

**CONVERSATIONS WITH SURVIVORS OF SUICIDE:
OLD STORIES AND NEW MEANINGS**

by

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I declare that **Conversations with Survivors of Suicide: Old Stories and New Meanings** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



Ms L Mandim

20-02-2002
Date

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SUMMARY

The purpose of this study is to provide descriptions of conversations with survivors of suicide, including their relationships with the persons who committed suicide, the relationships that followed these deaths, their experiences of suicide, and the way that they made sense of these deaths.

The epistemological framework of this dissertation is ecosystemic and social constructionist. This study involved in-depth interviews with three suicide survivors, exploring *personal and professional domains*. Thematic analysis was the method used to generate patterns of meaning.

The researcher recounted the research participants' stories and punctuated emergent themes and patterns according to what she deemed important. Each story was contextualised, and included reflections of the researcher. Themes both common and unique to each participant story were highlighted and discussed.

The information yielded from this study could have value to survivors of suicide, and psychotherapists whose clients commit suicide.

Key words: Stories, people as meaning generating beings, suicide death, survivors of suicide, context, reflexivity, self-reflection, multiple realities, social constructionist epistemology, ecosystemic approach, qualitative research.

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CHAPTER 1

INTRODUCTION

General Introduction

Reality is what I make it. That is what I have said I believed. Then I look at the hell I am wallowing in, nerves paralysed, action nullified – fear, envy, hate: all the corrosive emotions of insecurity biting away at my sensitive guts. Time, experience: the colossal wave, sweeping tidal over me, drowning, drowning. How can I ever find that permanence, that continuity with past and future, that communication with other human beings that I crave? Can I ever honestly accept an artificial imposed solution? How can I justify, how can I rationalize the rest of my life away?

Sylvia Plath

(From her journal July 1950 – July 1953)

This excerpt offers a glimpse into the thoughts of a person contemplating suicide. Sylvia Plath (1932 – 1963) was a successful poet and writer who ended her life by putting her head in an oven and gassing herself. She expressed her pain and anguish through words, and this particular quote was written in one of her many journals that she kept. The writings of Plath emphasised the concepts of loneliness, not having a sense of belonging, and personal anguish.

A person who commits suicide does not exist alone in isolation, but rather in interconnected networks of relationships. Plath, for example, was married with two children, had a sibling and parents, was a lecturer to students, and was also a client in therapy. She was also living in a foreign country at the time of her death. The desperation and confusion of a person contemplating suicide is evident in the above quotation. When Plath is viewed out of her various contexts, it appears that her feelings were expressed regardless of the people that she was connected to. But,

when understood within her contexts and relationships, information becomes available that allows those left behind (the 'survivors' of suicide) to attempt to make sense of a seemingly non-sensical act of suicide. For example, Plath had a history of depression, previous suicide attempts (overdosing), she had received extensive psychological and psychiatric treatment, and she had a problematic marriage. At the time of Plath's suicide, her husband had left her for another woman, and ironically after Plath's death, that woman also committed suicide, in the same way that Plath did. Plath's story raises many questions for a person who is trying to give meaning to her death. Should her psychological and biological make-up be considered as a factor in causing her death? Should her unstable interpersonal relationships be held accountable? Should her work stress and demands be considered a mitigating factor? The way one chooses to understand the 'cause/s' of her death, will help in constructing meaning about her death, for example, "she is better off now", or "she should have reached out for help", or "I could have prevented her death". These are the thoughts that are common amongst a group of people commonly known as the survivors of the suicide (Wertheimer, 1991).

The researcher was introduced to Sylvia Plath through the medium of school poetry where Plath's writings had to be analysed and interpreted for academic purposes. The researcher felt a connection with Plath's words and found comfort in having to interpret the poetry and prose. This was the introduction of suicide into the researcher's life, many years ago. The researcher, at that time, had an insatiable curiosity about Plath's family who continued to live after her death, and also an interest in the 'causes' of Plath's ultimate exit from life. But, the researcher found no fixed answers to her multiple questions. Whilst an adolescent, the researcher's cousin completed suicide, as well as a few of her friends. The researcher was becoming a 'survivor' of suicide, with more questions, and fewer answers. This journey continued and still continues today. During the researcher's Clinical Masters Training Programme, she was exposed to the death of a colleague's client by suicide. This young boy had been in therapy for over eight months, and the researcher had observed this therapy from behind the one-way mirror. The domain of suicide therefore widened from the loss of family and friends, to also include the possibility of clients ending their lives. Therefore, the research embarked on here, is approached from both a personal and a professional level.

The researcher has been motivated personally and professionally, to question the way her relationships with people have come to be formed, as influenced by the many suicides that have touched her life. These questions, informed by personal assumptions, and further combined with therapeutic questioning about clients and their choices, have informed this research. Suicide may be an individual decision and act, but the repercussions are felt amongst all those who knew the person, whether that person was liked or disliked. This proposed research study aims to provide narrative accounts from the survivor's perspective, unravelling the depth of emotions, contradictions, and paucity of information surrounding a suicide. The way that stories about suicide are shaped, are largely constructed within the boundaries of social, historical, political and familial contexts, and these very contexts that form the stories are the focus of this investigation.

Survivors of suicide have been traditionally approached in the literature as a subdivision of suicide, with the main focus always being on uncovering information in efforts to prevent further suicides. The traditional approach has thus been to either focus on survivors, or suicidees (people who kill themselves), to the exclusion of a more holistic perspective. This research will be different, in that the focus will be on the survivors of suicide, with causes of suicide being viewed as a part of the multi-faceted tapestry of suicide stories. Previous research that focused on survivors of suicide, elected to approach the people from an a-contextual perspective. Instead, suicide stories were de-contextualised and viewed a-historically and a-culturally, eliciting common themes that failed to realise the diversity within suicide.

The topic of suicide has remained unspoken about in conversational domains for this researcher, and as such, reflects society's constriction of what can be spoken about. For the researcher this has implications for the therapeutic endeavour, as clients cannot give 'voice' to issues which the therapist chooses not to explore. On another level, suicide has had little space to be spoken about unless it is part of a pathologising process. For example, requesting precipitating factors for a depression where having experienced the loss of someone who committed suicide is deemed an acceptable way to understand the symptoms of depression. The research study documented here will attempt to give credence to more non-dominant stories.

The way that this researcher has come to question, understand, and further re-question her own assumptions about suicide, are couched within her theoretical background knowledge, in addition to her personal contexts, which are understood to inform her belief systems. These knowledge bases are in a state of flux, as she is in continuous interaction with people around her (Gergen, 1994). The propositions put forward in this dissertation are an accumulation of years of thought, cognitive processing, and story-telling, in collaboration with her shifting environments. Therefore, what the reader perceives to be 'facts' and 'realities' are actually mere partial arcs (Keeney, 1983) of a more holistic conceptualisation.

An explanation of the title will be offered so that the readers have a broader understanding of the researcher's choice of epistemological position for this dissertation.

Explaining the Title

The terms in the title of this study, **Conversations with Survivors of Suicide: Old Stories and New Meanings**, will now be explained. The theoretical orientation of this dissertation is contextualised by the domains of conversations, stories, and meanings. Survivors of suicide will therefore be researched from a postmodern, meaning-generating approach. The emphasis is on the stagnant stories that survivors come to tell, and the immense possibilities of change that lie within these time woven tapestries of narratives that they have created. Meanings are imbued in the stories that people share with each other (White, 1995).

Conversations, Stories, and Meanings

This brief theoretical description will be expanded on in chapter 3, but for the purposes of clarity, the reader will be introduced to the theories of social constructionism and ecosystemics. Keeney (1991) outlined the progress of shifting systemic theories as follows:

- Firstly a **cybernetic** epistemology, whereby man was likened to the metaphor of a machine, and thought processes were emphasised.
- Then the **systemic** family therapies, whereby patterns were elucidated which helped to eradicate presenting problems.
- Followed by deconstruction and **postmodernism**, whereby self-reflexive questioning was a forefront assumption, as well as emphasis being placed on the 'unheard', or emphasising 'what had not yet been said'.

The foundations of this research are grounded in both **ecosystemic** assumptions focusing on ecology, patterns, relationships, interconnectedness, and context (Keeney, 1983), and **postmodernism** which emphasises language, co-creation of meaning, and multiple realities (Hoffman, 1994). The postmodern position has been described by Gergen (1994) in the following way: (a) It challenges the supremacy of science in studying human affairs (a modern position); (b) It questions the assumption that words mirror items in the external world, and (c) It is grounded in a belief that 'reality' is a matter of storied social agreement. Thus, following these broad assumptions, survivors of suicide will not be researched a-contextually, nor will the stories they tell be decontextualised. Further, the stories they come to share with the researcher will be understood as 'fitting' within that person's social and cultural spheres. This implies that stories are believed to be communally constructed and socially maintained (Gergen, 1994; Hoffman, 1994).

Hoffman (1997, p. 339) described the central shifts in theoretical postmodern epistemology as

(t)he idea of the freestanding knower is replaced by the idea that self, identity, and personhood are the product of rich social weavings created by many hands. In other words, minds are on the boundaries between people, not inside their heads.

This theory, collectively known as postmodernism, is based on the premises of **language** and communication, where 'reality' or **meaning**, is a construct shared in patterns of social relatedness. The implications of this approach for the research are in the process of collaborative knowing, whereby the co-researchers (or participants)

are invited to share their thoughts and ideas in a **communal interchange** with the researcher. The platform is unstructured, and the reality is co-created by all of the participants of the research system (Mishler, 1986).

A way of sharing the sense we make of events in life is through stories. Everybody has a **story** to tell about his or her life, and this is shared among people through language. People interact with each other by sharing stories. To make sense of an event, such as suicide, the story told entails the person's memories and identities, eliminating fragmentation, in the hope of creating a sense of coherence in making sense of life events (Allen & Allen, 1997). Stories allow us to make sense of the events that occur in our lives, with beginnings, changes, and endings. The way a story is created, in the shared domain of language, involves our personal imposition of meaning as we highlight some events and disregard others. When attempting to make sense of suicide, the story created or constructed, speaks strongly of the surrounding social **discourses**, interpersonal relationships and personal opinions. The research interest in understanding the process following suicide can be elaborated on following such an understanding about how we come to comprehend life events, through stories.

Survivors of Suicide

The process following a suicide involves giving meaning to the death. According to the researcher's theoretical framework, this meaning is attained through having conversations about the deceased, where multiple realities abound, and no specific reality is privileged over another (Hoffman, 1997). In this process of dialoguing about suicide, ideas, notions, and beliefs, are supposedly integrated into a coherent framework that then renders the deceased into a background position. But, as previous research has shown, this ideal transition is hardly accomplished (Wagner & Calhoun, 1991-92). The reasons attributed to the failed healing, or mourning process, have been suggested to be: an inability of others to understand the survivor's sadness, pressure to stop grieving, and the expression of negative attitudes about the deceased (Dunn & Morrish-Vidners, 1987-88).

Other studies have shown that survivors reported people avoiding them, people acting as if the individual had not died, and when people did talk with them, they avoided talking about the deceased (Wroblewski & McIntosh, 1987). Other factors hindering the mourning process, have been noted to be, feelings of being deserted, stigmatised, and being blamed by the social network, as well as a strong feeling of being misunderstood by these people. The influence of the social network has been purported as a mitigating factor for the survivor's feelings of isolation. This has implications for the field of psychotherapy as survivors of suicide often find themselves in the office of a psychotherapist in an attempt to make sense of the death. Calhoun, Selby and Selby (1982), found that the social context of the survivor becomes confused by negative social perception, and further, by the lack of prescriptive social rules to guide the behaviour of potential comforters, creating awkwardness, and social discomfort. This implies that it is easier to avoid the bereaved than to make social mistakes (Calhoun, Selby & Selby, 1982).

Although these previous research projects have shed light on the position of the survivor after suicide, they have failed to provide an understanding of the survivor's contexts that shape the way that they come to feel so unsupported. The **traditional** research studies have not delved into discussing the deceased person with the survivor, and as such, have further perpetuated distance under the pretence of objective research approaches. From an **alternative position**, this proposed research study, is a subjective approach, in which both the research participant and the researcher, are mutually engaged in eliciting stories of suicide (Mishler, 1986). It is assumed that the implications of the perceived lack of support that survivors experience, are made apparent in the relationships that are shaped and negotiated after a suicide has occurred. Therefore, relationships are the essence of this research.

Aim and Rationale of this Study

The literature review that is laid out in chapter 2 explores the wealth of research about the multiple causes of suicide. There are also a number of studies that have focused on the prescribed phases of mourning following a suicide, and these too will be given credence. Within South Africa suicide has been researched, mostly from a quantitative paradigm, with emphasis on prevention and statistics, ignoring the wider ecology of the suicide survivor. Internationally, little has been understood about the meaning-making processes that follow a suicide, and the nature of the relationships that develop after suicide (Jamison, 2000).

Suicide touches the lives of people from all races, ages, cultures, and religious sects, providing a wide range of differences to emerge amongst people. As such, the **group targeted** for this research is open and diverse. There is no population group, or person, that can be excluded from the outset of this study. The only limitations of the choice of research group lies in the fact that this is a qualitative approach to researching suicide and is therefore time consuming. Thus, the researcher will select people as participants of the research if they are prepared to meet the requirements necessary for interviews and follow-up conversations. A difficulty incurred in this type of research is the very question being asked. The researcher found that many people would have liked to participate in the research project, but they declined the opportunity on the grounds of suicide being considered a taboo action. These people chose rather to leave the topic aside and continue with life as best they knew how. The researcher therefore acknowledges that this study will only focus on a small sample of people, and no attempts are made to make the research findings generalisable to the wider population of South Africa.

However, the intention of the research study is to gather **context** driven descriptions of the survivors' perspectives after suicide, as they have come to be formed within cultural and social domains. This is a cyclical process in that the formation of suicide stories, within cultural and social systems, further shapes these very domains (Gergen, 1994). Therefore, there is no effort made to assign blame to any particular institution, nor embark on a causal journey.

The research stories that will be reconstructed will be applicable to the participants of the study, and for people that have a curiosity about the world of the suicide survivor.

The domain of **psychotherapy** will be informed from this investigation, as the research will elicit stories of family members making sense of suicide, as well as the position of the psychotherapist after client suicides. Therefore, psychotherapists will be able to appreciate the diverse ways of healing following a suicide, as well as the implications of the death of a client on his or her clinical practice.

The **aim** of this study therefore is to gather 'old' stories of the experiences of survivors of suicide, and to cultivate 'new' meanings, in the domain of relationship. Each person has unique interpretations and meanings that he or she attaches to suicide, and this research project aims to glean an understanding of the way these meanings shape relationships after suicide.

The social constructionist approach married with ecosystemics, is deemed to be the most fitting theory and epistemology for the nature of this research question. The researcher's personal story of suicide will surely differ from those of her chosen research participants, and can be shared in a consensual domain (Maturana, 1975), through language. Each person (researcher and co-researcher) has his or her idiosyncratic belief system which has developed within various contexts, and it is within this frame of differences, that **change** is expected to emerge.

The **hope** of the researcher from this point of departure, is that survivors of suicide will be given the opportunity to tell the stories that they have come to develop over time. The stories they share are assumed to be reflective of the relationships: that existed before the deaths occurred, the relationships that continue after the suicide, and also the non-dominant stories that have not yet been given priority. These **non-dominant narratives** are one of the many focuses of this research as hope is instilled in the differences that may emerge for survivors of suicide. As the researcher is also a survivor of suicide, there is also hope that this will be a healing document for her. The researcher therefore aims to be as transparent as possible to

all those connected to this domain of research, including the co-researchers, readers of the dissertation, and future consumers of this research.

To actualise the both/and ecosystemic premise, the individual telling his or her story will be contextualised accordingly. This would necessarily entail an exploration of the deceased's life, and the nature of the relationship that existed before the death occurred. It would also focus on the relationships that have formed after the suicide, and in this, expose the tumultuous nature of emotions, feelings, and behaviours that are believed to emerge after a suicide. This research is focused on gathering descriptions that elicit multiple meanings incorporating difference and diversity.

Design of the Study

This study is designed according to the nature of the research aims set out above. The conceptualisation of the design, and the method of research, are more fully articulated in chapter 4, but a basic outline will be provided showing coherence between the chosen epistemological approach, and the nature of the research. This research, being qualitative, focuses on a narrative approach whereby meanings are seen to be co-created within a conversational domain. Therefore, the method of unstructured interviewing is deemed appropriate for this context (Mishler, 1986). The emphasis for this research is on gathering rich descriptions of experiences as seen from the lens of the survivor of suicide, created in conversation with the researcher. In this, the story-telling process becomes paramount. Stories will be elicited by the researcher in ways that remain respectful of the participant's life-worlds and circumstances. The focus will be on the relational and meaning networks that form the stories of suicide survivors, and not the individuals in isolation (Gergen, 1999).

Conversely, traditional quantitative paradigms of research emphasise knowledge as an individual possession. In the positivistic field of research, it is assumed that truths and facts can be known by discovering what lies beyond the naked eye, through systematic procedures, such as statistical analysis and structured interviewing (Gergen, 1991). A qualitative approach, emphasising the exploration of narrative and context, advocates an understanding that is communally generated and shared among people in the domain of the research system.

Research initiated in the domain of suicide has largely emerged from empiricist-modernist assumptions underlying psychological research. The focus has been placed on personality traits, the individual mind, instincts and other internal 'causes' of behaviour. This qualitative study does not attempt to bypass this outlook in research. Rather, the research is seen to occur from a meta-level perspective, thereby inviting a search for multiple meanings that are not put forward as wild generalisations. The generation of meanings and interpretations requires the researcher to be ethical and responsible. These qualities of the researcher are actualised through her sharing of descriptions and intimations that she has constructed with the co-researchers (Sarbin & Kitsuse, 1994).

In this research context, Psychology as a science and an art, is not viewed as a discipline encouraging the discovering and describing of 'real' phenomena such as the 'mind', 'illness', 'healing', and the 'self'. Rather, Psychological practice develops when knowledge is understood as being historically relative, and meaningful in relation to social practice (Durrheim, 1997). The aim of this dissertation in gathering descriptions from survivors of suicide is in no way meant to be a mirror, or a representation of **the** 'reality'. The research design departs from an empiricist position, as new paradigm, or qualitative research, promotes contextualising the individual's experiences socially, politically and historically. Rather than offering a mere thin description of life events, as is the positivistic intention, the aim within this qualitative framework is to offer descriptions about social perceptions around suicide, the survivors' processes in relationship to the event of suicide, and explore how these have become fixed, stable and socially accepted. Therefore, one of the research aims is to understand the marginalised aspects of the individual's stories, thereby expanding the possibility of his or her choices within the grief process (Durrheim, 1997; Sarbin & Kitsuse, 1994).

It is the ethical and responsible position of this researcher to contextualise the research for the reader. This may involve personal descriptions at times, and it would be unjust for the researcher to assume that the reader has an understanding of the researcher's history, context and culture. How the researcher has come to this place of making sense of the suicide process has been largely informed by cultural beliefs,

generational norms and values, genetic make-up, familial up-bringing, cross-cultural expectations, and her chosen avenue of professionalism. A story of the researcher's experiences prior to beginning this research is offered in Appendix B, and any changes in the researcher's conceptualisations are discussed in the concluding chapter (chapter 10).

The researcher proposes that her role in conducting the interviews will be neither objective nor neutral. The researcher will be an **active** participant in the research, revealing her own personal interests in collaborators' stories as well as in her research interests (Mishler, 1986). As the researcher is using an unstructured interview format, she cannot pre-determine the nature of the narratives that will be co-created between the researcher and co-researchers. Therefore, she will need to continuously re-structure her questioning, and remain observant of the effects her questions have on possibly halting and shifting the participant's narratives. One can see that the process is reflexive in that the questioning elicits responses which are closely observed, and questions are then re-formulated in an ongoing dialogic process (Holstein & Gubrium, 1997; Mishler, 1986).

Sampling and Selection

For the purposes of this research, sampling will be purposive, and convenience selection will be used (Lincoln & Guba, 1985). Participants will be selected if they are willing to speak about the suicide, and if they agree to the demands of the process such as, interviews, and follow-up discussions. It is suggested that rich descriptions of their stories will be gleaned from open ended conversations about processes that come to shape suicide stories.

