this study. The impact of suicide on the bereaved family can be clearly seen in this case study.

3.9.5 Interview Questionnaire and Respondents Answers

Why questions

Was your spouse violent towards you? Yes/No. If yes why?

Yes. He has emotional instability problem. His violent behavior was seen whenever I as his spouse will confront his girlfriends.

Was he drinking alcohol? Yes/No. If yes why?

Yes. He was drinking before we got married. No specific reason.

Did he experience financial problems? Yes/No. If yes why?

Yes. He had many debts- had to repay many loans.

Was he unfaithful to you? Yes/No. If yes why?

Yes. No specific reason, but he had many relationships with women.

Did he seek help/support for his problems? Yes/No. If yes why?

Yes. Only once prior to him committing suicide. He preferred to keep his problems to himself.

Why did he commit suicide?

I only know of the suicide note which he left behind, that he was HIV-positive, and blamed me for that. God know I was faithful to him, hence I do not put the blame on me. He should have waited for me and discussed this problem with me. We could have resolved it. But he was afraid to confront me maybe because of his unfaithfulness to me and shame that his colleagues will come to know about his HIV status. One thing I know from him is that he loved his children very much. I always thank God that he did not kill them, because I was informed that after returning home from work, he called them to the bedroom, but they did not go there until he committed suicide.

How questions

How did you and the children cope with his violent behaviour?

By keeping quiet until he cools off.

How did he behave after drinking?

He will talk much about promotions at work, and that he is not promoted.

How did the family survive financially?

By making more loans (debts), and I am a teacher.

How did he support his family?

Voluntarily. He always preferred to buy meat.

How did you know/ find out?

Whenever he did not return back home, I used to enquire from his friends.

How did you feel?

Betrayed and cheated. I felt unimportant.

How did you react?

I confronted and fought them (concubines)

How did he cope at home and work?

He will always be in a company of friends and drink with them. At work he was coping very well, but he was disgruntled for not being promoted, (22yrs service)

How did you feel after this incident?

Very hurt, and betrayed.

How did you react?

Confused and stressed, but strong for the sake of children.

How was the children affected?

The elder boy (9yrs) had psychological problems and the young girl (2yrs) is okay.

How was the support from the SAPS Station personnel?

Good from initial stages, but they disappointed me by not referring me and the children to the police psychologist for help.

How was the support from SAPS Helping Professions?

The chaplain and the social worker were very supportive throughout.

How was the support from Your Church?

Very excellent. from the incident to date. Hence I am very much positive.

How are you and the children coping now?

We are adjusting. We feel very much closer than before, and protective.

How can you be assisted further by SAPS?

There is a need for constant visit from his colleagues like before, and to be seen as part of SAPS family.

CHAPTER 4: COMMUNICATING THE RESEARCH FINDINGS

4.1 COMMUNICATING THE RESEARCH FINDINGS

The findings of empirical research is that a police chaplain has a pastoral role- fulfilment

in police suicide prevention . The findings are viewed through the lenses of Practical Theological pastoral role-fulfilment theory.

The Centurion Magazine (2003:2) reports: 'The SAPS is challenged! It is challenged to secure a safe environment for our democracy to survive; to police in a way that God approves of and to nurture character-based police officers who work diligently to fulfil this dream and to glorify God by destroying the princess of darkness behind the evil of crime'. The police member is the first line of defence against all sorts of injustices and criminality. S/he attends to the plight and misery of the community at large, thereby sacrificing his/her entire self and being exposed to criminal elements. S/he is vulnerable to these enormous tasks without the support from home, work, all community structures, government and most importantly, church/religious institutions as God's representative (Romans 13:1-5). Viewed from these lenses, it can be hypothesized that policing is a demanding and a challenging endeavour which need pastoral guidance, care and support. The chaplain's role to the above problems is spiritual guidance. S/he has to bring hope to the hopeless as spiritual specialist. This role cannot be substituted by any other professional.