Data Collection

Personal data will be obtained from using a set of straightforward questions regarding name, gender, age, years of schooling, and current occupation. The same details regarding those that committed suicide will also be elicited, as well as the age of the individual at the time of the suicide, and also at interviewing. This information is gathered to place the interview in a time-context post-suicide as there are

research studies speculating about differences in the grief process due to the time passed after-death (Barlow & Durand, 1995). The gathering of background information, and the signing of the consent form, will be the only structured parts of the interview process.

The unstructured interview, or conversation, will be the method used to obtain information (verbal and non-verbal) (Ericsson & Simon, 1980; Mishler, 1986). Participants (or co-researchers) will be encouraged to tell their stories as they wish to, starting where they want to. The nature of questions asked will be open-ended and modified according to the research participant's unique story. The researcher will be an active participant by guiding the story through questions asked, checking her understandings, and reformulating presuppositions according to the demands of each conversation. Each interview will be recorded and transcribed. The researcher's careful analysis of the transcriptions will allow for further questioning, and the enrichment of suicide stories by continuously unfolding and refolding co-constructions of meanings. The transcribed interviews will also be given to the co-researcher's to provide them with the opportunity to check the legitimacy of the story that they have told, and to further offer their observations, thoughts, and ideas. The analysis of the content of the interviews, combined with the observation of the ensuing processes, will be utilised to demarcate pertinent idiosyncratic and common themes. These themes will be reflected on by the researcher, and once again, thematically arranged, and commented on.

The themes drawn from the interview will be influenced by the researcher's personal experience, readings in the literature, tacit knowledge, and conversations with her supervisor. The levels of description that have emerged from the literature survey have been noted to be: narratives of relationship when confronted with suicide (in what ways they do and do not exist in their lives today), the grief process, the societal expectations of mourning; and the perceptions of someone who has committed suicide (for a further and more elaborate discussion see chapter 2). As qualitative research does not depart from a point of proving predetermined hypotheses, these themes do not stand as issues which this research will set out to prove. Rather, the researcher is acknowledging that she has been informed by her literature review, and cannot disqualify this. Her research aims are specifically

geared towards gathering stories about relationships after suicide, viewed from a contextual perspective, and as such the previously documented research is deemed to be applicable for the lives of the suicide survivors that will be interviewed, as one possible 'reality' amongst many more possible multiple meanings.

Data Analysis

In my judgement, good writing in qualitative research bridges writing in natural science and the humanities. It is the use of language to bring to life the meaning, as understood, derived from the careful analysis of accounts of complex, lived experience (Rennie, 1996, p. 324).

This quote exemplifies the difficulties encountered when analysing and documenting a qualitative, reflexive, research approach. The researcher's conceptual beliefs in language, multiple realities, and co-creation of meanings will be shared in a way that is both academically, and personally fitting. The analysis of data in this research is therefore a reflection of the researcher's way of understanding, and conceptualising information, and has been adapted to be coherent with the researcher's epistemology.

A way of gathering an understanding of the social description of suicide has been posed by Holstein and Gubrium (1997) as deconstructing social institutions. This implies that the researcher works backward from the taken-for-granted social realities toward the social processes that produce them. An interpretative method combining deconstructing dominant and non-dominant discourses, interpretation, and narrative analysis (Rosenblatt, 2000) will be used to analyse the data.

The analysis and interpretation of the transcripts, being that of narrative analysis and thematic punctuation, are in 'sync' with the social constructionist movement in analysis of discourses (Burr, 1995) and the ecosystemic epistemological tool of drawing distinctions (Keeney, 1983). This is in no way meant to reflect the positivistic concept of generalisability, rather it is proposed that this will be the platform for ensuing dialogue between the researcher and the consumers of the research. The sense made of these punctuations and discourses, are reflective

of the reader's assumptions, and comments on the process of making sense of data, rather than on verifying truths in the positivistic sense of research.

The method of transcription allows for the inclusion of all of the interview nuances reflecting pauses, crying, silences, sighs, interruptions, non-verbal descriptions and overlapping so that the transcription of the interview is not reduced to its parts to generalise about the whole, rather the systemic concepts of holism and context are forefront (Miller & Dingwall, 1997; Mishler, 1986).

Therefore, the transcripts of the interviews will be utilised to express both verbal statements made by the co-researchers, and non-verbal nuances. The themes and patterns that emerge from the content and process analysis will be reconstructed with the research participants throughout the interviews so that legitimacy of the study is enhanced. These transcripts will be made available to the reader upon request, as they have not been fully included due to limited space.

Format of the Study

This study will comprise a literature review or survey, as well as a theoretical, and a practical component.

Chapter 2 provides an overview of the research that has focused on causes and explanations of suicide. This is approached from a holistic perspective, explaining the various individual, family, cultural, and social factors. The causal perspective is then reviewed focusing on research conducted in South Africa on suicide. The gaps in previous research are highlighted in discussion, and alternative ideas are put forward. The survivors of suicide are then addressed, and a critical discussion associated with the naming of these people ensues. This leads to a broad discussion of bereavement and mourning for the survivor of suicide, explicating the various models and phases associated with making sense of a death. The domain of therapy is then highlighted, for both the survivors of suicide and the treating psychotherapist. Different models of therapy are discussed revealing the discourses that surround suicide. The therapist is discussed in terms of the possibilities that emerge after a client has committed suicide. This literature review is believed to be a

multi-faceted approach to suicide, and hopefully broadens the scope of thought and conversation when discussing such a topic.

Chapter 3 will discuss the ecosystemic and social constructionist epistemologies which form the theoretical foundations of this study. The pertinent shifts within these broad frameworks will be discussed (for example, first and second order cybernetics, ecosystemic and social constructionist), so that the reader acquires a sound knowledge upon which to understand the chapters that follow. The benefit of understanding how an epistemology comes to be formed is thoroughly explicated so that reference can be made in consequent chapters. Survivors of suicide will be conceptualised according to the chosen theoretical departure of this study.

Chapter 4 will describe the method of research and the conceptualisation of the research design. In this, distinctions will be drawn between traditional quantitative and evolving qualitative approaches to research.

Chapters 5, 6 and 7 will contain case descriptions of three suicide survivors. Each chapter has the same outline and similar areas of focus. The story of the survivor is contextualised and shared with the reader. The nature of the deaths in each story is also given credence. Themes and patterns that emerge in each story are also discussed utilising direct quotes from the transcribed interviews. Each story reconstruction includes the researcher's reflections, and discusses prominent perturbations as experienced by the researcher.

Chapter 8 will provide an overview of the emerging themes from all three stories and reflections of these themes as discerned by the researcher. A metaphoric description of each unique research relationship is then offered.

Chapter 9 will be the comparative analysis and synthesis chapter whereby the research findings enter in dialogue with previous research studies. Similarities and differences among the themes that emerged are highlighted.

Chapter 10 will be the concluding chapter. The study will be evaluated according to the proposed strengths and limitations of this study. Changes in the researcher's conceptualisation of the research topic will be addressed. Recommendations for future research of this nature are then made.

Appendix A will contain the letter of consent as agreed to by all of the research participants.

Appendix B will provide the researcher's personal story of her interaction with suicide prior to beginning the research investigation.

Conclusion

This study will explore the domain of suicide from the experiences of those that survive. A qualitative approach that is grounded in the theoretical principles of ecosystemics and social constructionism will be utilised. Attention will be given to the idiosyncratic conceptualisation of the relationships following a suicide, revealing the dominant and non-dominant stories. This research therefore adds to the abundance of studies on suicide by focusing on the multiple levels of relationship when constructing such meaning about death.

CHAPTER 2

PERSPECTIVES ON SUICIDE

Introduction

The research carried forth here has its epistemological understandings in the frame of ecosystemics and social constructionism (implying a shift in the way one thinks about a situation). This position includes the observer in any description offered. Therefore, cited literature that is deemed pertinent to this research is chosen through this researcher's lens – the lens through which the world is viewed. The researcher adopts a holistic perspective, ecological in nature, with a focus on socially generated meanings of events. The research review will highlight the domain of what constitutes the environment of the concept 'suicide' as it has come to be defined through many years of research published in articles, books, past dissertations and many other resources.

The use of the term 'survivors' provides for an arena of thought provocation. Firstly by limiting this research to the domain of relationships that continue after suicide, there is explicit reference made to the researcher's points of punctuation. Following this, the modus operandi of this researcher is to construct social contexts for making methodological and analytic choices which shape what the researcher can say and know about the social setting researched (Lindegger, 1999; Miller, 1997). The researcher's intention then, is to gather descriptions of many people's experiences in their understanding of a suicidee's intention, and also the impact and significance this has on their relationships with others after the suicidee is dead. The literature available on survivors' relationships to the deceased is scarce, as researchers have been more prone to try and understand the 'real' essence of suicide – that being the provocation resulting in the thought process which leads to self destruction or self murder (McIntosh, 1999).

As this research is ecological in nature, the relationships are foremost. An ecological perspective of connection can be explored through the relationships

people have with each other. The literature review in this context can then be used as a platform on which to discuss the multi-faceted nature of suicide, and the wider ecology of those connected to the action of suicide. The convenient way for the researcher to raise issues from books and articles is by highlighting certain themes that the researcher deems important for a literary discussion. It is therefore clear that one cannot assume that the discussion of 'survivors' of suicide is a more pertinent issue than those raised by others. The literary themes that are highlighted are then chosen with a self-referential element and are also part of a reflexive process, implying that that which is highlighted may shift and be altered once conversing with research participants (Shacklock & Smyth, 1998). Efforts have been made here to include the diversity of themes considered when focusing attention on the domain of suicide.

The literature description is included to invite the reader into the domain of suicide and 'survivors' of suicide by broadening the scope of the act of suicide. To begin with there is the **person who commits suicide**. This person does not exist in isolation but rather in connectedness – with family, friends, paramedics, doctors, religious unions, schools, workplace, psychologists and also others in many other spheres. There has been much research carried out into the causes of the suicidal mind (Shneidman, 1996) and this will be briefly discussed. Then there is the **domain of bereavement** which focuses on the loss experienced by the 'survivors' of the suicide. Many people have researched bereavement over the years covering many different types of death (Reed, 1993; Rosenblatt, 2000). The bereavement process following death by suicide has been little researched although many theories have been put forward as explanation. When researching the nature of the relationships that the 'survivor' has after the suicide, many of the above mentioned aspects will come into play. The efforts of this chapter are to put forward these aspects as areas of interest so that the research interviews can be informative and related to the domain of research.

In reviewing the literature on suicide and suicide bereavement, the researcher has noticed a research tendency to fragment the lives of those involved. These fragments focus on the causes of suicide and can be viewed as,

- descriptions of what constitutes the suicidal mind, focusing on the inherent causes of a suicide, for example, depression;
- descriptions of family relationship and loss of connectedness, for example, loss of a relationship and dysfunctional families;
- descriptions of the cultural effects on those who commit suicide ignoring the inclusion of the observer, for example, cultural norms dictating the depth of pain one can experience. In this description, the context is described, but the researcher remains separate to that observed – implying different epistemological traditions.

These causative research projects and articles largely ignore the experiences of those left behind, and instead search for cause and effect in a hope to prevent future suicide. The epistemological roots of this way of researching are not deemed to be wrong, but valid within that framework.

Viewed from a second order cybernetic approach, the research on individual, family, and cultural causes of suicide is incomplete, as the researcher is distanced from that which is researched (Aldridge, 1993). From a second order perspective, the 'causes' of suicide are constructed through dialogue, in a continual process of people conversing about the nature of the suicide and the meanings they attach to any definition they make (Aldridge, 1993; Mishler, 1986).

Collective Definitions

In an effort to remain consistent throughout the literature review, certain definitions will now be explicated.

Survivor:	This term will be used in reference to a person that continues to live after the suicide, be it a family member, or a treating psychotherapist (Wertheimer, 1991).
Suicidee:	This will be used when referring to the person that has completed suicide.
Suicide completer:	Someone who has successfully ended his or her life, by his or her own hand and personal choice.

Bereavement:	The subjective, individual experience following a death.
Mourning:	The societal and familial processes following a death.
Grief:	The combination of bereavement and mourning (that is, the individual experience in addition to the societal and familial processes following a death).
Making sense:	A process reflecting a co-constructed consensus among people, including contextual and attributional elements (Fourie, 1996).
Meaning:	In the literature, the process of making sense of experience is referred to variously as, definition of the situation, construction of reality, the attachment of meaning, and meaning-making (Nadeau, 1998).
Therapeutic context:	A situation in which a psychotherapist is engaged in therapy with a client.
The researcher:	The author of this dissertation.

A Multi-levelled Description of the Causes of Suicide

Shneidman (1981), a specialist in suicidology, proposed that in order to understand the intricacies following a suicide, a psychological autopsy needed to be established, much in the same way that medical autopsies are conducted to ascertain the cause of death under unnatural circumstances. This psychological autopsy is a method of researching risk factors in suicide. The process involves gathering psychological profiles of the individual who has committed suicide. The means of gathering this information is by reconstructing the suicidee's life through extensive interviewing of family and friends of the deceased. The information obtained is used to understand what the individual was thinking and doing just before the death (Shneidman, 1981). In a similar vein, the literature survey, or autopsy, will be used to put forward theories and themes regarding the so-called 'causes' of suicide and the implications thereof.

Neurobiology and Psychopathology

There has been an abundance of research carried out in the neurobiology of the individual that committed suicide. Findings written up in research articles (Asberg, Nordstrom & Traskman-Bendz, 1986; Bligh-Glover, Kolli, Shapiro-Kulnane, Dilley, Friedman, Balraj, Rajkowska & Stockmeier, 2000; Lester, 1999; Mann & Arango, 1999; Winchel, Stanley & Stanley, 1990), suggest that low levels of serotonin may contribute to creating a state of vulnerability to act impulsively, resulting in suicide. This research is suggestive in nature. Suggestive that there exists a relationship between low levels of serotonin and the act of suicide, and the notion that serotonin may act as a trace marker identifying a person at risk for suicide. However, at present these trace markers are being isolated in a post-mortem examination (Mann & Arango, 1999). Those wanting to exercise blame on the individual for his or her choice of suicide, will find this theory very comforting, as blame is shifted to that happening beyond the survivors' extended hand of help (Aldridge, 1993). The researcher notes that the neurobiological make-up of the person may be a contributing factor to someone committing suicide, but prefers to think that this should not be seen as an exclusive factor leading to suicide. Again the research focus advocated by the above referenced authors is on predictive causes and risk factors in suicide. Pritchard (1995, p. 154) comments that suicide can never be completely eradicated, because beyond identifying and confronting risk factors, "...in a free society there will always be a boundary beyond which people must be allowed to determine their own lives, albeit at a certain risk" (Pritchard, 1995).

Another well documented risk factor is psychiatric diagnosis (Barlow & Durand, 1995; Cheng, Chen, Chen & Jenkins, 2000). Researchers have consistently found that people diagnosed with a psychiatric disorder, especially mood disorders (Skopek & Perkins, 1998) are frequent suicide completers (Black, Winokur & Nasrallah, 1993; Brent, 1989; Brown & Barraclough, 1999; Garland & Ziegler, 1993; Shneidman, 1999; Shochet & Dadds, 1997).

West, Spreng, Rose, and Adam (1999), found that perceived unavailability of social support and high levels of depressive symptomatology were predictive of suicidal behaviour (West et al., 1999).

Psychological Make-up

Berman and Luna (1996), found that there are commonalities among those that commit suicide, which set the suicidee apart from the average person. These are, unbearable psychological pain, self-denigration, mental constriction, dichotomous thinking, isolation, helplessness, and the belief that the exit from life by suicide is the only solution to the suffering experienced (Berman & Luna, 1996). The suicidee is seen to have impaired problem-solving abilities and rigid thinking patterns (Lester, 1999; Lombardi, Florentino & Lombardi, 1998). These commonalities clearly place responsibility of choice to commit suicide in the hands of the individual and show the causes as internal to the individual.

Leenaars (1996), commented that suicide is a multi-dimensional malaise, where suicide is an intrapsychic drama on an interpersonal stage. Survivors of suicide have validated the hypothesis of dichotomous thinking, by frequently commenting that the suicidee's began to have 'tunnel vision' and saw their choices as being either life or death (Wertheimer, 1991). According to Wertheimer (1991), the intrapsychic explanation offers the survivors a starting point in their search for meaning following the death, but by no means completes this understanding and search for comprehension as it remains an incomplete explanation (Wertheimer, 1991).

Other researchers (Arcel, Mantonakis, Peterson & Jemos, 1992; Corin, 1995) have asserted that major risk factors causing suicide are poor relationships concerning communication, intimacy, concern, recreation, sharing of everyday activities, and social and private lives (Arcel et al., 1992). These factors are believed to place the individual at a higher risk for committing suicide than the average person (Arcel et al., 1992). As research cannot be conducted with the suicidee post-suicide, the characteristics presented above are generalisations. Therefore, great care

should be given when assuming that one has definitive knowledge of the suicidee's reasons for taking his or her life (Aldridge, 1993).

The research findings that suggest that causes of suicide are mainly due to **individual** choices provides one explanation as to how a person comes to deciding that suicide is an option. Due to factors such as impoverished social support, psychiatric diagnoses, and distorted perceptions of relationships, the suicidee is believed to reach the conclusion of suicide, ultimately taking his or her life. This view is seen to be beneficial to survivors who require an explanation for the death of the person. In many situations, a psychological autopsy will reveal information that affirms the belief that the suicidee was declining psychologically. This information could be beneficial when recognising similar symptoms in another person, so that the act of suicide might be prevented. For educational purposes too, isolating personal characteristics of the suicidal candidate, may prevent stress and anguish for the people contemplating suicide and their respective families.

Alternatively viewed, the individual causes of suicide put forward here are believed, by these authors and researchers, to provide a wider understanding of the individual 'mind' of a person who chooses suicide over life. This way of thinking is dichotomous in nature; the healthy person chooses life and the mentally ill person chooses death. This is only a selection of the multi-viewed perspectives on suicide (Aldridge, 1993; Henry, Stephenson, Fryer Hanson and Hargett, 1994; Wertheimer, 1991). Focusing solely on the individual causes of suicide is possibly exclusive and serves to ignore the wider context within which that person functions.

The domain of relationship will now be described in terms of research findings to broaden the individual lens.

The Family Position: People Viewing the Corpse on the Table

The Hypothesis of Dysfunctional Families

The family has often been identified as a major causative factor in suicide (Aldridge, 1993). When a family system is seen to be threatened by the prospect of

change, the individual may exhibit suicidal behaviour in an attempt to provide stability (Keeney, 1983; Watzlawick, Beavin & Jackson, 1967). From this perspective, blame is assigned to the dysfunctional family for causing the suicide to occur. Again, this seems an incomplete explanation to the researcher as it ignores the social, cultural, individual and observer domains. This theory also proposes that there can be a solution to suicide by 'fixing' the families concerned thereby preventing further suicides (Aldridge, 1993; Lester, 1997; Shochet & Dadds, 1997; Skopek & Perkins, 1998).

The Hypothesis of Genetically Transmitted Family Interactions

Researchers Brent, Bridge, Johnson and Connolly (1996), advocate that suicide and suicidal behaviour is transmitted through the family in a form of learned behaviour. Their research suggests that suicide is more common among family generations and patterns of interaction, than the transmission of other psychiatric disorders. The very nature of the research (quantitative) and the language of the researchers (medical model) clearly lay the foundation for their 'ground-breaking' results. Their search and endeavour is to diminish the incidence of suicide and their desperation in finding facts lies in their goals to understand and prevent suicide from re-occurring (Brent et al., 1996). It goes beyond the scope of this dissertation to fully describe the many models of family influence (Rosenblatt, 1994) and it will have to suffice in acknowledgement of the role that the family can play in determining the cause of suicide.

The Cultural Domain: The Table with a Corpse, with On-lookers, within a Room

The influence of culture on suicide has been well documented throughout the literature (McIntosh, 1996). A search of the available literature revealed that there have been many studies conducted in many different countries all implicating the cultural context as a determining factor in suicide. For example, research conducted in South Africa (Gijana, Louw & Manganyi, 1989-90; Wassenaar, Van der Heen & Pillay, 1998), India (Thompson & Bhugra, 2000), Central America (Hovey, 2000), Japan (Lester & Saito, 1998; Takahashi, 1997), North America (Lester, 1997), New Zealand (Skegg, Cox & Broughton, 1995), Ireland (Sheehy, 1994), Italy (Altamura,

Mannu & Maes, 1999; Preti & Miotto, 2000), and Greece (Seremetakis, 1990), all found that lowered social integration, 'cultural conflict' and problems with cultural transition, isolation and modernisation, showed positive links to suicide (Stack, 2000).

Other studies (Andriolo, 1998; Gijana et al., 1989-90; Khan & Reza, 2000; Novins, Beals, Roberts & Manson, 1999; Range & Martin, 1990; Shiang, 1998) found that culture determines how the suicide is perceived, and therefore, determines how a person should grieve his or her loss. As each culture showed its own defined social structure, conceptualisation of gender and individual roles, support systems, and conceptualisation of death, any prevention programme designed would have to be unique to that culture (Novins et al., 1999; Wambach, 1985-86). Therefore, statements of generalisations from culture to culture (for example, what occurs in North America will occur in Central America) are non-sensical when placed within a multi-cultural context.

According to Canetto and Sakinofsky (1998), cultural expectations about suicidal behaviour strongly determine its existence. These expectations then shape the view the suicidee has of his or her choice and the views that others may hold (for example, doctors, therapists, coroners, undertakers). It is therefore suggested by these authors that attempts to study and prevent suicide will meet with greater success if a general framework is used that best characterises the individual and contextual influences of a specific suicidal act (Canetto & Sakinofsky, 1998).

An Ecological Perspective: The Context of Suicide

Aldridge (1993, 1998), argues that it is the ecology of the individual, the family and the wider social environment that must be taken into consideration when trying to 'make sense' of suicide. Aldridge (1998), comments that the causes of suicide are embedded in the individual's social milieu and in the individual's interaction with that milieu. Therefore, he suggests, that the social context of the person should involve the whole family, and wider social and cultural aspects. For Aldridge (1998), the individual's pain and loneliness should be accounted for **within** the demands of family expectations, as well as those of wider systems, such as the medical

fraternity. This view will supposedly shed light on the way people come to understand and 'make sense' of suicide (Aldridge, 1993; Aldridge, 1998).

Kral (1994), has suggested that the notion of suicide is merely a socially defined construct. Therefore the only direct cause of suicide is the idea of suicide existing and the methods used to attain this position. In order to better understand suicide, Kral (1994) suggests that it is necessary to know more about how ideas are generated and transmitted through society, and how these ideas become part of an individual's repertoire. The conclusion that Kral (1994) arrives at is that some people will be more vulnerable to incorporate the idea and act of suicide into their understanding of self, and this conceptualisation occurs in the same way that other ideas are spread throughout society, such as marital rules (Kral, 1994).

Suicide Research in South Africa

The research in South Africa has tended to focus either on individual factors, or familial and interpersonal settings, or the cultural domain. There has been very little integration of a more holistic description. Perhaps this points more toward Psychology in transition as a discipline in South Africa (Hickson & Kriegler, 1991). In this time of transition researchers were, and are, striving toward western recognition of the capability to conduct acceptable research, or, just that the chosen research methodology was the flavour of the time period as postmodernism is for this researcher at the present moment. Nonetheless, the South African population remains much in the dark with regards to conceptions and understandings of death by suicide. What remains evident is that Psychology as a profession still remains relatively unavailable to the population masses (Lupuwana, Simbayi, & Elkonin, 1999). These authors found that Psychology is still not being utilised as it was proposed it should be by Hickson and Kriegler in 1991. Therefore, a new approach to viewing suicide is deemed necessary as the traditional methods are obviously missing something. This alternate approach shall be offered here as one which puts forward a more descriptive understanding of suicide than the traditional provision of statistics and generalisations evident in the literature. In order to provide a different perspective, the already researched areas of suicide will be briefly explicated to highlight the gaps.

Mayekiso (1995), researched attitudes of black adolescents toward suicide and found that generally this population group expressed a negative attitude towards suicide on the basis of cultural and familial beliefs in life and death. There was no description of the relationships that people have with suicidees, as the focus of research in this area is on prevention of suicide, and not the exploration of relationships after the death. Reasons for choosing suicide as an alternative to life were outlined by Peltzer, Cherian and Cherian (1998) as an inability to problem-solve, mental illness, ethnicity and personal attitudes toward suicide. These factors mentioned can be seen to fit under the previously outlined individual causes.

Then there is the research conducted by Flisher, Parry, Bradshaw and Juritz (1997), which offered a look into the seasonal variations of time to kill oneself. The findings suggest that the winter months experience a decline in suicide, peaking in the spring months of September and October, and continuing to increase through the summer months. Although this is interesting research as it pinpoints suicide season, once again it focuses its aim on prevention rather than 'understanding in context' of the person's experiences. It appears that these research projects are focused and determined to validate the 'causes' of suicide and this leaves a lot of room for understanding that person within his or her context and accompanying belief systems. This is the intention of this dissertation.

The **familial domain** was researched as a causative factor in suicide by Pillay and Wassenaar (1997). They found that suicidal adolescents were dissatisfied with their family functioning and the act of suicide is a means of communicating this unhappiness. This description can be seen to fall under the family causes discussed earlier. In 1995, these same authors found that a family therapy approach significantly improved the well being of the suicidal adolescent (Pillay & Wassenaar, 1995). The researchers Naidoo and Pillay (1993), found that problematic interpersonal relations were among the most common factors leading to suicide attempts among black South Africans, and the frequent choice of method for suicide was self-poisoning.

Nationally registered suicide mortality rates were analysed for emerging patterns covering the period 1984-1986 (Flisher & Parry, 1994). Research suggests

differences among choice of method for suicide with hanging being the most common choice – although one should take cognisance of the fact that the choice of method may change as society transforms and modernises. These researchers account for religious, political and economic factors when discussing the differences among suicide deaths within differing racial groups. This study could then fall under the cultural factors mentioned as causes of death.

From an ecosystemic perspective, implying a shift in thinking (Fourie, 1998) and not just an all inclusive approach of family, individual and culture, these mentioned research projects in South Africa fall short of explanation into ritual, definition of suicide, relationship, constructions and observer-inclusion. Such are the aims of this dissertation.

The Autopsy in Relationship

The documentation of cited literature on the vast topic of suicide has been put forward as a type of autopsy, revealing the possible multitude of researched causes into suicide. The researcher's intention of including this section as a part of the literature description is that it has been suggested that the perceived causes of death play an integral role for the survivor making sense of the death (Calhoun & Allen, 1991). For some it appears that an explanation of a chemical imbalance for the cause of suicide (neurobiology) has been satisfying (for example in the writings of Wroblewski, 1991). Others search for meaning in suicide that lies beyond a medical description (Lester, 1997; Lester, 1999), and seek explanation in cultural and social domains (Wertheimer, 1991). It seems therefore then among the majority of suicide survivors there is a need to understand the causes of death when 'making sense' of the suicide. The relationships that follow a suicide are embedded within the way that the suicide is understood, and this understanding is seen to be socially constructed through the meanings people attach to their experience (Gergen, 1991; Wambach, 1985-86). The 'making sense' process when confronted with suicide (Lester, 1997) is incorporated into any description of the relationship that a 'survivor' has with the 'suicide completer' and his or her wider social environment (Calhoun & Allen, 1991).

The Survivors of Suicide: Personal and Professional Perspectives

The collective term used when referring to those who are left behind after someone has committed the act of suicide, is a survivor (Dunne, McIntosh & Dunne-Maxim, 1987; Pritchard, 1995; Wertheimer, 1991). This is a term that has been coined in the western world. In South Africa, the term has not been widely used when referring to the people left behind. Explanations will be offered accounting for the advantages and disadvantages of naming those left behind as 'survivors' of suicide.

There are varying viewpoints in the literature on what to name those left behind after a suicide has occurred. The common term used is that of 'survivor'. To survive is defined by the Concise Oxford Dictionary (1964, p. 1302) as to "continue to live or exist, be still alive or existent". The definition shows that the implication of naming those that are 'left' behind as survivors, is to ensure that those people know that their function is to continue with life. Once this is understood, then people are expected to acknowledge the wide array of emotions experienced, and move on towards a place of healing (Wertheimer, 1991).

A Danger of Labelling Those Left Behind

DiNicola (1993) has openly criticised the use of the 'survivor' metaphor. He feels that this metaphor is a label of society that is too freely applied. The insinuation for those that accept the metaphor as a description for their situation, is that they are distanced from responsibility for their part in the death, and also their commitment to change similar future outcomes (DiNicola, 1993). According to DiNicola (1993, p. 59)

... the worst sin of the helping professions is their capacity to medicalize every phase of life from birth to death, to deskill people, teaching them to turn to experts on everything and expropriating their traditional coping abilities.

The point that DiNicola (a postmodernist) is making is that it is the very language used that implicates the presence of 'pathology' and 'symptomatology'

which are words inferring a position of relative health that is sought after. The survivor metaphor is viewed as a disabling metaphor (DiNicola, 1993). The metaphor is seen to focus on people as victims, thereby inviting them to forget their ability to be resilient and resourceful in a space of mourning (DiNicola, 1993).

The researcher's impression is that people require a label, or a name, in order to normalise the stage they are at in a process of mourning, that is, providing some certainty for themselves in places of great uncertainty. From a postmodern perspective of shared language and multiple realities, it is this very label that is problematic as it is only one possible metaphor among many others, and is all too often accepted as a reality itself. White (1995, p. 119) commented that in language, there will always be the use of labels,

(w)hat is of critical importance, however, is the nature of the discourses that are associated with this naming. A consideration of discourse takes us to specific questions about any naming. What knowledges are privileged in a particular process of naming, and what knowledges are rendered irrelevant or are disqualified in this process?

The relevance of this statement lies in understanding the ways people come to define their relationship to the deceased and how this is informed by the nature of the surrounding discourses. In the process of terming oneself a survivor, there may be other names which are marginalised due to the pervasive discourses.

The postmodern approach puts forward an interesting perspective, and it becomes clearer that DiNicola (1993) is engaged in a battle of epistemology. A postmodern approach to survivorship would deem the term to be induced by the profession based upon a discourse surrounding the pursuit of a healthy mind and body. A traditional, lineal approach views 'survivorship' as a reified term; it exists and it can be empirically observed by observing the family members who have lost a loved one to suicide (for example, authors, Cicirelli, MacLean & Cox, 2000; Goldstein & Buongiorno, 1984; Kleespies, Smith & Becker, 1990; McIntosh, 1996; Wagner & Calhoun, 1991-92; Wroblewski, 1984-85; and Wroblewski, 1991).

The author and biographer Larry Lockridge (1995), has written about the suicide of his famous father Ross Lockridge Jr, author of *Raintree County*. In his description of his father's death, he focuses on the multiplicity of factors that existed in his father's life at the time of his suicide. These factors are put forward as explanations for the causes of the suicide. The relationship that he holds with his father is not in terms of being a 'survivor', although he addresses others as suicide 'survivors', which is somewhat contradictory.

As for myself, I've never thought of myself as a 'survivor'. It's not only that I've thought the term should apply only to people who have endured Buchenwald or its equivalent. It's also that I see my father's life more in terms of its achievement than its tragic conclusion; and to have been his son still seems to me more a privilege than a burden... But certainly the death of that person 47 years ago has had the greatest single impact on me and my siblings. A suicide doesn't often 'close things off' for others. I'd say to suicide survivors that there is some value in writing about it in a personal way – about the deceased person, about the fact of suicide, and its legacy (Lockridge, 1995, p. 436).

What is clear in his writing is that Lockridge (1995) punctuates his relationship with his father in the light of pride, and not in the shade of taboo, and this keeps him from being a 'survivor'. For the researcher, this style of story telling shows a process of 47 years of mourning and healing, and in that, a definition of relationship has emerged for Lockridge. Lockridge's (1995) proposal to 'survivors' to write their stories implies that he has in some way reached a plateau of 'health' with regards to his father's suicide (Lockridge, 1995).

A Unique Type of Death, and the Importance of Having a Name

Wroblewski (1984-85), is the mother of a daughter who committed suicide, and she is one of the leading writers – in the western world – of the experiences of a parent whose child has chosen suicide. For Wroblewski, calling herself a survivor is all important as it fights back society's expectations of a prescribed way of healing and

overcoming the death by defining the death as different to other types of deaths. The grouping together of strangers who only have in common the fact that they have lost a family member to suicide, establishes a sense of belonging and the key to entering this group is the acknowledgement of being a 'survivor'.

Survivors share similar experiences, feelings, and ideas, which help people gain new perspectives or simply reassurance in an atmosphere in which feelings can be expressed unconditionally and nonjudgementally. There are always people at varying distances from the deaths of their loved ones (Wroblewski, 1984-85, p. 175).

Wroblewski has chosen to take a stand on expressing the affects of suicide on those left behind. She has gained recognition from other survivors and from suicidologists alike. She has created an awareness of suicide and the effects thereof in her community, and also offered support for people who could not identify what they were going through following a suicide. By punctuating a suicide death as being different from other types of death, people appear to be more comfortable in sharing their stories of suicide once they accept the name of survivor (Wroblewski, 1984-85; 1991).

The notion of being defined as a 'survivor' also conveys a relationship between the suicide and the suicide 'survivor' on a level that is tolerable and can be articulated.

Suicide leaves a hole in the survivor's life. If people have an arm amputated, for example, they can adapt and can lead a successful life, but they are permanently changed. Suicide survivors are permanently changed by the death (Wroblewski, 1984-85, p. 180).

Shneidman (1981), shared the opinion that survivors' circumstances of grieving after death are unique to death by suicide. He called this experience 'reactions of survivor victims'. Perhaps a postmodernist such as DiNicola (1993), would call this view a disability metaphor, but one can see the benefit of being able to name an experience that is often silenced.

Survivor victims of such deaths are invaded by an unhealthy complex of disturbing emotions: shame, guilt, hatred, perplexity. They are obsessed with thoughts about the death, seeking reasons, casting blame, and often punishing themselves (Shneidman, 1981, p. 350).

This quote exemplifies the position of the 'victim' or the 'survivor' as unhealthy, and the implication lies in seeking the complementary position of health. The label of 'survivor' is seen here in a light of illness, that is, some state of being that needs to be overcome and healed. Shneidman (1981) goes on further to describe the techniques of righting this dysfunctional way of being (Shneidman, 1981).

Wroblewski (1984-85) echoes Shneidman's (1981) perspective and gives the following interpretation:

Shneidman employs the term 'survivor victims' which implies that when suicide occurs, the survivors then become the victims. We are just beginning to pay attention to those forgotten and ignored victims (Wroblewski, 1984-85, p. 183).

The position taken by these authors is clearly advocating a traditional medical model perspective whereby a condition is labelled and attempts are made to 'fix' this state of ill being. Wroblewski's (1984-85) emphasis on 'survivors' and 'victims' appears to allow these individuals the space to articulate emotions in a western society where the discourses of labelling and pathological conditions abound. The victim position enhances a disabled position whereby a situation renders the person as grieving and mourning a loss. It is the researcher's contention that this is one half of a systemic coin (Keeney, 1983). There is the complementarity of being both a victim and a survivor as mere descriptive metaphors which are able to be expanded upon and re-defined in time. 'Survivor' metaphor could include a higher level description or what Lockridge (1995) calls cathartic, "...in that other sense of the Greek word: offering not purgation but clarification" (p. 436). It would appear that it is the stagnation of the 'survivor' metaphor that is troubling the postmodernist DiNicola (1993), and the word should not be accepted as *the* reality.

Atwood (1997) described the uniqueness of survivor-hood. "Survivors of suicide endure a potpourri of tumultuous emotions which are unique to other survivors" (Atwood, 1997, p. 134). In acknowledging the uniqueness of death by suicide, and its implications for the family, Atwood (1997) put forward her own style of psychotherapy. This innovative approach includes a thorough exploration of each unique experience as told by the survivors. As the story is told, a process unfolds whereby the people initially frame themselves as survivors. This self-definition of surviving is understood and co-created between the client and the therapist. Once the story has been investigated, a different collective meaning is seen to emerge, one which incorporates a more resourceful position. This new definition includes an acceptance of a relationship that continues post-suicide death.

The therapist may need to give the family permission to do so; therefore taking on new meanings may feel like betrayal to the deceased by the survivors. A useful reframe may clarify that their lives are not destroyed forever, but changed forever (Atwood, 1997, p. 141).

In this sense, the term survivor is equated with the situation of living in a memory of destruction. In shifting this meaning, Atwood (1997) believed that this would open up doors for the survivors to shift in their understanding of their role to play in the face of death by suicide (Atwood, 1997).

The metaphoric description of people bereaved by suicide has been widely termed 'survivor' albeit with far reaching consequences as described in the above discussion. Although the researcher acknowledges the danger of reifying the terminology used, it is meant instead as a way of having a shared vocabulary with the readers, as it would be a tedious and lengthy process to refer to 'those that are bereaved by suicide' and 'those that have committed suicide'.

Having outlined both the pros and the cons of the debate over what to call those that are left behind following a suicide, this researcher adopts a both/and approach whereby both positions are seen to have merit and further any name offered should always be understood within the context of each unique situation.

The phase of transition that will be approached in this research has been loosely termed the 'bereavement process' (Parkes, 1988; Pritchard, 1995; Rosenblatt, 1988; Wertheimer, 1991).

On Bereavement and Mourning: The Person in Transition

According to Parkes (1988), grief is the experience of an emotion which draws our attention to the something or someone that is missing (Parkes, 1988). Grief directs us to the incongruity between the world that 'is' and the world that 'should be'. It is in this contrasting challenge that one has to 'make sense' of life events as they have transpired. It can be further understood that no two people grieve alike because of their differing experiences (Lester, 1997; Parkes, 1988; Rosenblatt, 1988). Therefore research in the domain of grief is well suited to a social constructionist framework where the essence of research lies in the descriptions that are co-created between researcher and co-researcher, and any interpretation made is context-bound (Holstein & Gubrium, 1994; Mishler, 1986; Rosenblatt, 2000).

The phase of bereavement is seen to pose a life-changing event for the person that is mourning (the public face of grief). Parkes (1988) has termed this phase '**psychological transitions**' and characterises it by the difficulty faced when assessing the death as a loss, a gain or both. Psychological transitions are seen to be evident when;

- a person is faced with a situation whereby his or her world is shaken, that is, the person is required to shift his or her assumptions in how he or she understands the world to be.
- the nature of the life-change event has lasting implications rather than transient effects, for example a death versus changing a home.
- and lastly the life-change event has a relatively sudden onset so that there is minimal opportunity for preparation (Parkes, 1988).

The grief process following a suicide can be looked at in the light of 'psychological transitions' (Parkes, 1988) incorporating all three levels mentioned above. The grieving process following a suicide can be viewed as requiring much

change for the survivor because of the sudden onset of the death, and also, the nature of the death being defined as different to that of death by other causes, such as car accident, murder, old age, or illness (Black & Rubenstein, 1989-99; Calhoun & Allen, 1991; Parkes, 1988).

The person in transition is central to this research domain, and this will be explored according to the rituals that mark the rite of passage in bereavement (Parkes, 1988). For example, the 'mourner' transforms within time, to the 'widow'. The names people attach to themselves through this time, speak of how they are 'making sense' of the act of grieving the loss of someone to suicide. The therapist too performs rites which may include redefining the name of the label attached to survivor, rituals of connection and dis-connection and so forth (Atwood, 1997; Parkes, 1988).

It has been suggested by Grad and Zavasnik (1999), that the loss of a loved one provokes different reactions among different people. Their research carried out suggested that the **reactions** of suicide survivors will depend on the following factors:

- The mode of death
- The age of the deceased and bereaved
- The length of the relationship
- The personality structure of the bereaved
- And the social and cultural demands that are required following the death (Grad & Zavasnik, 1999).

This way of understanding grief is seen to be a contextualised approach, accounting for both the person who died and the survivor, the circumstances surrounding the death, and the cultural sanctions within which the death occurs.