4.2 CONCLUSION

This research has highlighted the evidence that perceptions researched among the participants in this study referring to the police milieu confirms the hypothesis that 1. Police personnel and families need chaplain's services to prevent suicide, and 2. Police personnel and families need chaplain's services after the suicide of a family member. Hackett and Violanti (2003:14) agree that 'the first barrier that must be overcome in the prevention of police suicide is the police culture itself.' Violanti and Paton (1999:251) attest to the fact that police organizations (e.g chaplain services) implement both prevention and postvention actions to help minimize suicides and the negative impacts suicide have on all stakeholders.

This research has highlighted the evidence that suicide prevention is not only a personal choice, although it is self-inflicted, self-directed and a self-act, beginning and ending with 'self', anyone in the vicinity of the suicidal police member can salvage life. Researcher argues that suicide is not only a personal issue. It is a family, department, church, community and Government issue. It impacts directly on the bereaved family (emotional,

psychological, mental, physical, financial and otherwise.). It impacts directly on the department (loss of experience and personnel). It impacts directly on the church (dealing with bereavement process). It impacts directly on the community (poor service delivery due to shortage of personnel), and it impacts directly on the Government (budget for recruitment and otherwise.) and other related institutions (banks, hospitals, clinics, mortuary, funeral undertakers and others).

Dr. Nelson Mandela says about AIDS ‘... AIDS is no longer a disease, it is a human right issue...,’ the same statement may be uttered concerning suicide and its impact. Hackett and Violanti (2003:51) say: ‘ suicidal people may communicate their intentions to commit suicide to several people or to only one other person. Therefore, everyone must learn what to do, but especially law enforcement support staff, dispatchers, administrative personnel, employee assistance providers, officers, family members, and the community.’

This research has further highlighted that the role of a chaplain is broader than the role of secular therapists, and more focussed than the perceived pseudo-intervention ministries such as ‘petrol station, funeral undertaking, fire extinguishing, ambulance and road signs.’ The chaplain pro-actively empowers a police member in such a way that s/he will be strong to resist and fight the temptation to suicide, even if nobody sees him/her because God’s power is at work to leads and guides the suicidal to understanding. The police department requires the services of EAS, and in particular the services of a chaplain to offer a pastoral role-fulfilment, (Firet, 1986:82,133) pastoral therapy, care and support. A chaplain’s role is like that of Paul (Acts. 16:28) ‘... Don’t harm yourself! We are all here!.’ S/he is a beacon of hope to the hopeless.

4.3 RECOMMENDATIONS

4.3.1 Management Support

It is recommended that a more detailed (unstructured) and more inclusive research based on a larger sample size of research population (police rankings from senior to junior ranks), and broadened to include more police stations, units and case studies and psychological autopsies be done in this regard to verify the actual root causes of suicide and the relevant preventative measures by EAS personnel. The management support is

required to ensure that police suicidologists (police researchers) are granted permission to conduct suicide research in the SAPS department.

It is recommended that a joint media statement by Safety and Security Minister and Police National Commissioner (which is a life-line for police despondent members), be cascaded down to the lowest level: 'What is critically required is the building of strong partnerships between law-enforcement agencies and other sectors of society. One of the significant actions of the SAPS will be embarking upon will be to vigorously strengthen and capacitate police stations with experienced detectives drawn from some of the restructured specialised units to enable them to deal effectively with crime at station level. More human and physical resources will be pumped into police stations to offset shortage of resources,' Servamus (Issue 11 November 2003:15).