The narrative approach, one which emphasises the telling of a person's story so that it can be further understood and thereby changed (Neimeyer, 1994), has been used as a lens when attempting to understand the grief process by authors Wertheimer (1991) and Rosenblatt (2000). This way of understanding the grieving

process is viewed by them to be a more encompassing view than a lens which looks toward simplification and generalisation (a modernist position).

One thing that is gained by focusing on the narratives of bereaved people is that we back away from essentializing the language and experience of theorist and observer and open ourselves more than we might otherwise to the complexity, diversity, and fluidity of grief as people talk about it (Rosenblatt, 2000, p. 11).

The narrative metaphor is explorative, contextualising, and challenging, moving research away from a traditional approach whereby causality is sought after (Roberts, 1994). Even though the grieving process cannot be uniformly applied to each survivor of suicide, it is interesting to note the similarities that have emerged among personal feelings and characteristics of survivors of suicide (discussed further on in the chapters on the stories of the research participants). Each grief process as experienced by an individual is unique for that person, and as such, few generalisations can be made for the wider population. The discourses that shape the story that a survivor tells, are informative, and even prescriptive for the process of grieving.

Social Discourses around Mourning Death by Suicide

Society, and more specifically, cultural norms within society have prescribed ways of bereaving the dead (Calhoun, Selby & Walton, 1985-86; Parkes, 1988; Wertheimer, 1991). For most western societies there is the prescription of getting over the death, implying that the process is time-bound (usually one year) and that there is a right way of travelling the path of mourning (Barlow & Durand, 1995; Rosenblatt, 1988). There are many cultural studies that have been completed focusing on the customs or rituals of death in other societies. These studies show that each society or culture has unique ways of dealing with death (Danto, Taff & Boglioli, 1996; Gijana et al., 1989-90; Hecker & Schindler, 1994; Korte, 1995-96; Lester, 1997; Shapiro, 1996; Sheehy, 1994).

The focus here will be on the social discourses surrounding death by suicide (Aldridge, 1998; Pritchard, 1995; Seremetakis, 1990; Wertheimer, 1991). A discourse can be loosely understood as a, "...coherent set of images, metaphors and so on that construct an object in a particular way" (Burr, 1995, p. 184). The aim will be to explicate the shared meanings of mourning a loss. This seems to tie in with terms such as 'survivors' and 'victims', and shows how relationship with the deceased is accepted, or conversely, scorned. Western prescriptions of mourning have been seen to have limiting effects on the individual mourner (Calhoun & Allen, 1991; Kaplan & Schwartz, 1993; Rosenblatt, 1988). Rosenblatt (1988), suggested that bereaved people may be better off with having a wide range of possibilities of grieving legitimised. According to Sampson (1985), American culture biases people toward seeing the individual as a free-standing agent of personal control and mastery. Rosenblatt (1988, p. 76), contrasts this western discourse by putting forward another position. He comments as follows

At the same time, however, the limitations of others in understanding our uniqueness – including the limits of words to communicate – means that the socially constituted reality we develop with others is not the only reality that could be constructed.

Therefore, the traditional western discourse of 'successful healing' (Wroblewski, 1991) is not viewed here as wrong, but rather a mere thin description of what the survivor may experience and struggle with when making sense of the loss of life due to a suicide (McIntosh, 1999; Wertheimer, 1991). This dissertation requires and aims to gather a richer description of the process of mourning, one acknowledged in the context of the mourner, and not that which can be generalised to the mass population in efforts to determine normalcy and abnormality (Parkes, 1988; Rosenblatt, 1988; Wertheimer, 1991).

Grieving as a Process of Detachment and Attachment

"Someone once wrote that the work of grief is to disconnect one's emotional ties from the dead person and reconnect them with the living and the future. This is true" (Wroblewski, 1984-85, p. 180). It is clear in this description of grieving that

Wrobleski (1984-85) is a firm believer in **overcoming** the anguish of a death by suicide. For her, the process involves a disconnecting and re-connecting metaphor, and implies that the mourner can continue to survive the ordeal if they are able to 'let go' and 'move on'. The aim of grieving described here, is to recognise that in order to carry on living or surviving, one must say goodbye to the dead, and re-acknowledge the living. The discourse revealed in the next quote is what Wrobleski (1984-85) described as a false perception of society,

Until recently, there has been virtually no public education about suicide, and the education of professionals, expected to deal with suicide, has been non-existent or inadequate. This taboo on information about suicide has a profound effect on suicide survivors (Wrobleski, 1984-85, p. 173).

It appears that the discourse posed here is that of **detachment as healing** as if the two concepts were synonymous (Wertheimer, 1991). The social discourse of knowing everything there is to know about a phenomenon (privileged information for the experts, such as suicidologists) is suggested here. This expert position is seen to be significant, yielding an understanding of the survivor's state of being, and only once a person has been told how to detach from the dead person, can the death be accepted. This is also agreed upon by authors Reynolds and Cimboric (1988-89), Wagner and Calhoun (1991-92), and Van der Wal (1989-90). The keywords used as descriptions of this process are: detachment of the deceased; preservation of self-image; survivor's unspoken feelings and emotions; pre-supposed fixed stages of mourning; maintaining relationship with those willing to offer support; finding meaning in loss; and finally integration of experience into everyday living (Reynolds & Cimboric, 1988-89; Rosenbaum, 1991; Wagner & Calhoun, 1991-92; Wrobleski, 1984-85). Through research and education it is assumed that it will be accepted that a survivor first needs to disconnect (from the dead) and then re-connect (with the living) (Wrobleski, 1991). A metaphor made as easy as a ready-mix baking recipe.

A well documented stage theorist, Bowlby (1969), put forward a theory whereby the bereaved supposedly go through three stages, namely protest, despair and detachment. The protest stage involves desperate attempts to retrieve the lost

person and is characterised by feelings of anger, hostility, total preoccupation with the loss and pining. This stage then shifts toward the stage of despair, which is characterised by the acceptance of loss from active searching to apathy. This stage is seen to be vital in allocating the time and space to reorganise behaviour and allow for new assumptions and beliefs to enter the mourner's world. The third stage, detachment, is the emergence of new, adaptive behaviour better suited to the mourner's present life circumstances (Bowlby, 1969). According to Shackleton (1984, p. 165), "(t)o Bowlby, proceeding through the three stages constitutes the grief work". Bowlby (1969), then goes on to describe how abnormal or pathological grief work occurs when one fixates at stage one, that is the stage of protest. It should be noted however, that the work of Bowlby (1969) was not directed to the unique process of bereavement in suicide (Bowlby, 1969; Wertheimer, 1991).

There appears to be an inherent assumption in Bowlby's theory (1969, 1985) that people are alike and that they will share similar experiences. It is the contention of this researcher, that the experiences of those bereaved by suicide might share some similarities but may also be unpredictable in nature. In a study by Wertheimer (1991), interviews were conducted with fifty people surviving suicide. She found that it was very rare that people went through the same processes of mourning (Wertheimer, 1991), although they may have shared similar feelings such as guilt and anger, albeit at different times in their grieving (Wertheimer, 1991).

Grieving as an Expression of Cultural Tradition

Shapiro (1996) researched traditional North American practices, and found that the tendency is to view grief, "...as an isolated individual experience and (to) emphasize detachment from the dead as a way to promote recovery" (Shapiro, 1996, p. 313). Shapiro (1996), working from a social developmental model, emphasised transformations of **attachment** to the deceased – rather than detachment. Shapiro (1996) highlighted the essence of this culture's norms by commenting that professionals and lay people often pathologise the one who is grieving because they are not able to 'let go' of the dead person. The assumptions held by that society are the following: A "...belief that grief is fundamentally a private experience; that immediate, open expression of feelings is necessary for healthy

resolution of grief; that bereavement has a specified end point; and that an ongoing relationship with images of the deceased is pathological" (Shapiro, 1996, p. 314).

To understand how death and grief are experienced by people, one would need an understanding of their cultural beliefs regarding the relationship between the living and the dead, that society's prescribed rituals, and that society's ways of rebuilding social roles and fitting in with families again after the loss of a family member (Gijana et al., 1989-90; Pritchard, 1995; Saarinen, Viinamaeki, Hintikka, Lehtonen & Loennqvist, 1999; Shackleton, 1984; Wambach, 1985-86; Wertheimer, 1991). The **cultural expression** of mourning is reflected in what people do and say in their process of grief. Culture, is an important element in the social context of bereavement (Aldridge, 1993; Rosenblatt, 1988; Shapiro, 1996).

Mourning as detachment is described according to the authors who show how inherently society has set rules for mourning. As Shapiro (1996) states from a socio-cultural perspective, "...grief is a fundamental expression of our social constructions and social values" (Shapiro, 1996, p. 317).

Sustaining a Relationship with the Deceased: Exploring the Taboo

Although there has been research carried out in the areas of, family members and friends as survivors of suicide; school and educational settings affected by suicide; elderly suicide survivors; mental health and other professionals as survivors – patient/client suicide; mental health and other professionals as survivors – suicide during training or suicide of students' clients; and research on attitudes towards survivors (Dunne, McIntosh, & Dunne-Maxim, 1987; McIntosh, 1996; McIntosh 1999), there is still a lack of description regarding the relationship between the 'survivor' and the person who has committed suicide, and the relationships that follow after the death (Lester, 1997; Pritchard, 1995; Wertheimer, 1991). This is the essence of this dissertation.

McIntosh (1996) has quite recently outlined a comprehensive bibliographic update of literature pertaining to survivors of suicide covering publications from 1986 up until the end of 1995. In this collection of others' writings, there is surprisingly very

little mentioned regarding the nature of relationships following the deaths. McIntosh (1996) calls for many issues that still require attention and research, although the research called for is to establish truth, and more appropriate ways of healing. "Although some collected research has begun to appear, there are far too few such efforts, exploring too few of the possible relationships between survivors and suicide victims" (McIntosh, 1996, p. 148). It is interesting to note that McIntosh (1996), placed the victim as the person who has completed suicide, and the survivor as the person having to then continue an existence in relationship with the victim! It is little wonder that relationships are hardly touched on because the implications are pathologising.

Nevertheless there are a few authors and researchers who hint at the existence of a continued relationship (Atwood, 1997; Harrari & Wolowelsky, 1995; Kato & Mann 1999; Lockridge, 1995; Pritchard, 1995; Reynolds & Cimboric, 1988-89; Rosenblatt, 2000; Shapiro, 1996; Van der Wal, 1989-90; Wertheimer, 1991). It also appears that discussing the continued relationship is culturally determined – in certain North American states, this is considered taboo (Novins et al., 1999), yet in certain other cultures (for example in the Buddhist culture), the link with the deceased is performed as part of a ritual (Aldridge, 1993; Rosenblatt, 1988; Takahashi, 1997). This has not yet been researched in a South African context, but one can assume that there will be a multitude of descriptions based on the many different cultures and religious practices within the borders of the country.

Van der Wal (1989-90) is quite prescriptive in what he terms detachment. The last phase of detachment, being integration, is supposedly the point where the grief process ends. He emphasises that this does **not** imply that the goal of the process of mourning is to forget the deceased, but rather that the ties that have existed during life with the deceased need to be severed. For Van der Wal (1989-90, p. 158), the relationship continues in the form of memories

...(t)he survivor has to give up all expectations and wishes with regard to the deceased...But grief as such never ends. There will always be memories; sad but also positive ones (Van der Wal, 1989-90).

The importance so far for the mentioned authors lies in the ability to **transform** relationships. How the relationship alters is dependent upon the cultural and social prescriptions underlying transitions and transformations. Suicide as an act of ending a life, is conceptualised, understood, and recognised differently according to the cultural background in which it occurs.

For Lockridge (1995),

Writing about a suicide is a way of continuing the relationship, perhaps in a finer tone, not burying it. But we also don't wish to be dominated or paralyzed by the dead (p. 436).

Thus, Lockridge (1995) calls for a continuance of relationship although practised on a level that he has found beneficial for him – through the art of writing. The importance for him lies in continuing a relationship, and not forgetting or metaphorically 'burying the dead' through detachment.

There appears to be a greater need (in modern societies) to detach oneself from the death of a loved one, rather than a continuance of relationship. Any form of relationship with the deceased is deemed to be pathological and perceived as a failure to cope (Wertheimer, 1991). Shapiro (1996) has cited several case examples whereby clients were exhibiting 'symptoms of pathology' because they were not allowed expression of relationship with deceased family members as this was considered to be unhealthy. Once acceptance of the relationship occurred, the person was cured of the so-called symptoms they were showing. It would appear from this discussion that the therapist can play a vital role in **granting permission** for a continuance of relationship – be it in legitimising those experiences where the survivor has images of the deceased, or in engaging in conversations about the dead and possibly even with the deceased.

It appears that a great deterrent to having relationship of any description with the deceased is due to modern society's belief that death is a final act, and there is a renunciation of ties with the deceased (Wertheimer, 1991). **Many culturally acquired practices are devalued or pathologised** (Shapiro, 1996). Shapiro (1996)

strongly recommends that the relationship with the deceased is one that requires transition, not burial. This is a position also taken by Van der Wal (1989-90). For both of these authors, the recognition of a relationship in transition allows for an important resource supporting the family in ongoing development so that the relationship with the deceased can be re-viewed and rebuilt. In short, Shapiro (1996) calls for family therapists to "...re-examine the belief that long term attachment to images of the deceased is a sign of psychopathology" (p. 325). Even if the survivor had a difficult relationship with the person who committed suicide prior to the death, this would need to be acknowledged within the context of the death and the relationships that follow. As suicide is a sudden act, an unpacking of the relationship prior to the death is considered to be helpful for the person making sense of the act.

Further, once a researcher or psychotherapist has an understanding of the culture's construction of bereavement, and taking into account the researcher's or therapist's assumptions regarding health and sickness, a family can be offered a strategy that fits for their grief experience (Dunne et al., 1987; Hecker & Schindler, 1994; Weiss, 1987). This would require a belief in multiple realities and dialoguing (assumptions of the social constructionist perspective). The western/modern belief in 'quick-fixing' a loss could be denying the 'survivor' the experience of relationship, and one has to re-look at what is considered pathological (Rosenblatt, 1988).

It emerges from the literature that a balance between detachment and attachment of relationship is sought. The transformation of relationship is what is strongly being called for, thereby enabling family members and close friends to have understanding of the loss, acquire new meaning, and finally find ways of integrating these new meaning systems into their everyday lives (Bowlby, 1969; Shapiro, 1996).

Allowing for Alternatives to Emerge

The foundational epistemology of this research is one which invites the emergence of outcomes (Sarbin, 1986; White, 1995; White & Epston, 1990). One cannot assume to know all that there is to know about the aftermath of suicide in relational terms. Therefore, this research dissertation will allow space for alternative stories and aspects of suicide to arise. One can provide a framework of literary

aspects in which to contain the wealth of information gathered from interviews, but this is once again, not intended to be an all-inclusive process.

The rite of passage metaphor illustrated by White (1995), describes a process of initial disengagement from the relationship; entering the relationship in a state of uncertainty otherwise referred to as being the betwixt and between phase; and finally the phase of re-entering relationship or re-incorporation phase. This metaphor is also applicable for the research carried out here. The literature review is a means of entering the domain of suicide, inviting multiple perspectives and differing opinions. The interviewing process will bring further information and allow for the researcher's uncertainty to emerge due to the unpredictable nature of mourning experiences. The literature review, together with the interview content, will merge then into a comparative debate, and finally culminate in a conclusion. In this process there is enough opportunity to enter in disengagement and engagement with the content and conversations about suicide, in no particular order or set phase (White, 1995).

Therapy with the Survivors

In the past, it has been assumed that once a person has committed suicide, the family and close friends will mourn through a process of stages which echoes Kubler-Ross's (1969) world renowned work on death and dying (Goldstein & Buongiorno, 1984; Kato & Mann, 1999; Shneidman, 1981; Van der Wal, 1989-90; Wroblewski, 1984-85). All of these authors agree that there are **common** emotions shared by survivors. Yet, they also advocate that the tendency to view the pathway of mourning as specified by Kubler-Ross (1969), be approached with a flexible and open mind. What one finds is that there has been an amalgamation of most human emotions, and this collaborative effort is seen to express what people will endure in a process of healing. The general consensus advocates that a person will experience some of, if not all of the following – shock and denial, anger, blame, assuming responsibility for the death, fears of his or her own death, hallucinations, depression, and then a move forward toward acceptance, 'making sense' of what has occurred, and finally, integration of the process.

Some of the more recent researchers, such as Aldridge (1993), Pritchard (1995), and Wertheimer (1991), warn against prescribing the phases a person will pass through as there is a tendency to appreciate that each individual experiences death in a unique and personal way. The perspective of individualising the experience of death has been discussed earlier. However, the stage theories of bereavement, such as those proposed by Bowlby (1985) and Kubler-Ross (1969), have proven to be very influential among clinicians (Kato et al., 1999) and can be helpful.

It appears that clinicians are hungry for a cure or recovery from mourning deaths, and by falling back against the set stages that people are assumed to go through (albeit according to their own stage choice, as each stage does not necessarily pre-empt the other), the clinician is assured of certainty and recovery themselves.

The Individual in Therapy Following a Suicide

“Once the shock has abated, the guilt wrestled with, and peace made, it is the hole in the heart, the missing of the person, that stays” (Jamison, 2000, p. 293). The sense of loss following a suicide is paramount, and the suddenness of the death can account for the amount of loss experienced, as knowledge of the intention to die is rarely known, thereby leaving a feeling of unfinished business among survivors. Jamison (2000), has found through her research that most relationships at the time of suicide are drained, or severed entirely. The reasons she offers for this are wide, ranging from financial difficulties, to psychiatric illness. For this reason, she comments that by the time a person commits suicide, that person barely resembles the person that he or she used to be. Suicide survivors, faced with the sudden death, may even be relieved at hearing about the death, a feeling which is not often voiced due to the social expectation of holding the suicide in the light of a tragedy. When reflecting upon the relationship that the survivor shared with the suicidee, the punctuation is normally on the relationship that used to be, prior to the spiralling interpersonal destruction. This gives rise to much guilt and anger on the part of the survivor, as the relationship is decontextualised to only punctuate the early relationship and the outcome of death (Jamison, 2000).

Jamison (2000) also found that the actual cause of death is often denied or lied about, furthering misconceptions about suicide, and adding confusion for the survivor. The silence following suicide may involve the secretive nature of the death, or even support systems not knowing how to approach the situation and avoiding it, leaving the survivor feeling stigmatised.

An individual that comes for therapy following a suicide death, hardly exists alone. This person is usually a family member, such as a sibling, parent or spouse, and as such, the loss of a family member resonates through the family itself, the work place, schools, religious settings, and the community at large. A new definition of the surviving person's role is required, and according to Jamison (2000), psychotherapy can be helpful in readjusting to a new life without the person who has died. The circumstances preceding the death may have been distressing and included physical, verbal and emotional abuse, alcohol and drug use, financial strains, and emotional withdrawal. Therefore, the person coming for psychotherapy may not have experienced a very peaceful ending of a relationship with the suicidee, and this may need to be confronted in the therapy room (Jamison, 2000).

The importance of recognising the way the relationship ended for the survivor is most noticed in the relationships that follow the death (Brent, Moritz, Bridge, Perper & Canobbio, 1996). This part of the story is often marginalised because of the unspoken nature of what the relationship consisted of. Relationships that follow the death are therefore often shrouded in practicalities, such as financial concerns, silenced by communal fears of not knowing how to broach the topic, and personal fears of accusations for being responsible for the death of a loved one, or being viewed as a failure and not being able to cope with the challenge.

For the child grieving the loss of a parent, there is more often a lack of communication that surrounds the act. This is usually framed in the light of protecting the child, with the intention of promoting the child's acceptance of the parent's death long-term. Jamison (2000), however, advocates that children be told the truth at the earliest convenience of surviving family members as,

(e)fforts to 'protect or 'shield' a child invariably come back to haunt him or her by creating a web of distortions and misconceptions and a 'conspiracy of silence' (Jamison, 2000, p. 303).

The silence following the suicide, may unknowingly contribute to the child's confusion later on in life when the child has failed to realise his or her parent's expectations, and trust in loved ones may become an issue of concern should the child find out the truth from a source other than immediate family members (Jamison, 2000).

Therapy and Rituals

There are researchers and therapists that have documented styles of therapy that work through ways of continuance of relationship and transformation. Shapiro (1996), suggests that death precipitates family change on two levels. On the first level, change occurs in the family life cycle tasks, inviting new demands on the family, which arise from the loss itself. On the second level, the family needs to incorporate the death into the ongoing (albeit shifted) family life cycle based developmental process (Shapiro, 1996). Both these changes (occurring in no particular order) are supposedly governed according to cultural beliefs, yet they are uniquely experienced, and made-sense of, by individual families. The family therapist's role is viewed as important in helping families to "...identify their resources consistent with their historical cultural background and generate meaningful rituals that enhance the family's cultural and ancestral ties" (Shapiro, 1996, p. 319). For Shapiro (1996), the foremost concern is that the therapist be **culturally sensitive** to bereavement traditions when assessing the family's connection to its own culture-of-origin practices. The focus of this approach is multi-dimensional appraising levels of historical, cultural, familial, and individual experience. An assimilation of these dimensions is seen to be best suited to the person's own history and present life circumstances (Shapiro, 1996).

Harrari and Wolowelsky (1995) warn therapists of the importance of understanding the religious beliefs surrounding the mourning of a person, as it is often within this domain that mourners are misunderstood and judged as being

symptomatic in their recovery process. These authors also place great emphasis on the use of constructed rituals which can be important tools for facilitating life-cycle transitions in the family systems as that family confronts the death of a family member (Harrari et al., 1995).

Atwood (1997), as a social constructionist, proposed a style of therapy that invited a platform on which to discuss openly how relationships with the suicidee have been beneficial and meaningful for the survivor. This is done with the intention of creating a frame that surrenders the future free of tragedy. Atwood (1997), makes use of constructed rituals which gives the family the opportunity to punctuate the relationship as one of transformation; still there, yet occupying a different place. For Atwood (1997), the intention of social construction therapy is to instil hope and change, through a process of therapist and client co-construction and the use of metaphors, imagery and rituals.

The above-mentioned therapeutic styles differ according to the underlying epistemological assumptions of the therapist (Keeney, 1982). How the therapist chooses to view human behaviour and relations is exemplified in his or her choice of therapy. The therapeutic agenda is not consistently applied to every family, rather it is uniquely adapted to the idiosyncrasies of each family (Coale, 1994).

The Therapist as a Survivor of Client Suicide

McIntosh (1996), makes reference to professionals as survivors of suicides, and he documented no less than six pages of references to research carried out in this area over a nine-year period. The point of including this area of research here is to emphasise the concept of observer-inclusion in any description of relationship (Atkinson & Heath, 1990; Keeney, 1983; Rosenblatt, 2000).

The Therapist in Mourning

The authors Bultema (1994), Cooper (1995), Goldstein et al. (1984), and Kleespies et al. (1990), highlight similar issues concerning the therapist as survivor. These research projects suggest a structured recovery phase for the therapist, and

all are consistent in outlining the feelings and emotions experienced by the therapist. Goldstein et al. (1984), claim that recovery from a client suicide would entail the incorporation of the event into the therapist's personal and professional life. These authors propose that the suicide experience challenges the therapist's belief in self-worth and ability, ultimately questioning the therapist's sense of security. They refer to a therapist's 'grandiose resource fantasies' (Goldstein et al., 1984) and suggest that these issues need to be dealt with encouraging space for the therapist to initially suppress aspects of the patient's suicide, followed by the opportunity to grieve the loss, and finally an acceptance and acknowledgement of feelings. This perspective echoes the theory of death and dying put forward by Kubler-Ross (1969) where the stages included denial and isolation, anger, bargaining, depression, and acceptance (Wambach, 1985-86).

As the therapist enters a different level of relationship with the person who committed suicide, it would be of interest to understand the ways in which the therapist incorporates this event into his or her personal and professional lives (Goggin & Range, 1985; Goldstein et al., 1984; Wambach, 1985-86).

Therapeutic Stances Post-suicide

It appears from the literature that the amount of responsibility that a therapist assumes after the death of a client is dependent on the epistemological framework of the therapist. The authors Chemtob, Bauer, Hamada, Pelowski and Muraoka (1989), advocate a position where the therapist works from an objectivist, expert stance – for example a first order cybernetic approach (Keeney & Ross, 1992) – and warn the therapist that client suicide is a serious occupational hazard, and they should do their best to identify factors that place them at greater risk of experiencing this hazardous occurrence. Examples of these factors are, choice of work setting, allocation of time to profession, and varying the nature of presenting client problems (Chemtob et al., 1989). It is the very language that these authors use that advocates their strong position on therapist neutrality. According to Chemtob et al. (1989, p. 299), "(p)racticing therapists, however, do not have available formal mechanisms to inoculate them against or support them through the stressful impact of a patient's suicide".

Adding to the suggestions of these researchers, Jones Jr (1987), proposed that the client suicide be fully incorporated into the therapist's personal and professional life, and that this experience also offered the therapist an opportunity for growth.

The tragedy of patient suicide can also be an opportunity for us as therapists to grow in our skills at assessing and intervening in suicidal crisis, to broaden and deepen the connection and support we give and receive, to grow in our appreciation of the precious gift that life is, and to help each other live it more fully. All of us who work with significantly troubled individuals shoulder the potential burden of becoming survivors of a patient's suicide. The burden, should it come, is better carried with support (Jones Jr, 1987, p.141).

Jones Jr (1987), does not advocate a particular way of 'successfully mourning' a suicide death, instead he offers a story of his own struggle with this kind of experience. Rickgran (1988), also places his experiences on paper and offers the reader the opportunity to decide for him or herself upon the position he or she wishes to take, thereby inviting therapists to determine for themselves how they might wish to understand the impact of client suicide (Rickgarn, 1988).

Healing for the Therapist

A ten year study conducted by Hendin, Lipschitz, Maltzberger, Pollinger Haas and Wynecoop (2000), on therapists' reactions to client suicide, revealed several common emotive responses. Twenty six people from health professional domains were included, such as psychiatrists, psychologists and psychiatric social workers. The emotive responses included shock; disbelief; grief; guilt; fear of blame; fear of lawsuit; self-doubt; inadequacy; anxiety; anger; betrayal; shame or embarrassment; frustration; and relief (Hendin et al., 2000). One can see that the loss of a client evoked very strong responses in the therapist. The most common ways of going through the aftermath of client-suicide was to establish connection – either with surviving family members, co-therapists or by continuously remembering the death

and treatment goals in detail. The study also concluded that the therapists' response to client-suicide remained intense regardless of therapists' age, years of experience and practice settings including institutional and private practices (Hendin et al., 2000).

Healing was initiated through educating themselves (the therapists) into all possible explanations for the suicide – obviously best accomplished if they were not directly blamed for failing to be therapeutic. The logical reasoning offered for reasons behind the suicide often failed to ease the emotional response of the therapist. This reasoning was offered in either: 'you did all you could', or 'they would have done it anyway'. From this study, one can see how the domain of client suicide is highly perturbing to the therapist's sense of self-worth, accountability, and ability to face the wrath of on-lookers, general law administrators, and future suicidal clients (Hendin et al., 2000). The sense of closure sought by these therapists in the study was often through re-connecting, and offers an interesting perspective in the context of this study.

An Outline of a Debriefing for the Professional

A difficulty encountered with mental health professionals is often cited as their inability to take care of themselves as they do for others, especially their patients (Bultema, 1994). What follows then, is an overview of a suggested plan of action to implement following a death by suicide for the surviving professional. Grief is supposedly experienced by the professional for several reasons, such as the loss of human life, the questioning of the competence, and the loss of an ideal, such as, life preservation above all else.

In order to mourn a loss, Worden (1982), identified four tasks of grieving that should be completed. These are,

- accept the reality of the loss
- experience the pain of grief
- adjust to an environment in which the person is missing
- and withdraw emotional energy and invest in another relationship.

In order to 'successfully mourn' the loss of a patient, Worden (1982) advocates that professionals should be able to openly talk about their loss, and experience the feelings of loss. This would undoubtedly require a relatively safe and trusting environment in which to share these emotions.

According to the researcher Bultema (1994), professionals will differ in their grief experiences because of their unique experiences, beliefs, values and culture. Therefore, the following suggestions should account for individualised attention, which may hasten the recovery process. Briefly outlined, the recommendations made are the following:

- Immediate review of the suicide event and the construction of a plan for the day ahead. The common responses expected at this stage are shock, denial anger, feelings of professional insecurity and threat of job loss. The keyword for this stage is **containment**, both for staff and other patients who may be aware of the suicide.
- A patient community meeting is the next requirement whereby all other patients are **informed** about the suicide (if the professional is working in a hospital or unit environment). This is done to decrease the anxiety that may arise upon the news of a fellow patient's suicide. Here the keywords are open and honest communication.
- 'Process opportunities' help the professional to experience the gamut of **emotions** mentioned at stage one. This should optimally occur two to three days following the death, allowing time for the professional to conceptualise the act. The key word here is self-disclosure whereby the facilitator or clinician shares his or her experiences with the professional.
- A memorial service may help in providing a **ritual** for the treating professional and demarcate a legitimate space for mourning to occur.
- Reviewing the death should optimally take place three to four weeks after the suicide, and the facts of the suicide should be presented in a holistic fashion accounting for all **possibilities** that led to the death, such as previous psychiatric and medical history of the patient, marital status, occupation, religious status, and age. This context should be free of blame.

- Scope for continuous process opportunities should be provided to ensure that the professional can **reinvest** their energy into other relationships and patients, and move away from the deceased. This may be done in the form of team meetings, educational and case conferences. This repetition of an earlier stage is deemed important when attempting to avoid the telling of false information that often emerges following a suicide.
- Lastly an anniversary meeting is proposed to allow the professional the **opportunity** to share feelings and experiences that may help to complete the grief work. The keyword here is holism, where the grieving process is seen to come full circle (Bultema, 1994).

The Themes Emerging from the Literature

Following the discussion above, the areas of research interest when exploring the relationship that survivors have come to develop through the transitions they face are listed in summary form as:

- The mode and cause of death. Researchers have found different reactions depending on the mode of suicide – poisoning by car exhaust fumes (Blaszczynski & Farrell, 1998; Brown & Barraclough, 1999); drugs and anti-depressant abuse (Beautrais, Joyce & Mulder, 1999; Boer, Booth, Russell, Powell & Briscoe, 1996); jumping in front of a moving train (Mishara, 1999); and self-inflicted gunshot wounds (Pritchard, 1995). In other words the ‘ascribed meaning’ of the way the death occurred (Epting & Neimeyer, 1984; Pritchard, 1995).
- The age of the deceased and bereaved. This has been suggested as giving meaning to the death. For example justifying the suicide by saying the person was old; blaming parents for child suicide; the final attempt concluding a life-long series of attempts at ending life; and the ending to a terminal illness (Calhoun & Allen, 1991; Carney, 2000; Jacobs, 1999; Lester, 1997; Pritchard, 1995).
- The length of the relationship (Wertheimer, 1991).
- The social and cultural demands and perceptions of mourning (Botsis, Soldatos & Stefanis, 1997; Calhoun & Allen, 1991; Rosenblatt, 1988).

- The relationship of survivor to suicidee as a beginning and not necessarily an ending (Pritchard, 1995; Van der Wal, 1989-90).
- Therapist positions toward suicidal clients following the death of a previous client to suicide and the implemented strategies of countering this, such as medication, referral to a psychiatric ward, increasing connection with the client's previous therapist – if possible (Hendin et al., 2000).

Following Aldridge's (1993) ecosystemic study, the following themes after suicide emerged:

- Events of transition.
- Events of conflict.
- Changes in social events, and events associated with behavioural problems, pain, hospitalisation and drug-induced behaviour (Aldridge, 1993).

These events are meant to act as guidelines for the emergent stories of survivors, and may help in deconstructing the sense a person makes of the relationship with the deceased, and relationships that follow the death, within the context of wider institutions and societal values and norms.

The interest of this study will be on the narratives or stories of those that survive suicide extending from the family member to the treating therapist (Rosenblatt, 2000; Wertheimer, 1991). The emerging themes outlined above could be seen as mere punctuations allowing for more marginalised aspects of suicide stories to emerge.

Conclusion

In this chapter, an overview of the existing body of knowledge on suicide has been discussed. Suicide, viewed as an interpersonal phenomenon, can be discussed on many levels. The levels which this literature review has focused on, have been: the causes of suicide, the bereavement process, and the impact of suicide on future relationships for those that are left behind. Each level is comprised of many sub-levels. In this review, the causes of suicide have included a description

of the intrapsychic, familial, and cultural domains. The bereavement process following a suicide encompasses a multitude of theoretical models, which help to structure the meaning making process following a suicide. Lastly, the relationships that follow a suicide, are understood within the way that a person makes sense of the suicide, an approach which is contextually and historically grounded.

Suicide, affects many facets of human behaviour and functioning. The literature review that has been presented has focused on the personal and professional provocations that follow a suicide. This included a discussion of the naming of those that continue to live after a suicide, the implications of this naming process for healing, and possibly even the continuance of grief, and also differentiating the effects of suicide from a personal to a therapeutic context.

In the next chapter the theory and epistemology of this research study will be discussed.

CHAPTER 3

THEORY AND EPISTEMOLOGY

Introduction

This chapter will outline the epistemological and the theoretical departures of this dissertation. This research, about suicide and the relationships that follow the death, is grounded in an ecosystemic and social constructionist lens. An introduction to ecosystemic thinking, with reference to the employment of the cybernetic metaphor of pattern and interaction, will be provided. The tools of discerning an epistemological framework from which to understand and create 'reality' will then be discussed, as the conceptualisation of the research tenets depend upon the reader having a thorough understanding of the researcher's epistemological points of punctuation. This will then lead to an explication of the postmodern theory of social constructionism with reference to the narrative metaphor. The researcher has married the epistemological frame of ecosystemics and the postmodern theory of social constructionism as she believes that the two philosophies fit together comfortably within her particular choice of research.

The terminology associated with ecosystemics will be defined and discussed incorporating the use of examples where necessary. This will also be done for the social construction exposition, focusing on the underlying assumptions informing this body of knowledge, further, applying these principles to the world of therapy and research, and lastly highlighting the key points that are believed to guide the researcher throughout the dissertation.

This theoretical chapter will concentrate on laying the foundations for a postmodern approach to research. As such, efforts are made to account fully for the benefits and criticisms of such a paradigm. The lens that the researcher has chosen to elucidate as informing her way of being, is consistent with her chosen methodology and the interpretation of data. Therefore, a sound description of her lens is deemed vital for the reader's understanding of her background, thereby

creating the context for a shared domain of understanding among the various spectators of this project. The reader's ability to grasp the theoretical and epistemological concepts, ideas, and beliefs as put forward here, is seen to be the first step in creating a consensual domain with the researcher, in which to decipher the intricate world of the suicide survivor.

Introducing the Approach of Ecosystemics

"If we are to understand any part of the system, it is necessary to see its relationship to the whole" (Allman, 1982, p. 49). An ecosystemic approach postulates that people do not exist in isolation of those around them, as they are continually interacting through processes of social exchange. A way of understanding *how people* do this, and *how we* come to understand these behaviours is through an ecosystemic epistemology and that of social construction theory. The researcher acknowledges that "what one sees will always be shaped by the world in which one is presently operating" (Keeney, 1983, p.15), and therefore, the chosen approach for this research is a description of the ecosystemic and the social constructionist way of thinking. This demarcation of theory represents only one of many other possible ways of constructing reality. Reality presented here is therefore viewed as being fluid and not fixed.

An approach that acknowledges context, relationship, ecology, interaction, complexity, wholeness and 'fit' has been termed an ecosystemic perspective (Keeney, 1979). Ecology is the proposition that all aspects of social nature are intricately and systematically interrelated. "The broadest possible view for looking at all systems, orders of systems, and interrelations among systems is defined as ecology" (Keeney, 1983, p.135). The ecosystemic approach has emerged from the ideas of the fields of cybernetics, ecology, and general systems theory. The development of ecosystemic thinking has clearly rejected the traditional assumptions of a Newtonian epistemology whereby people were understood a-contextually. The implications of seeing the world through ecosystemic lenses are far reaching,

- affecting the way we understand ourselves and other people;

- influencing how we view behaviour from a position of including ourselves in any description offered as all behaviour is believed to be related through interaction;
- acknowledging the process of therapy, and not merely the content;
- inspiring a meaning generating perspective amongst people that is contextually grounded;
- and especially within this context, the research process, where research is considered to be a form of dialogue between the researcher and co-researcher, or participant, in which meanings are shared, deconstructed, and reconstructed.

The Ecosystemic Approach: An Epistemology

According to Keeney and Sprenkle (1982) the ecosystemic epistemology is one which attempts a non-dualistic conceptualisation of cybernetics, recognising completed circuits or whole ecosystems, rather than seeing isolated parts that are acting, interacting, reacting or transacting with each other. This interaction in and between systems, implies that one can never expect to understand people out of context and in a causal manner. There are several terms mentioned here that will need elaborating on for the reader to grasp the researcher's view of understanding.

Epistemology

Dell (1985) has described at least five ways that Gregory Bateson applied the term epistemology in his writings (1972, 1979), and acknowledges that, "it was Bateson who first brought the epistemology to the attention of the family therapy field and it has been upon his work that other family therapists have built up" (Dell, 1985, p. 1). Dell then goes on to criticise Bateson, asserting that he (Bateson) applied the term epistemology as a synonym for paradigm, biological cosmology, as a science, and as the fundamental assumption underlying the behaviour of an organism. In its most general sense, Dell (1985, p. 14) maintained that, "failure to recognise that we live within a cybernetic epistemology almost always results in epistemological error".

Epistemology has been defined by Keeney (1983, p.17), as having a dual meaning

(T)o indicate *how* one thinks, perceives, and decides, and *what* one thinks perceives and decides. We will now begin to see that *how* one knows is inseparable from *what* one knows.

Auerswald (1985, 1987) claimed that a definition of epistemology is simply a process of thinking about one's thinking where, "(t)he nature and structure of our own thought processes...determine both what we see and our course of action (Auerswald in Allman, 1982, p. 45). The traditional philosophers define epistemology as the study of the theory of knowledge, that is, investigating the origins, structure, methods and validity of knowledge (Dell, 1985).

The researcher takes the following position from the above descriptions of epistemology:

- Bateson's definition of epistemology as an **understanding** of the basic assumptions underlying human behaviour.
- Keeney's definition of what one knows about these assumptions leads to how one understands the world, in a **recursive** way.
- Auerswald's definition of **thinking about thinking**, which ties in with Keeney's definition of epistemology.

Therefore, the researcher appreciates the importance of understanding one's epistemology, and in this way of knowing how we understand the world, it is possible to 'make sense' of events, situations, other people, and ourselves. Epistemology, now defined, has important consequences for the research arena. The perspective of the researcher is firmly grounded in her understanding of her own epistemology, and this has been clarified for the readers so that they too, can discern their epistemologies. For an understanding of postmodern research to occur, the participants involved in the dissertation, (researcher, co-researchers, readers and the like) require a common territory of understanding, as "...knowledge is not something people possess somewhere in their heads, but rather, something people

do together” (Gergen, 1985, p. 267). Epistemology, a communally defined construct, will now be expanded upon to include a more holistic approach outlining the differences between a modern and a postmodern tradition in efforts to appreciate both perspectives.

Lineal and Non-lineal Epistemology

Keeney (1983) differentiated traditional, lineal epistemologies and non-lineal epistemologies. It should be understood that here Keeney (1983), is using the term epistemology as synonymous with paradigm, just as Bateson did, and for which he was criticised by Dell (1985). A paradigm can be understood as an all-encompassing system of practice and thinking. In a research context, paradigm defines for researchers the very nature of their inquiry (Terre Blanche & Durrheim, 1999). Again, this researcher takes the position of epistemology to mean the ‘thinking’ and ‘doing’ that is recursively connected.