During the SAPS banquet held at Oasis in Polokwane (2003-11-12), the SAPS Provincial Commissioner of Limpopo, the SAPS Divisional Commissioner for Career management at National Head Office and the MEC for Safety, Security and Liaison of Limpopo addressed the SAPS Limpopo Provincial top management and put some challenges to them:-

- **The Provincial Commissioner of Limpopo** highlighted (among others) in his speech that 7 (seven) police members in Limpopo have committed suicide from January 2003 to date (2003-11-12), and that is 'of great concern and one that will certainly have to be addressed with utmost urgency,' he said. It is recommended that coordination of Employee Assistance Programme (EAP) be implemented at Provincial, Area and Station levels since there are Employee Assistance Service structures already in place (the police chaplains, social workers and psychologists), and personnel strength of these professionals be increased to ensure enhanced quality service delivery.
- **Divisional Commissioner for Career Management** in her speech stated (among others) that the police top management is busy with the remuneration package and incentive schemes for the members of the SAPS. The pay and notch progressions, sustainable promotion policy are among these packages and incentives. But members have to be cautioned beforehand that they also must bring their 'pound of the flesh' on the table through their performance. It is recommended that this process be finalised and implemented so as to motivate all the police members and enhance their morale. As

Bonifacio (1991:190-191) asserts, 'in theory, every department uses reward as well as punishment to regulate its officers' behaviors.'

- **The MEC for Safety, Security and Liaison of Limpopo**, emphasised the important role played by the police spouses and families in their 'moral support' to their husbands and wives. Bonifacio (1991:195,205) is of the opinion that the family of police man has to regard him as 'a man with his good and bad qualities rather than as a more special than other husbands...It is here the policeman faces the most demanding challenge: to let go of that state of intense excitement and pleasure and to return to the far less exciting world of home, family, bills, mortgage, and the other ordinary aspect of life away from job. In letting go of attraction of the street, the officer must accept something in his own nature that he is not different from other men.' It is recommended that the police spousal support programs be implemented in all the policing Areas of Limpopo, as Violanti and Paton (1999:251) confirm: 'a spouses network can provide social supports for the spouses and children of officers as well as network for disseminating information and familiarization on policing... such a program may also help reduce domestic problems, an area that has been linked to higher suicide attempts among police officers.'

4.3.3 **Government /Community Support**

The Premier of Limpopo Dr. N Ramatlhodi said in his speech (2002) during the opening of the Legislature: 'We will mobilise communities to actively support the police in their anti-crime campaigns and encourage people to join community police forums and become police reservists or commando members. Our primary objective is to create a culture where the broader society takes responsibility for their own future and destiny, and specifically for their own protection. The most effective instrument against crime is a community of law-abiding citizens who develop a culture of respect for authority and zero tolerance for any form of transgressions.'

It is recommended that the involvement of Government in issues which relate to Community Policing be enhanced to ensure the establishment of Community Policing Forums (CPF's), since Government is directly responsible for policing and all the issues relating to the safety and security of the community in terms of the laws and policing policies. Nel (et al 2000:11) agree that crime prevention has been a priority for the government since 1996 when the National Crime Prevention Strategy (NCPS) was launched.

4.3.2 **Pastoral Support**

Servamus (Issue 06 June 2003:50-52 and Issue 07 July 2003:56-58) reported about police absenteeism. The report highlights that there are direct and indirect costs involved due to absenteeism, there are do's and don't's of handling it, there are three main reasons for absenteeism and ways as to how to rectify and manage it. It is recommended that the police chaplains be capacitated (human and material resources) to put into action the relevant pastoral role-fulfilment intervention programmes to ensure that police personnel are cared for, supported, and motivated.

The establishment, revival and implementation of programmes and projects:-

- **Christian Police Association**, to ensure mutual care and support among the police. This will help to enhance unity and solidarity among the police personnel.
- **The 'Adopt- A-Station,'** to ensure church-police spiritual care and support. This will help to address challenges like stress and depression, to ensure that the code of conduct and moral issues are enhanced by a partnership of churches and SAPS.
- The movements such as **'Police Widows Forums'** may serve as a platform for deceased police spouses thereby encouraging a culture of continuous mutual care among the bereaved police families.
- The **retreats and contact camps** to ensure enhancement of spiritual strengths, and other programmes and projects as highlighted in the Projects of SAPS Spiritual Services of 2003. The above can be approached holistically with the involvement of other Employee Assistance Services professionals and
- The other related **moral regeneration programmes** to enhance the police morals.