Traditional, modern epistemologies, as seen by Keeney (1983), are those that assume a world view that is atomistic, reductionistic, and a-contextual. Within this lineal epistemological framework, the parts are viewed as representative of the whole, and can therefore be understood apart from their environment. A further assumption of this traditional epistemology, is that it is assumed that the reality of the object or subject studied can be known, and can therefore be generalised to wider systems and accepted as the truth. For example, when conducting an investigation on post-suicide relationships, the unique circumstances surrounding each death are not recognised, and further, research findings are generalised and applied to the majority. Viewed in this way, ‘reality’ becomes fixed. These basic assumptions of human behaviour are recognisable in research carried out from a positivistic paradigm. The assumption is made that the results of the study are the reality, and can therefore be generalised to the mass populations (Auerswald, 1985; Keeney, 1983).

A **non-lineal** epistemology, also known as systemic, ecological, ecosystemic, circular, recursive, or cybernetic (Dell, 1985; Keeney, 1983), emphasises ecology,

relationship and whole systems. The focus of this epistemology is on interrelation, complexity and context.

To place these world views in a metaphoric example of therapy, a lineal epistemologist, or therapist, would view his or her work as “an attempt to correct, dissect, or exorcise bad, sick, or mad elements of their clients...” (Keeney, 1983, p. 14). A non-lineal therapist informed by an ecosystemic epistemology, would instead view the behaviour of the client within the context of their broader systems, and describe what is observed in a circular way of understanding, accounting for the interaction within and between systems and subsystems.

This researcher adopts a non-lineal, contextual approach to understanding human behaviour. Although there are benefits of the positivistic lineal tradition, such as, simplicity and certainty gained through having clarity on the belief systems of others, this researcher's preferred way of being is to complexify and contextualise social events as they occur.

Knowing one's Epistemology

Keeney (1983) proposed that the first step of knowing one's epistemology involves **drawing a distinction**. “*An observer observes by drawing distinctions. In other words, what we perceive always flows from an act of making a distinction*” (Keeney, 1983, p. 24) (Emphasis in the original). What the person then sees, can be described. This description invites the concept of recursion. The process of drawing distinctions involves making observations, and from these observations, we draw further distinctions in an effort to describe what we have observed. **Recursion** implies that as we acknowledge how it is that we come to know about another system's knowing, we are drawing distinctions. Therefore the task of finding out about our epistemology becomes the very subject of our own investigation (Keeney, 1983). It is important that the epistemologist understands how drawing distinctions is a process of embodying recursion and principles of cybernetics. Keeney (1983, p. 28), explained this as follows;

The therapist is drawing distinctions, distinctions upon distinctions, upon distinctions. What the therapist does when he engages in drawing a distinction is to construct an epistemology – a way of knowing and a way of knowing about his knowing. In this process the therapist's knowledge can be constantly recycled and modified in order that he may know how to act.

If a person can understand how another person comes to punctuate his or her experiences, light can be shed on identifying that person's epistemological way of being. Punctuating, is the process of organising events in certain ways, and varies according to the way people experience their world (Keeney, 1982). In the domain of research, the co-researchers are believed to each have their own unique way of forming their belief systems, which further informs the way they make sense of relationships before and after suicide. In addition to this, the way people arrive at punctuating their experiences, presupposes epistemological premises for making distinctions. As an observer discerns behaviours of others (according to the observer's own way of punctuating events), this observation can be understood as part of a sequence of events and behaviours, which can then be distinguished as a 'pattern that connects' the behaviour originally viewed in isolation (Keeney, 1983). In the research domain, the people in the inquiry – researcher and participants – all operate according to their own epistemological premises. When understanding a phenomenon such as relationships between people, the researcher feels that an opening step in this process would be to understand peoples' ways of knowing, that is, what and how they come to know their way of being. However, this is not a process that once understood remains fixed. Information is continuously being exchanged through a process of people languaging about events, which then feeds back into their epistemology. Keeney (1983, p. 37) emphasises this very point by saying, "the simultaneous combination of their punctuations yields a glimpse of the whole relationship", and further on he says, "(a)s two eyes can derive depth, two descriptions can derive patterns and relationship" (p. 38).

Once a distinction is drawn and experiences are punctuated sequentially, patterns can be discerned through the epistemological tool of **double description**. It cannot be forgotten that the view of double description recursively connects with the

act of describing a simple action. The view is circular and emphasis is on patterns of interaction (Keeney, 1983; Keeney & Ross, 1992).

The ecosystemic framework emerging from the integration of general systems theory, cybernetics and ecological thinking, appreciates the importance of describing people in terms of their ecologies, contextualising activities, ways of being, and making sense processes, in a way that connects each action to another. The systemic emphasis on **context** and **relationship**, encourages a **holistic** understanding of an individual, so that complexity is advanced and multiple ways of coming to know what we know can emerge (shared consensus).

An Ecosystemic Epistemologist

An ecosystemic epistemologist highlights **patterns** of interactions between people and larger systems or interconnected units. These emphasised patterns, reflect the behaviour of the parts, which are regarded as being self-corrective through the use of feedback loops (Keeney, 1983). **Feedback** is defined by Becvar and Becvar (1996, p. 64), as “the aspect of recursion involving self-correction”, and recursion is realised when causality is viewed circularly. This implies that we view people and events in the context of mutual influence and acknowledge the effects of the parts on each other and the whole. Feedback is therefore, a process whereby information about past experiences is fed back into the system in a circular manner (Becvar & Becvar, 1996).

The model of ecosystemics proposes a circular way of thinking and understanding, and is **dialectical** and not dualistic in nature, that is, the therapist and client (or researcher and co-researcher) are interacting and mutually influencing each other. An investigation of any part of the system, excluding reference to the whole in relationship with the parts, and the context in which the activity occurs, can never constitute an absolute truth, but merely a description of a partial arc embedded within a greater whole (Keeney, 1983).

Keeney and Sprenkle (1982), Keeney (1983), Keeney and Morris (1985), and, Auerswald (1985), emphasise that an either/or dichotomy, or binary position, is

unnecessary and limiting for the epistemologist. By assuming a **both/and** approach to knowing how we know what we know, we are broadening our scopes for understanding human behaviour, including, and especially, our own behaviour. By acknowledging the pragmatics and aesthetics (Keeney & Sprenkle, 1982) of the ecosystemic approach, the therapist or researcher can work in a way that is reductionistic. This reductionism implies a way of thinking, whereby wholes are reduced into manageable and practical 'bits and pieces' (pragmatics). The therapist or researcher, can then move forward to emphasise an increasing and expanding of his or her understanding, and appreciation of the formal patterns that characterise the therapeutic context (aesthetics). Through asking pragmatic questions (for example, what are the errors of a therapy without an adequately agreed upon goal?) and aesthetic questions (what are the errors of purposeful behaviour on the part of both therapist and client?), an ecosystemic approach to therapy and research is grasped.

Keeney and Sprenkle (1982) offer two guidelines ensuring an ecosystemic epistemology:

- (1) The practitioner moves in a reductionistic and specific direction when guided by ecosystemic pragmatics, and,
- (2) The moving in a holistic and uncertain direction when concerned with ecosystemic aesthetics.

In this way, people are understood within their respected contexts, patterns of connection are discerned; the observer is viewed as part of the observation; and the behaviour is interactionally observed (Keeney & Sprenkle, 1982). The importance of being able to shift between reducing and expanding beliefs and ideas is apparent in this research. The researcher will have to be able to construct, deconstruct and reconstruct the stories she shares with the co-researchers. This manoeuvrability of the researcher is made possible through a thorough understanding of the assumptions that inform her epistemology.

According to Auerswald (1985), "... the ecosystems epistemology emerged from the study of a segment of the 'living' universe, namely, families in the context of

socio-cultural systems” (p. 4). This expansion from originally viewing individuals in isolation, towards viewing individuals within systems, toward systems within larger environmental systems, and so on, can appear to be overwhelming when attempting to understand the behaviour of a client in a therapeutic context. By following the abovementioned guidelines, it is possible to view the client through reductionistic lenses, shifting toward a wider lens including wider systems and back again. To enable the researcher or therapist with the ability to shift between levels of viewing behaviour, it is proposed that he or she should have knowledge of what his or her epistemology is, so that congruency of ‘thinking’ and ‘doing’ is attained.

Having outlined the ecosystemic approach above by explicating the various meanings of epistemology and discussing the different types of epistemological thinking, the cybernetic approach can be introduced to the reader. Ecosystemics, in addition with the guiding principles of the cybernetic philosophy, and further, the embracing of social constructionist theory, will together set the foundation for the theoretical and epistemological departures for this dissertation.

Cybernetics (the science of pattern and organisation) helps to understand the patterns that connect the people with their thinking and acting through an understanding of how they come to punctuate their version of reality in the way that they do. The metaphoric description of cybernetics will now be further elaborated upon.

A Cybernetic Description

Cybernetic thinking arose out of research with guided missiles and rockets. This led to an investigation of the brain and the creation of brain-like prostheses for the brain, which then came to be applied to research on robotics and artificial intelligence. The researchers in this field from the last period of inquiry, included Gregory Bateson, Heinz von Foerster, Humberto Maturana, Francisco Varela, and Ernst von Glasersfeld (Hoffman, 1985). These researchers all had one main focus – to demonstrate the impossibility of objectivity. Von Foerster (cited in Hoffman, 1985), proposed two positions: a ‘**first-order**’ cybernetic view – one in which the observer remains outside of that which is observed, remaining objective and unaffected by

that which is observed. The other proposed perspective, emphasised the inclusion of the observer in the observed, and was subsequently termed a '**second-order**' cybernetic approach (Hoffman, 1985).

Cybernetics shares certain assumptions with general systems theory, and social construction theory. The focus of a cybernetic approach is on the principles underlying the control, regulation, exchange, and processing of information (Meyer, Moore & Viljoen, 1997). The ecosystemic approach shares the assumptions of cybernetics in that both emphasise the relations and connections with context, and both focus on the interactions of recursive patterns, within and between systems and subsystems (Meyer et al., 1997).

Differentiating First and Second Order Cybernetics: A Both/And Approach

First order cybernetics is differentiated from a second order perspective in that the former focuses on describing the observations of the observer, from a position outside of the observed system. The emphasis of a simple cybernetic approach is on describing the patterns viewed, and the way that these patterns are connected to experiences, which are organised in unique ways depending on the system observed.

A second order perspective (cybernetics of cybernetics) is considered by Keeney (1983), to be a higher-order way of thinking. This position invites a meta-perspective to include that of the observer in describing how he or she knows what he or she knows. From this position, the notion of objectivity is seemingly ridiculous, as the observer is always drawing distinctions based on his or her understanding of 'reality'. This 'reality' is constructed from social interaction, and through mutual exchange of information (feedback) between people. Hence, the person constructs a 'reality' on the basis of observation, which is shared through communicating about the observation, and this information recursively feeds back into the distinctions that have been drawn (Hoffman, 1985; Keeney, 1983; Meyer et al., 1997).

The second order cybernetic paradigm has been characterised by Hoshmand (1989) as a high **context** paradigm. By focusing on the laws that govern biological

and mental phenomena in a world of information exchange, and by invoking a **metaphor of pattern**, cybernetics has provided what Hoffman (1985) called a 'new epistemology'. Cybernetic thinking implied that change is expected in an effort to maintain constancy, and constancy is maintained through change. **Change and stability** are two sides of a systemic coin, and cannot be viewed as an either/or dichotomy, but rather a both/and position as they recursively connect (Keeney, 1983). Therefore variables within a system are only definable by their interactional permutations and not by an exact value. This is a direct challenge to a traditional lineal epistemology that rests on an assumption of measurement constancy. In the new epistemology, it is the interaction between variables that provides a difference, and a fresh perspective in viewing human behaviour (Hoshmand, 1989).

Bateson (1972, 1979) introduced the field of cybernetics in application to the field of psychology. "Bateson, conceived of a science of social systems in cybernetic terms" (Hoshmand, 1989, p. 30). Within the cybernetics of a human system, an event, or that of 'dysfunctional behaviour', is defined as part of the organisational logic of its ecology, or as Hoffman (1985, p. 20) puts it, "... the *problem* is an ecology of ideas". The recursive process of calibration and feedback require a dialectical conception of complementarity (both/and), or interdependency of part to whole, and between all parts of a system. The key to studying such processes, lies in the distinctions drawn by the human participants, and the communication among them, and with others (Hoshmand, 1989; Keeney, 1983).

Keeney and Morris (1985) proposed that a cybernetic epistemology could guide practitioners, as well as researchers, in discovering and understanding patterns that organise events. In a therapeutic and research context, the therapist, the researcher, and the client, have to be included as part of the research or therapy process (Andreozzi, 1985). According to Hoshmand (1989), not only is there the system we wish to study, but there is also the added element of all participants transacting in an active way with the very phenomena that are being subjected to inquiry. Hoshmand (1989), advocated that this 'extraneous' variable of interaction should be included in the study as there can be no objective reality in a cybernetic epistemology (Hoshmand, 1989).

The underlying assumptions of a second order cybernetic perspective are then the following:

- The observer punctuates differences and distinctions that are known as 'reality'.
- The 'reality' that is being invented orientates the epistemologists' attitudes and behaviours towards the self, relationships, and the world.
- Extending from this assumption, there can never be one 'true' meaning or 'reality',
- Rather, second order cybernetics invites multiple meanings or realities limited only by those drawing distinctions.

Thus, focus of any aspect of a family, ecology of ideas, or system, is abstracted by the observer, and is believed to only be one of many other possibilities. The emphasis here is not on our choice of abstraction, rather, it is about our way of thinking, perceiving and deciding.

Within the field of family therapy, there is a need for both first order and second order cybernetics, as first order invites a description of what is seen excluding the observer's input and hence influence, and second order includes how we are seeing and what we are observing, thus including ourselves in the process. It is important to embrace a both/and observation so that any relationship is seen within the context in which it exists (Becvar & Becvar, 1996).

The cybernetic perspective was criticised by Anderson and Goolishian (1990), for limiting descriptions of human behaviour with the mechanical metaphor. They believed that within this metaphor there is little opportunity to deal with the experiences of the individual. The cybernetic view of a person is that of being a simple information processing machine as opposed to meaning generating beings. Although the researcher acknowledges this criticism, the benefits of adopting a second order cybernetic approach are understood to be: when discerning patterns of connection; emphasising observer inclusion; emphasising relationships; and the mutual influencing acknowledged among all participants. The mechanical metaphor *is* limiting for a complex, context based, explanation for a behaviour or action, but by

adopting a both/and approach, the benefits of second order cybernetics can be amalgamated with a more postmodern focus on people as meaning generating beings.

The way people communicate is of all importance to an ecosystemic approach. It is within this context that a person attributes meaning to an event. The theory of social constructionism is very fitting when understanding our own epistemologies, and it is through language that we are able to relate and explore meaningful systems within a person's framework.

Therefore, the postmodern theory of social constructionism will now be explicated. The theoretical underpinnings of this dissertation are grounded in the premises of social constructionism, and will be actualised through the research process. An aim of this dissertation, is to strive towards congruence between the epistemological process of understanding how a researcher thinks, knows, acts and decides, together with a theoretical departure which is deemed fitting, and lastly, actualised through a synchronised research design. This procedure then feeds back into the epistemology of the researcher in a cyclical, reflexive and reciprocal manner.

Social Constructionism

The importance of the theory of social constructionism lies in the inclusion of accounting for the social, historical and political influences that determine the way people come to construct their 'reality'. This construction emerges through conversing with others. In a way, this may be seen as repetitive of the ecosystemic principle of including wider contexts, but that would be simple substitution to think so. Including wider contexts is done to provide further explanation of the individual so that the person is not viewed in isolation of his or her surrounding contexts. People are seen to construct their experiences in co-ordination with their cultural, social and historical interpretations (Drewery & Mckenzie, 1999).

It is through **language** that realities are made sense of, created, deconstructed and reconstructed. Therefore an approach to research that 'fits' with this researcher is one that accounts for the role of socially generated meanings

through language. Language is performative in this context, in that the world is constructed through language and it is not merely a vehicle for expression. Social constructionism is one such theory that advocates this position.

Social Constructionism in Context

Social constructionism as an approach to the social sciences draws its influences from a number of disciplines, such as, philosophy, sociology and linguistics. This makes social constructionism a multi-disciplinary approach (Burr, 1995). Social constructionism as a theory, and an epistemology, has been widely used in sociology for over twenty years. The discipline of sociology naturally embraced the ideas of social constructionism as the focus for the sociologist is on meaning as a product of everyday social interaction. One can see that there is a 'fit' between the research needs of sociologists and the use of social constructionist principles of context, cultural practices and purposes, beliefs and stories (Sarbin & Kitsuse, 1994). The Social Psychology movement embraced and furthered the development of social constructionism (Gergen, 1985, 1991), as the focus of this academic discipline is on social phenomena. Social constructionism offers unique and varied ways of understanding how people make sense of their surroundings. The people studied or researched are able to perform as agents with their own purposes and intentions, rather than being subjected as mere stimulus-response participants in a predictable world (Sarbin & Kitsuse, 1994).

In the Clinical Psychology field, the application of social constructionism is appropriate and useful when one is able to broaden the scope of understanding behaviour and include levels of description of history, culture and society. The emphasis shifts from viewing the individual in the therapy room, to the social description of the individual within their respected contexts. Durrheim (1997, p. 175), proposed that Psychology as a discipline needs a new (constructionist) theory of science, "...to underpin a psychology which takes the meaningful nature of human activity as its object of study". The way people story their 'realities' is developed through their construction of life events, influenced by the world in which they live, and this story is the story they live by.

The research endeavour fits with these assumptions as the experience of suicide, the mourning process, and relationships pre and post-death, all have ties to the way the story of suicide has been created. An unravelling of the way that the suicide story has come to be constructed following a suicide death, may allow the social discourses to become apparent, simultaneously revealing the non-dominant discourses, which may have been marginalised towards a more passive role because of a multitude of reasons, such as, prescriptions of society. The way suicide is integrated and woven into the survivor's life is seen to be descriptive of his or her grief process, and, possibly prescriptive for future behaviour and relationships. This process of weaving and integration can be deconstructed through application of the social constructionist principles, such as, through understanding the domain of language that the construct 'suicide' developed from.

Burr (1995), has simplistically outlined the so-called 'ingredients' of a social constructionist approach. These will be briefly mentioned here:

- It entertains a critical stance towards **taken-for-granted** knowledge. Social constructionism cautions the researcher to be suspicious of his or her assumptions about how the world appears to be.
- It acknowledges **historical and cultural specificity**. The way one comes to understand the world, and the very language used to offer a description of this world, is historically and culturally specific. The implication is that all ways of understanding are historically and culturally relative.
- It understands that knowledge is sustained through **social processes**. This assumption puts forward the notion that people construct reality through daily interactions. Therefore, social interaction, especially in the domain of language, is imperative to a social constructionist understanding of people. The meanings people ascribe to their understanding of the world is generated through interactions between people.
- It recognises awareness of knowledge and social action as **interdependent**. The process of understanding, or making sense of events, is patterned with the actions that follow. If the construct 'suicide' was not taboo and widely accepted as a norm of society, then there may be a lot more support offered for those grieving a person who committed suicide. The knowledge one has is

largely determined by the social discourses that are spoken through culture and history, and this impacts upon the actions and prescriptions of society. Interactions between people also determine the discourses of society and with an understanding of the informed discourses, people can alter their way of speaking and languaging about problems and stories. There is no intention here to predict that changing the cultural influences will re-shape the people we are as that would be causative and propose a modernist view. Since the social world is the product of social processes, there cannot be any given determined nature to the world (Burr, 1995).

Heeding the mentioned principles of social constructionism, the researcher's role is that of a collaborator. An understanding of a person is gathered through the systematic process of unfolding tightly knitted together stories. An important attribute of the researcher is the ability to think reflexively, whereby the influence of the researcher is made apparent. According to Gergen (1994, p. 48),

(r)eflexive doubt is not then a slide into infinite regress but a means of recognizing alterior realities, and thus giving voice to still further relationships. In this sense, constructionist scholars may employ self-reflexive deconstructions of their own theses, thus simultaneously declaring a position, but removing its authority and inviting other voices into the conversation.

A means of gathering richer descriptions of human behaviour, and understanding how these stories come to be formed, is advanced by the researcher's ability to reflect upon his or her own assumptions informing his or her story, and also in allowing these understandings to influence the way he or she makes sense of other people's lives.

Social constructionism as a postmodern approach, advocates that **language** is used to shape our beliefs, and that meaningful behaviour only arises out of a shared language, from which we make sense of events around us. According to Terre Blanche and Durrheim (1999, p. 149), "(l)anguage helps to *construct* reality". This contrasts a modern, positivistic research epistemology, where language is the

vehicle in which to reify truths. Social constructionism shares underlying assumptions with that of a second order cybernetic and ecological approach to understanding human behaviour. As Keeney and Sprenkle (1982) have noted, a person's way of knowing about knowing (an epistemological viewpoint), is present and revealed in the language of the therapist or researcher, just as the points of punctuation in this dissertation reveal more about the researcher than about the content of the document (Keeney & Sprenkle, 1982; Keeney 1983).

From an ecosystemic, social constructionist perspective, the focus is not just on the actions of people, or the observed patterns of ideas, but also on the **relation between** the ideas held and the actions observed. The emphasis is on non-dualistic constructs, so that the observer-observed system is viewed according to the pattern that connects, and not *either* the observed, *or* the observer. Both participants (observer and observed) constitute the whole, which is continuously changing and evolving within a context of relationship. The expression of a person's epistemology is recursively connected to the distinguishing of pattern in a both/and manner, and the window through which to understand this conception, is by the communication of language, sharing of meanings and constructing realities.

From this point of departure there can be no objective reality from which a person can discover the 'truth' underlying behaviour – implying a cause and effect punctuation (Auerswald, 1985). This dualistic perception would reduce the whole to parts, studied in isolation of the related context. Alternately, from a postmodern position, there is an acceptance of multiple realities, whereby attempts are made to understand the behaviour within the related context. In this way, both cause and effect predominate as an explanation for each other. This construction is dependant upon the meanings that people attach when constructing such a reality (Gergen & Gergen, 1996). For example, a commonly held thought of cause for suicide is psychological dysfunction (a traditional assumption). Viewed in isolation of relational factors, this hypothesis makes sense for the reader, yet, suicide as an outcome, could be explained as cause for psychological dysfunction in itself. Therefore, from a perspective of multiple realities and circularity, the cause offers an explanation for the effect, which in itself, can explain the cause. This adoption of a both/and

perspective is dependent upon the way a person comes to uniquely define reality for his or herself.

Basic Tenets Underlying the Social Constructionist Approach

To begin with, a basic premise of social constructionism is exemplified in the way in which we understand our world, that is, the **meanings** we attach to experiences. Meanings are mere descriptions of what the world represents, and not 'fixed' definitions about the so-called 'real world' out there waiting to be discovered. "Using language ("languaging") is action and it is through language that people define and experience reality" (Atwood, 1997, p.11). The way we come to know our world is through interactions in relationship, and knowledge is only known through social exchanges. The meanings we construct are therefore, embedded in our everyday social lives (Atwood, 1997; Gergen, 1985; Gergen & Gergen, 1996).

According to Anderson and Goolishian (1988, p. 372),

(w)e cannot arrive at or have meaning or understanding until we take communicative action, that is, engage in some meaning-generating discourse or dialogue, within a system for which the communication has reference.

These authors, emphasise the impossibility of having an objective understanding of a pattern of communication, as it is through a collaborative process of languaging that meaning is created. The emphasis is not on assuming what the person is thinking, but on the meanings people generate as they interact and share descriptions of perceived experiences. The accent is on the mind **in** interaction and not on the mind as an entity on its own. This view is therefore consistent with Bateson's (1979) belief that the mind is social and represented in an ecology of ideas.

The link of second order cybernetics to that of multiple realities is stressed by Hoffman (1990, p. 4) when saying

(t)hey (second order lenses) often make you more aware of how your own relationship to the operation influences it, or allow you to see that a particular interpretation is only one among many possible versions.

The essence of social constructionism is that there can be no concrete facts, only interpretations, and as Hoffman (1990) has pointed out, a lot of them. Thus, there can be no more right way to live, act, or participate in a family, and no more correct way to be a therapist or researcher. The importance lies in remaining cognisant of one's epistemology, so that a congruence develops between communications of ideas, meanings attached, and distinctions drawn.

Social Constructionism and Multiple Meanings/Realities

Meanings are the products of interactions with others and are influenced by the context in which they occur, including the influence of society, culture, and historical time (Nadeau, 1998, p.14).

- Meanings are developed through social **interaction** and social **consensus**. All understandings are socially negotiated and are related to the context within which they are embedded, especially the current conversation. The implication here is that meanings are neither static, nor unchangeable, but are the product of social interaction over time.
- There is an emphasis on the criss-crossing of ideas and meanings in our conversations with one another.
- Meanings are **transitory**. No word or communication is ever complete, clear or enduring, because there are always potential new interpretations that may be expressed. We are continually developing new stories about various aspects of others and ourselves. The conversations ensure the ongoing change, and they also expand and limit our understandings.
- A social construction position values the adoption of a '**not-knowing**' approach to understanding. Knowledge is created out of conversations. Expertise lies in the manner in which **conversation** is conducted, not in the ability to convey an 'old' body of information. The non-expert position does not denote that a therapist or researcher lacks experience, knowledge, or theory,

but recommends instead that there is no privileged information (Anderson & Goolishian, 1988; Gergen & Gergen, 1986).

Social Constructionism: Language, Context and Reflexivity

Social construction theorists emphasise the importance of language as mediating social knowledge. It is within the realm of evolving conversation that a person has a sense of who they are, and what they believe. The emphasis is on mutual influence, encouraging reflexivity so that many voices are expressed (Hoffman, 1992).

To be **reflexive** in conducting research requires recognition that constructing is a social process, rooted in language, and not inside one's head. This understanding of language implies that it is a performative means for co-ordinating activities (Gergen & Gergen, 1986). The therapeutic or research interview is a performative text (Hoffman, 1990). Further, the text is expected to take its shape according to the emergent qualities of the conversation that has been inspired, thereby creating an emancipatory dialogue rather than the problem content issue (Gergen & Gergen, 1986; Hoffman, 1990).

The research process is viewed as a **reciprocal** process by taking a self-reflexive stance (one that includes being conscious of ourselves as we see ourselves). This stance enables the researcher to examine how we are a part of our data, and how our assumed research structures and logics are themselves researchable (Steier, 1991).

The social constructionist approach prompts the investigator to look outward toward **multiple realities**. Therefore reflexivity is relational with emphasis on expanding the multiple languages of understanding. The therapist or researcher views these multiple realities, or discourses, as the essence of therapy and research, and through reflexivity they can never become a fixed reality. The discourses, "should be deconstructed by both clients and therapists; and subsequently reconstructed together" (Lax, 1992, p. 75), highlighting the recursive way in which we communicate.

Reflexivity seen as a process where ideas fold back upon themselves, involves making oneself the inquiry of one's own observation. Through engaging in reflexive conversations, a person looks back upon the prior conversation, and this process is believed to shift the discourse. This subsequent shift then changes the way one comes to perceive. As Lax (1992) puts it, one can step aside from the discourse one was initially engaged in, and view it from an alternative perspective (Lax, 1992).

The postmodern approach refers to knowledge as being socially constructed, the knowledge and the knower as being related in context, culture, language, experience and understanding. This suggests ongoing reflexivity, acceptance of multiple voices, and the ability to entertain an element of uncertainty. These assumptions together, inform a person's beliefs, which influence thoughts and actions.

As a postmodern therapist or researcher,

(W)e must remain open to challenges of our own dearly held views and biases, and open to the uncertainty of the yet-to-be known territories these challenges may lead us to in the future (Anderson & Swim, 1995, p. 12).

To ensure that the research process and methodology concur, language practices are central, and meaning is seen to derive from social interaction.

Discourse as a World View

Constructionism holds that a world view is essentially constituted in language, and the language itself, is therefore the object of study. This view of language as helping in the process of constructing a reality, is in opposition to lineal epistemologies where language is viewed as a route to discovering underlying, hidden realities. Further, for social constructionists, realities are constituted, and

changed, through the relationships in which the realities take shape (Gergen & Gergen, 1996).

The view of the individual, from a social constructionist perspective, is immersed in a discourse of **personal agency**, whereby resourceful actions on behalf of the individual are presumed to exist. This echoes the ecosystemic concept of holism and circularity, whereby the individual is not isolated and perceived a-contextually, rather within the context of social relationships. The individual, belonging within a system within more intricate webs of systems, is viewed as being a responsible person, and capable of shifting problem stories. The political and social discourses informing a person's way of being, are not highlighted to the exclusion of personal autonomy. Individual agency is reflected upon within relational networks, and individual action is therefore understood as part of a wider relational process involving many participants. Social constructionism, therefore, clearly advocates a both/and view of people situated within that person's multiple discourses (Gergen & Gergen, 1996). In each understanding of a person's life, and the meanings that he or she attains through conversations, certain discourses are emphasised and others are marginalised. The task of a social constructionist researcher then, is to be functionally aware of the dominant and marginalised stories of the participants, so that the binary oppositions of what is considered right and wrong are eradicated.

According to Terre Blanche and Durrheim (1999), constructionism as applied to the research process is concerned with the broader patterns of social meaning encoded in language. As social life is organised by language processes, the discourses shared with regards to distinctions drawn, are what the constructionist looks at. This highlights the mutual influence of wider systems within and between systems. The implication is that any reality should be culturally and historically understood when attempting a research endeavour (Stroebe, Gergen, Gergen & Stroebe, 1992; Terre Blanche & Durrheim, 1999).

The manner in which people engage with the world – e.g. what you can do and cannot do – is thus structured by the way in which the world is constructed. When we act, what we achieve is to *reproduce*

the ruling discourses of our time and *re-enact* established relation patterns (Terre Blanche & Durrheim, 1999, p. 152).

Therefore, the social constructionist researcher is interested in how language is used in the creation of meanings, feelings, and experiences. The task of the researcher is to search for ways in which the dominating discourses can be challenged so that, "the person can reposition themselves in an overlapping discourse from which they can engage with their discursively inscribed situation on their own behalf" (Drewery & Mckenzie, 1999, p. 136). Further, from this postmodern disposition, the researcher is not required to be an expert on the co-researcher's life, but rather to maintain a position of **respectful curiosity** (Drewery & Mckenzie, 1999). Stated differently, the researcher actively seeks to deconstruct the participant's story and his or her relationship with this story. This is attained through an attitude of curiosity in understanding the presuppositions which enable the co-researcher to make this sense rather than the researcher assuming the answers. Added to this assumption, the researcher is always listening for alternate ways of being (marginalised stories) which are already occurring in the participant's story, and which often **contradict** the person's dominant understanding of the problem story (Drewery & Mckenzie, 1999).

The storying, or narrative metaphor underlies this research as the grounding context within which research occurs. Therefore, a brief exposition of the narrative metaphor and this approach to research will be outlined

The Narrative or Storied Metaphor

Narrative thinking – storying – is a proposed method of organising, perceiving, thinking, remembering, and acting (Holstein & Gubrium, 1997; Robinson & Hawpe, 1986). As the domain of research is in people's experiences and meanings they attach (the sense they make) (Fourie, 1996) to the social act of suicide, the metaphor of narrative is deemed appropriate. A means of understanding this process of meaning making and expression is through dialogue, that is, the continuous interaction between people through the domain of shared language. According to Lax (1992, p. 71), "(w)e 'reveal' ourselves in every moment of interaction through the

on-going narrative that we maintain with others". Therefore, there is no intention to 'uncover' or discover hidden understandings from the co-researchers, rather meaning can be gathered from conversations with those who have experienced the loss of another's life. The narrative metaphor is seen to be constructed in conjunction with others (Gergen, 1989) and it is the process of defining who we are in interaction, with how we think people perceive us (Lax, 1992).

This process of developing a story or narrative is constructed within the boundaries of, "...political, economic, social, and cultural constraints and potentials, with our choice of narratives not limitless, but existing within prescribed contexts" (Lax, 1992, p. 71). Further, in using the narrative metaphor, the focus is on a story and conversation in general, in which specific questions are generated by the researcher, in order to create a re-authoring context (Epston & White, 1992). Within this context, the participants of research are allowed the opportunity to tell their stories about the relationships that follow a suicide. This also allows for the co-researchers to make meaning out of their experiences.

The narratives of relationship following death by suicide may be explored through conversation with co-researchers, gathering a description of life and death events (Rosenblatt, 2000). The way the co-researchers are seen to understand their worlds (their epistemology) is seen to be grounded in their narratives of the world they live in, which are informed by the various systems described above, and more. As there can be no single reality or truth to be discovered (Cecchin, 1992), it will be through dialogue/conversation/story/narrative that multiple realities and descriptions of the **meanings surrounding the social act of suicide** will be explored.

Language is one of the mediums through which we can describe events and objects, give expression to feelings and beliefs, develop logical arguments, persuade others to a course of action, and narrate experiences (Anderson & Goolishian, 1990; Mishler, 1986). Therefore, it is within the domain of language that meanings of relationship and the social act of suicide can be shared. Language, and the ability to construct shared domains of understanding, is viewed to be one of the legs that this research stands on.

The epistemology of ecosystemics, and the outlined theory of social constructionism, together, shape the academic tone of this dissertation. The ecosystemic perspective has helped the researcher to attain a clearer sense of her belief systems, and the social constructionist premises have helped in the articulation of these beliefs. A second-order cybernetic approach, one which considers the inclusion of the observer, or researcher, welded the two floating views of reality together. The section that follows below, is a summary of the researcher's understanding of this fusion. The benefits of assuming a both/and perspective are clarified in this process.

The Assumptions Shared by Ecosystemic and Social Construction Approaches

This section offers a summary of how the two approaches are linked, as ecosystemic thinking is an epistemology and social constructionism provides a context whereby realities are accepted as being multiple.

- There can be no absolute truth and no absolute reality.
- Reality is co-constructed through language with others in an ongoing interactional process, with wider sociocultural environments.
- This social and cultural environment contains socially manufactured scripts for behaviour (discourses), and advocate what is and what is not acceptable.
- The individual within the family learns these scripts through a process of socialisation and mutually shared meanings.
- This process is unique to that person, couple, family, and culture, and information regarding behaviour is selected according to how their scripts 'fit' with others' definitions of situations.
- Problematic behaviours are not pathologised in a lineal cause and effect manner, but are rather seen as communications of patterns that connect people to their wider ecologies. Through languaging about the problem the person is co-constructing new possibilities.
- Therapy focuses on an exploration of the client systems' view of themselves, which creates ways for alternate possibilities to emerge.

- The person is seen as a system and subsystem within a hierarchy of more encircling systems.
- Meaning is attributed to everything that a person comes into contact with. Hence, meaning is relative to the context in which it was created and shared. This co-construction of meaning merely represents a version of that person's reality.
- Meaning is socially constructed through people being in language with each other.
- The meaning attached to an experience is generated through social processes of understanding.
- The complexity, or system of meanings, reflects an epistemology, which is viewed in context of the person within and between subsystems (Atwood, 1997; Meyer et al., 1997).

Conclusion

The twin world views of ecosystemics and social constructionism have been presented in this chapter. The focus has been on dismantling the theoretical bodies as they have been documented in the literature, and re-placing definitions, constructs, and ideas carefully back together in a coherent manner. The researcher has recreated her own understanding of theory, and presented it in a way that makes sense for her. From this point forward, her research conceptualisation and design will be based upon the foundations of theory as discussed in this chapter.

In the next chapter, qualitative research, focuses on the description, and analysis through which social relationships are constructed, and also the social relationships through which people are connected to each other (Miller, 1997; Silverman, 1997). The methods of qualitative research can be understood as the resources that researchers use in observing and making sense of aspects of social life, such as the territory of suicide – 'survivors' in particular.

CHAPTER 4

CONCEPTUALISATION OF THE DESIGN AND METHOD OF RESEARCH

Introduction

Having discussed the ecosystemic paradigm and the social constructionist movement in the previous chapter, the focus of this chapter will be on the actualisation of the previously mentioned assumptions in the domain of research. To briefly recap, focus will be on the socially generated meanings that people construct, with others, in relation to the event, and the ways they choose to think and speak about these events. Hence, the method of choice will account for these fundamental tenets. The aim of this research study is to explore the individual family members' and psychotherapists' experiences of suicide, that is, their process of bereavement or time of making sense of a death of this nature. This exploration is reflected in people's personal accounts of experiencing the loss of someone by suicide, that is, in their narratives. In order to extrapolate information that is of importance to the researcher and the co-researchers (that is the people being interviewed), the method of unstructured interviewing as proposed by Mishler (1986) is seen to be consistent with the approaches of ecosystemics and social constructionism and will be put forward as a suggested research method of choice. To place the gathered information (data collection) into a coherent framework for the reader, the process of constructing narrative analyses will be followed to generate patterns of meaning making following the event of suicide. These punctuations of emerging meanings are drawn according to the researcher's frame of reference emphasising the interdependence of concepts of self-reference and reflexive methodologies. Of critical concern to this research study is the validation and legitimisation of the research process, which is the outlined research design. Any discussion of these concepts infers a dialogue of research ethic.

Throughout this chapter, efforts are made to show how the research method of choice is aligned with the exploration of relationship and central to the theoretical

underpinnings of this researcher, and this project. **The aim of this research is to generate narratives of relationships following suicide by those who have been exposed to this type of death.** Hopefully this research will be helpful to all who will participate in the co-construction of this research endeavour. Before the research design is explained in detail, the research philosophy will be discussed, making reference to the differences between qualitative and quantitative research and posing the challenges for social constructionist research.

The Research Procedure

To call this section 'Methodology' would imply a study of the method chosen as a way of enacting research. What the researcher is rather proposing is an explication of the desired procedures of research (Melia, 1997). An explanation of the method is put forward here by explicating the assumptions that lie beneath and throughout the conceptualisation of a research design. The procedure of the research is reflexive (Gergen, 1991), and this description of research is informed by the epistemological justifications of a postmodern approach, implying that the philosophy and method of research are entwined (Bryman, 1984; Melia, 1997).

For the purposes of clarity of reasoning and description in this chapter, the philosophy of research and the method of research will be discussed separately although one recognises the impossibility of separating the two in the actualisation of research.

The Research Philosophy

Consistent with the theoretical constructs outlined in chapter three, the researcher will be conducting the research in ways that are congruent and 'fitting' (Ford, 1984) with the underlying epistemological assumptions of social constructionism (Gergen, 1989), that is, that respondents' accounts can be understood as stories and the nature of the interview is in a conversational domain (Mishler, 1986). The researcher's contention is to follow her chosen theoretical framework as applied in the research domain. The constructionist notions (laid out in chapter 3) are laden within multiple realities as well as co-construction, and

intersubjectively shared meanings (Anderson & Goolishian, 1990). The research design that this researcher has constructed is flexible, inviting multiple realities, and created in accordance with these basic assumptions. The design itself is not a textbook recipe but rather invites creativity on the part of the researcher and co-researchers, forgetting the 'how to' rules and allowing for the evolution of meanings in discourse (Douglas, 1985; Fontana & Frey, 1994; Holstein & Gubrium, 1997). These notions frame the context of the study, which is based on the question of how the narratives of suicide death are constructed and what the nature of the relationships are that emerge following the suicide.

The focus of the research is simple yet complex: the basic tenet of the approach of constructionism is concerned with relational and meaning networks and not the individual in isolation (McNamee & Gergen, 1992). Therefore, the underlying epistemology is rooted in social constructionism and the ontology as contextualism (Sarbin & Kitsuse, 1994).

This differs from traditional positivist scientific research where knowledge was assumed to be an individual possession. Therefore any research conducted was done so in a manner of generating knowledge about the individual's knowledge-generating capacities (Gergen, 1994). Any information gained through the techniques of positivist research are seen to be truths, representations of the world the way it really is. The fundamental difference in epistemology between positivism and social constructionism is that the positivists strove towards correlating the word or language as a representation of the world. Social constructionists have challenged this assumption as the emphasis lies in a shift in perspective not focusing on the representation of a word for the world, but rather that individual language is constructed through a dialogical process between people in context and therefore there is no need nor want to study individual knowledge processes. The domain of study lies in the interaction of people in context. There is no attempt to assume that one has expert knowledge and truths over and above another as the world is laden in multiple realities and is context dependent (Gergen, 1994).