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(Addendum A)

Acrostic : SUICIDE IS A CRY FOR HELP

- a) **Support :-** The suicidal person needs someone for support.

According to Parker (et al.1980:18), 'God ordained the family unit as a vital part of human society. 'I concur with Lester and Yang (1997:69) that 'suicide inevitably occurs within a social context. Although many suicidal people may feel that they are all alone in the world, they are not. Even if they don't have any friends, they have parents or parent-substitutes, they have worked together with others; they have had teachers and classmates; and they may have children of their own. The presence and nature of these social relationships and the extent to which society

approves of them may have a great deal to do with tendency to turn to suicidal behavior.'

Richman (1986:15,25) highlights, 'in symbiotic relationships, those involved see themselves as part of or merged with another unit or person, rather than as separate entities... No man is an island, entire of itself; everyman is a piece of the continent, as part of the main.'

Cochrane and De Gruchy (1991:11) are convinced that 'security forces act in a way which is perceived by the community as hostile to them...' hence through community-policing, Ainsworth (1995:244) rightly says that the police have slowly come to realise how important image is in winning over the public. They can no longer take for granted the support of the rest of majority of the general public.

I concur with Kirschman (1997:52) that administrators treat their employees like demanding, willful, impulsive adolescents who cannot be trusted, and the employees regard their administrators as unpredictable, withholding, and punitive parents who cannot be dependent upon for support. This relational problem, directly impact in bonding among the police officials, and if mismanaged, and or not effectively addressed, may easily lead to them contemplating suicide. As Johnson (1972:43) puts it, 'little happens in a relationship until the individuals learn to trust each other. Because of this, forming a climate of trust is one of the most important tasks.' For over a decade of my police chaplaincy, I have observed that Commissioned and Non-Commissioned police officials share an invisible line of divide, and bonding/ relationships are much easily cultivated in each separate category (commissioned and non-commissioned).

b) **Understand :- The suicidal person needs someone for understanding.**

Gerkin (1984:27, 121, 123) says that, 'always there were stories - angry stories, sad stories, stories of disappointment and hurt, stories of sensed failure and success, stories of tangled relationships... the pastoral counselor is not only a listener to stories, he or she is also a bearer of stories and a story. The pastoral counselor does not come empty-handed to the task of understanding the other's story and offering the possibility of a new interpretation.'

c) **Intervene :- The suicidal person needs someone who will intervene.**

Patton (1983:139-142,144) highlights that the diagnostic use of the "Magic Question" "What do you want?" or "What are you looking for?" Second question "Why now?" and thirdly "Why me?" or "Why this place?" ...The goal of diagnostic process is 'increased awareness of that reality so that it may be intersected and affected by other views and interpretation of reality.' Persons whose suicide attempts are thwarted are often grateful for being saved, and they strudder at

the idea that they might actually have died. Those who call a suicide prevention centre are clearly ambivalent about dying or else they wouldn't have called; they are asking for alternative solutions to their problem, (Lester, 1997:183-184).

These do's and don'ts are applicable to the SAPS context, (Lester, 1997:167-171) :-

DO'S

Listen actively.

Ask direct question such as, "Do you feel so bad that you are considering suicide?"

Try to determine the degree of suicide intent.

Leave the person with someone if the level of suicide intent seems very high.

Seek professional help and follow through.

DON'TS

Do not appear judgmental and do not beat around the bush.

Never deny a suicidal person's feelings.

Don't try to be a hero and "rescue" your suicidal friend or relative by assuming his problems and responsibilities and attempting to deal with the situation on your own.

d) **Care :-** The suicidal person needs someone who will care.

Dublin (1963:133), citing Durkheim, indicates that 'to understand the problem of suicide one must look to the dynamic social factors rather than isolated individual motives. Suicide is normal, not an abnormal reaction. Since it is always present, it must be expected... The remedy then is to make the social group more consistent and more coherent; to make its members realise their mutual inter-dependance; and to aim toward creating a society that fulfills the needs of each member in it'.

According to Martin (et al. 1987:2.5), in cultures where formal religious authority is established, suicide rates are generally lower than cultures where the religious authority is tenuous... hence in cultures where family ties are close, the suicide rate is generally low.'

Gerkin (1997:126,127) rightly states, 'All of us need and long for a set of sustaining relationships within which we can be open and assured of acceptance. On the other hand, much of modern life tends toward alienation rather than mutual support. Competition rules much of the marketplace of human relationships. Prejudice, stereotyping, and indifference abound in human relationships, even among family members and coworkers, to say nothing to the Christian community itself.'

e) **Involve :-** The suicidal person needs someone who will get involved.

Blumenthal (1990:500) is correct in that suicide prevention requires 'multidisciplinary effort. That no single discipline or profession has all the necessary resources to address the problem of suicide adequately...'

In his three models of group intervention for the suicide bereaved, Mishara (1995:52-57) discusses the following types of groups, applicable to the police:-

Therapy Treatment Group

This group is led by expert/s.

Self-Help Group

This groups are based on the ideology that there is a wealth of qualities in different persons who have experienced a traumatic event which may be beneficial to developing positive adaptation and behavior change in others who have experienced similar events.

Support Group

Support groups are closed groups that have a fixed number of meetings determined in advance. The objective of support groups is to help members increase their abilities to adapt to a common source of stress by learning new coping skills and increasing their interpersonal abilities.

f) **Disburden :- The suicidal person needs someone for therapy or relieving distress.**

Sinclair (et al. 1994:448) define the term disburden thus: 'To relieve (oneself, one's mind etc.), of a distressing worry or oppressive thought.' Lartey (1997:30) says that the Greek word "*therapeuo*" from which the English word derives, essentially means "heal." Healing presupposes that something has gone wrong with the proper functioning of bodies, minds or spirits. Patton (1993:181), is convinced that forgiveness is a discovery, the by-product of an ongoing healing process. Failure to forgive is not a failure of will but happens because wounds have not yet healed. Blumenthal (1990:470) indicates that 'cognitive therapy is based on an information-processing model: how people perceive, interpret, and assign meanings to events play a primary role in their emotional and behavioral responses to those events.

According to Egan (1998:5,6), 'clients' problem situations and unused opportunities constitute the starting point of the helping process... client-centred helping means that the needs of the client, not the models and methods of the helper, are central ... clients come for help because they have crisis, troubles, doubts, difficulties, frustrations, or concerns...some clients come for help not because they are dogged by problems... they have resources they are not using or opportunities they are not developing. People who feel locked in dead-end jobs or bland marriages, who are frustrated because they lack challenging goals, who feel guilty because

they are failing to live up to their own values and ideals, who want to do something more constructive with their lives, or who are disappointed with their uneventful interpersonal lives - such clients come to helpers not to manage their problems but to live more fully.'

g) **Empathize :-The suicidal person needs someone for empathizing.**

Bormanns (1986:3,85) say that 'speaking and listening are learned skills, learned in much the same manner as reading and writing... As you listen to a message unfold, you do not simply absorb the other's meanings. You interpret the message by calling up meanings from your experiences... fitting them into forms suggested by the structure of the message.' An intervener must lend a helping hand to the one in crises in an understanding and empathic way. As Scherer-rath and van der Ven (1994:89) state, 'people who find themselves in a suicide crisis do not usually dispose of the appropriate possibilities for solving problems.'

h) **Crisis-problem :-The suicidal person requires urgent intervention.**

'Crisis' is, according to France (1996:4), 'a brief potential for heightened maturity and growth or deterioration and greater vulnerability for future stress.'

Firestone (1997:140-141) says that 'guilt reactions are prominent in all forms of depressive and self-destructive ideology and are evident in every psyche...' Hence Shneidman , Faberow & Litman (1994:92) are convinced that 'almost everyone who seriously intends to commit suicide leaves some clues prefiguring the action. Sometimes there are broad hints, sometimes only subtle change in behavior.' That is why intervention is critical at this stage.

The chaplains may play critical role during these crises situations:- scenes of accidents, suicide threats, hostage incidents, family and work related problems for pastoral intervention. Gerkin (1984:64) says, 'the spirit of God makes the impossible possible, he creates love where there is nothing lovable; he creates hope where there is nothing to hope for...'

i) **Remedy-solution:- The suicidal person requires urgent solution.**

Martin, Kocmarec & Gertridge (1987:16.7) highlight that 'a caregiver's responsibility is to assist the client in the process of solving their life problem.' Hawton (et al. 1982:73) highlight the following problem-orientated treatment, as they reflect on the principal components of treatment:-

General approach to problem solving:-

Identification of problem.

Establishment of goals.

Classification of steps necessary to achieve goals.

Choice of tasks.

Review progress.

Choice of subsequent tasks.

Modification of attitudes.

Facilitation of communication.

Contracting.

Providing information.

Advice.

Drug prescribing.

Referral to other agencies.

Preventive measures.

j) **You-helper/counsellor:- The suicidal person requires urgent reaction from intervenor/s.**

Egan (1998:4) says that 'counsellors, psychiatrists, psychologists, social workers, and ministers of religion are counted among those whose formal role is to help people manage the distressing problems of life.'

Blumenthal (1990:638) poses these two questions in reviewing the ethics of suicide: Does the patient have moral right to commit suicide? Second, what is the moral obligation of others, particularly the clinician, to intervene to prevent suicide? We cannot avoid ethical issues and the discussion of ethical principles under the guise of letting persons decide for themselves. Green (1992:17) concurs with this sentiment, and highlights that 'the moral teaching on the subject of suicide is based on the responsibilities entrusted to a person within the context of stewardship of his own life.' Campbell (1981:101) is convinced that helpers must learn to know their fears, their wounds and their foolishness, and to know them in quite specific way, as they reflect upon recent incidents in their lives when others have sought their help.

k) **Hopelessness:-The suicidal person experiences feelings of distress.**

Gerkin (1984:63,64) says 'human life, lived always in the tension of the present, caught between past and future, is best lived as life open to the power of the future...the story of human life is embedded in the structure of time. Time itself implies changes and transformation, because time itself is movement. Life does not stand still but is always in process.'

Lester (1995:11, 18,20) concurs, 'calendars, datebooks, flight schedule, and alarm clocks exist only to remind us that another deadline approaches... Time-consciousness is a phenomenon that calls for interpretation, an awareness that must be imbued with some meaning... the future tense grants to the present tense the gift of possibility... Future stories, as well as past and present stories are essential in defining a person and in making that person's being-in-the-world

intelligible... you could not understand me or my behavior without attending to my future anticipations.'

The SAPS Journal (Vol No. 2 Issue 07 dated 2003) reports that research has shown that people who do adopt a positive attitude and do everything in their power to boost their bodies' immune systems, are more resistant to infections than people who get despondent. A chaplain is there to bring a message of hope.

Lester (1995:89) is of the opinion that 'hope provides the courage to face whatever chaos and trauma life throws at us. Hope does not try to avoid the pain of finite existence nor is it naive about suffering'. On the contrary, "hopelessness exists in a closed system, says Lynch, which operates on three assumptions: there are no 'interior resources' for a human to call upon; there is no possibility for help from the outside; and, most devastating, even if interior resources existed and outside help were available, no sense or meaning can be constructed out of doing anything anyway!" Nota Bene SAPS Ref. 7/1/6 dated 1998-08-19.

l) **Experience:- The suicidal person experiences serious problems.**

In Richman's (1986:4, 9, 11) view, 'it does not matter whether the therapist adapts a historical or a here-and-now approach, a psychodynamic or a systemic orientation; the first task is to deal with separation... suicidal persons may see a final separation where others do not. They are sensitized because of early and repeated experience of separation and loss. To repeat, however, the problem is not that of separation, but separation anxiety... The recipient of the separation anxiety of others is the person most likely to become suicidal. Paradoxically, the same person may also have been the recipient of rejection and abandonment.'

m) **Loss:- The suicidal person experiences grief and great loss.**

According to Willimon (1979:107), 'grief is not a sign of emotional instability or spiritual weakness. Grief is evidence of the sundering of love, attachment and relationship by death. Jesus wept over his beloved... friend Lazarus... We Christians do not "grieve as others who have no hope..." but we grieve.' Deputy National Commissioner of SAPS, Mala Singh states: 'the harsh impact of HIV/AIDS is being felt in the public service, and the SAPS is no exception. We are experiencing great staff losses especially between the ages of 25-39, and one can only speculate about the causes...' (SAPS Journal, Issue 6/2003:9).

Richman (1986:36, 45) says that 'the study of suicide leads to an ever-increasing appreciation of the importance of mourning as a factor in all successful development... with successful mourning, the bereaved person goes through a process of dying symbolically, but then being

reborn.'

Willimon (1979:107) and Patton (1993:120) both agree that mourning is the period of time it takes to let go of what has been lost and to become accustomed to living without it.

Green (1992:80-83) views bereavement as a process with different phases:-

Phase 1: The griever experiences shock, numbness and the pain of grief.

Phase 2: The griever experiences within himself a complex web emotions and feelings including fear, guilt, anger and resentment.

Phase 3: The grievers are unable to engage themselves in the pattern of life which they had previously experienced and shared in; even doing ordinary everyday things is considered a burden and heavy chore.

Phase 4: This is a positive phase of letting go of the past and moving towards the future.

Green (1992:80-83) views bereavement as having a series of tasks, and as a transition:-

Task 1: To accept the reality of loss.

Task 2: To experience pain and grief.

Task 3: To adjust to a new environment.

Task 4: To withdraw emotional energy and re-invest it in other relationships.

The coping skills centre on the person and are initiated and implemented from within the person's self in a stage process similar to the phase theory of bereavement:-

Stage 1: Immobilisation. When faced with severe stress, the mind shut off.

Stage 2: Minimisation. Here the person tries to minimise the importance of the event or the impact of the event.

Stage 3: Depression. Here the person begins to realise the finality of the death and is overcome with sadness.

Stage 4: Acceptance of reality. The loss is accepted fully and this marks the beginning of the possibility of new growth.

Stage 5: Testing. Here the person explores himself and how he copes in the different situation now that his loved one has gone.

Stage 6: Search for meaning. There is a continuing search for some personal meaning in the tragedy of the loved one's death.

Stage 7: Internalisation. This is the final stage of the transition process.

- n) **Pain:-** The suicidal person experiences emotional, physical, psychological and spiritual pain. Shneidman (1985: 124) explains pain thus, 'pain is what the suicidal person is seeking to escape...Indeed, the wish or need to effect a cessation of consciousness is because of the pain. No one commits suicide out of joy; no suicide is born out of exultation.' Patton (1993:141) and Willimon (1979:108) are of the opinion that life without illness would not just be incomplete, it would be impossible. The paradox is that illness must remain painful, even to those who fully believe its necessity.' Research shows that 'employees with asymptomatic (showing no symptoms) are as productive, and work as many hours, as other employees. It is usually only when a person develops AIDS-related illness, that a person becomes noticeably and seriously ill,' (Barret-Grant et al. 2003:19).

Willimon (1979:108) says that 'suppressed pain or anger or fear has a way of surfacing later in more destructive ways (withdrawal, suicide, psychosomatic illness).' Research has shown that most police officials who are diagnosed and found to be HIV positive, are more prone to suicide. Hence Barret-Grant (et al. 2003:19) is convinced about the benefit of knowing your HIV status: 'You can plan your future... You can learn how to protect yourself and others... You can access care and support including treatment...'

Van der Ven (1993:46) highlights that 'God invites those who suffer to learn from their suffering. God gives strength to become through suffering better human beings.'