The thinking behind the methods of research has largely led to the division of qualitative and quantitative paradigms. The quantitative tradition was mostly

informed by empiricist philosophers, scientists and researchers, and is reflective of the culture of psychological and social research in its conception as a science. The assumptions of this approach will be outlined in the discussion below. Traditionally, the social and behavioural sciences have defined the ways of conducting research as either qualitative or quantitative or a combination of both (Guba & Lincoln, 1994; Michalowski, 1993; Moon, Dillon & Sprenkle, 1991; Neimeyer & Resnikoff, 1982). The clinical setting of psychotherapy as a conversational domain lends itself to both ways of researching, with a recent call of the benefit of a qualitative design (Gergen, 1994). The characteristics of a qualitative design (Denzin & Lincoln, 1994; Janesick, 1994; Taylor & Bogdan, 1984) appear to allow for the generation of meaning and the personal nature of information gathered, with the emphasis on inclusion of the researcher in any descriptions made.

The research study to be carried out here is an exploration of relationship and the way meanings are imbued in relationship, and would therefore 'fit' with the assumptions of a qualitative design. Qualitative questions and research designs are seen to add richness, complexity and depth to the subject of inquiry (Janesick, 1994; Neimeyer et al., 1982). Here the researcher is faced with the choice of a duality – either qualitative (tender) or quantitative (tough) (Denzin, 1994; Gergen, 1999). What the researcher then proposes is the position of impartiality (neither strictly the one nor the other) following the constructionist perspective which requires an epistemological shift in lens (Hoffman, 1990). The research paradigm of choice is qualitative, yet the creation of the design, implementation, interpretation and legitimisation will be adapted to the ongoing and evolving requirements of this present study. This calls for the allowing of the emergent property of qualitative research in that the researcher cannot account for all possibilities at the outset as that would be imposing, and unethical of a social constructionist researcher. The distinction of binaries in ways of researching arises from a modernist position, therefore attempts will be made to abandon the choice of the either/or position and move towards a both/and position. In order for the researcher to abandon the dichotomous position, a few points will be outlined where the inherent differences in perspective will be shown.

Abandoning an Old Ship and Sailing in the New: Quantitative and Qualitative Perspectives Outlined

The empirical and scientific research position embodies certain criteria. In summary these are researcher neutrality; thinking and doing is directed towards establishing lineal cause and effect; and quantification of data gathered so that generalisations may be made. These criteria all manifest in a context-free environment and no attempt is made to include the observer in the construction of 'results'. These assumptions of positivistic research will now be contrasted with a social constructionist view of research, which ultimately refers to differences in epistemology.

- ✖ The positivist researcher remains neutral to that being researched so that any information gathered is value-free and therefore objective. This is assumed to give the research a higher standard of quality and generalisability.
- ∞ From a social constructionist perspective, the emphasis lies on connection and sharing meanings, and the concept of neutrality gives way to a position of curiosity and irreverence (Ceccin, 1992; Sargent, 1997).

- ✖ The positivist researcher strives toward controlling the environment so that the data retrieved remains factual. In this way a cause and effect description can be generated whereby the ultimate truth is revealed. Once the cause has been identified the effects can be modified.
- ∞ A social constructionist researcher chooses not to view the world in either/or positions and believes that this is a construction of the social anyway, so there can never be precision in that sense as realities are seen as multiple and contextually generated. Rather than controlling the aspects of that being researched the constructionist collaborates with the respondent so that there is mutual gain from the research endeavour. Control is altogether abandoned to allow for emergent and co-created meaning to evolve (Gergen 1999; Michalowski, 1993; Sargent, 1997).

- ✖ The positivist researcher aims to convert language and observations to numerals. As is the way with empirical research, attempts are made to reduce

phenomena to componential parts so that wide ranging generalisations can be inferred. This process within this context is deemed appropriate as the intention is to end the research with statistics, correlations, predictions and confirmed hypotheses.

- ☞ On another level of conceptualising, social constructionism does not propose to know the end result, nor does the position advocate simplicity, but rather an explanation in complexity (Atkinson & Heath, 1990; Keeney, 1983). This complexity is attained through the gathering of rich descriptions of participants' stories. Through language and shared construction of meaning, richness & depth, length and breadth are generated because there is no 'one' result that is searched for, rather many outcomes of which the nature cannot be pre-determined. This is the underlying principle of uncertainty advocated by the social constructionist approach (Gergen, 1999; Sarbin & Kitsuse, 1994).

The aspects of quantitative research mentioned do not fit with this researcher's epistemology, and although there is a place for quantitative methods in social construction research (Gergen, 1994), it would be ill fitting with the aims and intentions of this researcher, in this context. A qualitative design is seen to be more consistent with the epistemological assumptions of ecosystemics and social constructionism and will therefore be implemented. As an example of qualitative research, Neimeyer et al. (1982, p. 76) comment that

...the primary objective of qualitative research is to uncover those private meaning structures, to trace their continuous development, and to assess their impact on behaviour in as comprehensive and systematic a fashion as possible.

These qualitative principles are consistent with that of the constructionist position outlined in chapter 3.

The researcher will strive to put forward an alternate research design (Hoshmand, 1989), consistent with a social constructionist perspective as outlined by Gergen (1999, p. 60), who said "...here the primary emphasis is on discourse

through which self and world are articulated, and the way in which such discourse functions within social relationships". As social constructionism is the overarching theory proposed in this study, it is fitting that a qualitative research design be implemented as the framework through which to actualise the research questions. The position of the researcher in social constructionist research differs quite markedly from that of a traditional empiricist researcher (Gergen, 1999) and this position will now be sketched for the reader.

The Nature of the Social Constructionist Researcher's Position

Whatever kind of reality is co-constructed between researcher and co-researcher, it is seen to be created by the nature of questions that the researcher asks, and the responses of the co-researcher. This is a recursive process, a process which 'infolds' upon itself (Cecchin, 1992; Gergen & Gergen, 1986; Keeney, 1983). Therefore, whatever is constructed, is more of a comment on the interactional style, inherent beliefs and values of the researcher and the respondent, rather than the 'truths' regarding the social act of suicide. The importance of recognising this assumption is to remain responsible and accountable to the domain of Psychology, always acknowledging that the position one takes is a mere construction of a pattern of events, rather than a 'truth' that exists in isolation of context and relationship (Gergen, 1989).

It should also be acknowledged that the researcher and co-researcher unite for the purposes of this study, but, they both arrive with their own understandings of how they make sense of life events through dialogue with others in interaction, the contexts they live in, and the discourses that inform their making sense processes.

An empiricist researcher's voice dominates the inquiry into peoples' lives where they reveal or discover the 'true' nature of existing realities. This is not deemed to be a wrong position – although it evokes strong feelings of disagreement in the opposing qualitative paradigm – as it is seen and understood within the discourse of science, and is consistent with positivist theoretical underpinnings. The researchers in this version of reality choose to define themselves as separated from the subjects of inquiry, whereby the investigator remains evasive to the subject even

though the subject's life has been revealed to the researcher. The aim of data generation is to further the investigator's position within their professional circle, and the subject's needs and desires are disregarded (Gergen, 1999). This way of researching is inconsistent with this researcher's frame of reference and an alternate position is put forward. It is noted that researchers, in spite of themselves, cannot help but import their interests, if not their professional agendas, into their interactions with the co-researcher (Holstein & Gubrium, 1997; Sarbin & Kitsuse, 1994). A means of utilising this position, instead of attempting to say that it can be avoided, is through the assumption of self-reflexivity. This will be discussed in more detail below and related to the context of this study.

On Being Self-reflexive as a Research Tool and an Epistemological Position

The research process is viewed as a reciprocal process by taking a self-reflexive stance (one that includes being conscious of ourselves as we see ourselves). This stance enables the researcher to examine how he or she is a part of his or her data, and how his or her assumed research structures and logics are themselves researchable (Steier, 1991).

Gergen (1991), has highlighted three reflexive methodologies for inquiry that derive from a social constructionist perspective. The aim of outlining these methodologies is not for them to be used as recipes for research, but rather, "the hope is to open a space for a new range of research endeavours specifically cognisant of the scientist's enmeshment within a culture of multiple languages" (Gergen, 1991, p. 79).

The proposed methodology requires the researcher to immerse him or herself into discourse around a given set of events (descriptions of relationship) and then to expand continuously on the meanings gathered through dialogic processes. The purpose of ongoing dialogue is to arrive at an understanding and then to be able to re-create new meaning while enhancing the development of multiple realities (the ethical positions of unity and diversity) (Gergen, 1991). In the words of Gergen (1991, p. 88)

(i)n effect, the hope is to generate a process of continuous reflexivity, enabling new forms of linguistic reality to emerge, while simultaneously retaining the previous increments in linguistic (and their social) resources.

The amount of phases involved in the process of un-folding and out-folding is infinite, as there are always continuing dialogues, conversations and co-evolutionary processes.

To begin with the inquirer generates a series of **tentative interpretations** (descriptions, explanations and meanings) of the phenomena to be researched (in this study, the selection of cited literature and experiential knowledge of descriptions of suicide relationships). The next phase incorporates **dialogue** with others with the intention of expanding or questioning the initial tentative understanding. This increases the depth vision of the phenomena by encouraging limitations and potentials of the understanding. The phases that follow include multiple voices, or 'realities' of others, which encourages the emerging body of interpretations. "While there is no principled endpoint to such research, the attempt is.... to expand and enrich the vocabulary of understanding" (Gergen, 1991, p. 88).

The researcher finds the readings of suggested research practices of Gergen (1991), and Mishler (1986), to be complementary. Both suggestions are informed by similar theoretical dispositions and are congruent with the researcher's way of thinking, acting and deciding (Keeney, 1983). The researcher puts forward a research design that is essentially guided by the storying metaphor where co-researchers tell their story and offer descriptions of their life events. The role of the researcher is to remain in collaboration with the co-researcher, self-reflexively engaging in conversations of difference (Bateson, 1979; Gergen, 1994; Gergen & Gergen, 1986; Mishler, 1986).

In brief, so far this chapter has given more depth to the philosophy of research, how it is informed and performed through an understanding of epistemological differences, the role of a reflexive researcher in social constructionist research and now the place or context of this research will be further explored.

A Note on Language Constriction

It should be noted however that language in itself is constrained and limited through availability of words as descriptions of events and also the implication of linearity inferred through static language (Rosenblatt, 2000). For example, 'persuading people' may be the language of positivism and modern researchers, as it evokes a perception of a power relationship in language (Burr, 1995). The words 'the interview elicits information' is reified and simplified through the use of language. The implication is that one automatically assumes that the construct 'interview' can elicit information, which is an actual impossibility from this researcher's point of view as the researcher asks questions in an interview context and answers are given by the respondent which are reflective of cultural, social, political and historical discourses of both parties. Analysis is a term that has been coined in positivistic research implying that language can be coded and simplified, reified and generalised. In this context however, analysis is meant as a non-expert endeavour, where intersubjective experiences and sense making processes are generated meanings in collaboration with the co-researchers, supervisor, colleagues and the reader. However, this linguistic debate goes beyond the boundaries of this study and caution is noted toward the intricacies of language reification and oversimplification.

The Narrative Metaphor and Collaborative Research Approaches

The narrative approach to research fits well within the theory of social constructionism. Both focus on the socially generated meanings between people, where these meanings are viewed as products of culturally and historically situated interchanges among people. Through patterns of relationships people are able to give meanings to events through language. To give understanding to these meaningful discourses is to understand the patterns of cultural life, which will then give voice to other cultural voices. The point of doing this is so that people can then give meaning to their lives, as they are able to evaluate how they come to know the things they know, and the relationship of these meanings to the broader cultural patterns of life (Gergen, 1994). Qualitative research emphasises gathering thick descriptions of language and not reducing words into quantifiable units. This

resonates with narrative discourse, which advocates elaboration of stories and people's accounts. The stories search for meaningful connections between events (Stiles, 1993). According to Stiles (1993), stories imply interpretations. The way people come to tell their story is reflective of the cultural and historical discourses, punctuation of events and offers a mere version of reality. This approach is consistent with this research project as the research question invites stories told by co-researchers (in collaboration with the researcher) so that one can grapple with their narratives of death and suicide and the meanings they attach to this experience. Gergen (1999, p. 95) says

(a)s an alternative to the professional domination of the text, researchers now seek means of extending the platform, of admitting more voices to the conversation, and generating understanding through exposure to the first-hand accounts of people themselves.

When exploring people's relationship in context, such as this research within the context of suicide, this researcher proposes that one way of gathering information and rich descriptions of the co-researcher's punctuation of events can be through an invitation for elaboration on these events without an underlying intention held secret from the co-researchers. The 'subject' is seen as part of the research – a collaborative endeavour – and not simply 'a-part'. This point reflects the assumption of observer inclusion in any description offered and it would be non-sensical in this context to refer to a 'subject' as that would assume an either/or position of objective/subjective. This is referred to rather as co-researchers where the respondent is collaborating with the researcher in the research project (Boscolo, Cecchin, Hoffman & Penn, 1987). Narrative research focuses on giving voice to the unheard and marginalised in society (Clandinn & Connelly, 1994; Gergen, 1999) – such as those who 'are not allowed to discuss the socially sanctioned taboo of suicide'. People are encouraged to tell their story as they see it and not necessarily according to a set of pre-standardised questions in question-answer format which leads to thin descriptions of life events, a position of the expert researcher, and this is in opposition to the gathering of rich descriptions (Mishler, 1986). This position of encouraging the co-researcher's experience in their words remains a respectful and

empathic position (Gergen, 1999; Mishler, 1986), and is seen as an important characteristic of research when exploring the sensitive domain of suicide.

This collaborative approach to research where co-researchers join with the researcher in carrying out the investigation will be followed. In a collaborative approach the goals of both participant and researcher are made overt and acknowledged. There is also a constant revision of needs, desires and goals, which shape the direction and course of the research so that the research process remains an ethical and respectful activity (Miller & Glassner, 1997; Mishler, 1986).

This collaborative process is actualised through the research relationship. The relationship between researcher and co-researcher invites the gathering of rich descriptions of narratives of the mourning of death by suicide as experienced by people. This relationship needs further explication to show how the concept relationship is integral to a social constructionist reflexive methodology of research.

Exploring Stories Through Relationship

...(L)anguage and all other forms of representation gain their meaning from the ways in which they are used within relationships. What we take to be true about the world or self, is not thus a product of the individual mind. The individual mind (thought, experience) does not thus originate meaning, create language, or discover the nature of the world. Meanings are born of co-ordinations among persons – agreements, negotiations, affirmations. From this standpoint, relationships stand prior to all that is intelligible. Nothing exists for us – as an intelligible world of objects and persons – until there are relationships (Gergen, 1999, 48).

Several prominent authors have written about mind in relation to the environment rather than mind as an individual attribute (Bateson, 1979; Gergen, 1999; Keeney, 1983; Keeney & Ross, 1992). What this implies is that relationships can be understood in accordance with the way people attach meaning to them thereby defining them as a relationship. This can then be researched, as the domain

of analysis is conversation, occurring between people, and in relationship inviting intersubjective generation of meaning. According to Gergen (1999, p.147),

...social understanding is not a matter of penetrating the privacy of the other's subjectivity. If it were, we could never understand. Rather, understanding is a relational achievement; it depends on coordinating actions – and most frequently, coordination as specified within a tradition.

Within the context of suicide, people are seen to make sense of their experiences as per their punctuated frames of reference (meaning is defined in interaction). This 'sense made' is informed by the discourses which shape them which include wider social discourses, and the discourse they live (Lax, 1992). As people are relational beings (Gergen, 1999) and meaning generating beings it is within this arena that research will be conducted.

Relationship and Narratives in the Context of Research

Two major objectives of storied research are to describe and analyse both the processes through which social realities are constructed, and also the social relationships through which people are connected to one another. It is within, and through these relationships and processes that culture and society, organisations, and institutions emerge and are sustained (Miller & Dingwall, 1997). Being 'context sensitive' places emphasis on many aspects of social, historical, and physical contexts that shape the way we come to attach meaning to experiences and events (Miller & Glassner, 1997).

Placing the interview in the context of research requires further explanation on various levels. Firstly, the interview is regarded as a means of exploring the narratives of collaborators of research. The collaborator's narratives are reflective of the relationship between researcher and co-researcher. The role of the researcher is constantly questioned in how the respondent's story is told; how the narrative becomes constructed and developed and what meaning this has; in closer scrutiny, the self-questioning of the researcher covers areas of the nature of questions asked,

assessments made, effect of silences on the interview process, and responses of the interviewer co-creating the narrative. An over-arching question of interview contexts is: how can the researcher be accountable in the analysis and interpretation of the co-researcher's narrative? This particular question will be raised and addressed under the heading of validation and legitimisation of research, which will be discussed at length further on in this chapter. These points of researcher reflection are the actualising of the ecosystemic principle of self-reflection and reflexivity in the process of researching social phenomena. These concepts were fully discussed in the previous chapter (chapter 3).

The emphasis on relationship in the context of interviewing may also allow for descriptions of the multiple levels of relationship (Aldridge, 1993; Gergen, 1999). The domain of research is relational and context bound. The information elicited can only be constructions that people come to develop as their explanations for an event such as the death of a person through the act of suicide, in the context of relating this narrative to the researcher, through language. Therefore the description should be multi-levelled to include the individual, family, social and cultural beliefs which shape the meanings people attach to events (Gergen, 1999; Lax, 1992; Rapmund, 1999).

The exploration of relationship in context of cultural stories is made possible because of the familiarity the respondent has with his or her culture's creation of ways of being. As Mary Gergen (1994, p. 21) explains,

(p)ersonal stories are parts of larger interactional frameworks, embedded within a variety of relationships, and thus are open to sanction by those in the dialogic frame of the author.

Making sense of suicide and defining the relationship with the deceased through ways of speaking of that relationship – the narrative – exists only within a framework of ways of classifying and ways of acting. One can then see, that this relationship is also socially produced and sustained. What the researcher intends to do is to inquire into the ways in which this understanding is put together; that is, how the relationship is socially constructed, through the self-reflexive position of deconstructing the story (DeNora & Mehan, 1994; Holstein & Miller, 1993).

The perspective taken in this research assumes that the people interviewed are experts on their own experiences and realities and that there is enormous value in taking what they have to say seriously (Rosenblatt, 2000). Through dialoguing and intersubjective generation of meanings, the research relationship and the invitation of multiple realities will now be further explored.

The Shaping of a Research Relationship

Gergen (1999), outlined what he described as contours of social construction, and within this he offers a description of levels of relationship. There is hope that this too will be explored with respondents. In this description, the practice of language is bound within relationships, which is then bound within broader patterns of practice such as rituals and traditions (Gergen, 1999). There is a multiplicity of explanation for any single event such as the act of suicide as there can be no fixed reality or absolute truth (Sarbin & Kitsuse, 1994). As the meaning of the act of suicide is constructed continuously through changing society, we are responsible for shifting our meanings attached to that event and the sense we make of it (Gergen, 1999; Miller & Glassner, 1997). As Gergen (1999) views relationship as a co-ordinated activity, the relationship of 'survivors of suicide' with the deceased will be explored for their understanding of the fit of suicide stories in their present daily lives and how this is maintained through languaging about suicide, as well as the rituals and traditions involved when making sense of death by suicide. This researcher's interests in relational networks and meaning generated patterns are the essential guides of the research study. Narratives of relatedness and rituals of daily living in cultural and contextual discourses are the backbone of this research (Imber-Black, Roberts & Whiting, 1988).

In brief, the view of the researcher is that people make sense of events such as suicide in interpersonal relational settings, and as such the stories of suicide can be explored through gathering descriptions of these events. The focus on relationship is clear: the act and impact of suicide can be explored through people's constructions of that event, and this is attained through exploration in the domain of relationship.

Actualising the Premise of Relationship within Research

The analysis of the data is rooted in relationship. Kahn (as cited in Miller & Crabtree, 1994, p. 348) has proposed that "...a language of relationship be used to judge the methodological adequacy of clinical qualitative research". According to Miller and Crabtree (1994), a methodologically convincing story addresses three levels of relationship: (1) the researchers relationship with the co-researcher is noted, with comments on the mutual influence during the process of research (the notion of recursion and reflexivity described in chapter 3); (2) the relationship with the data is described such that the reflexivity is made transparent and (3) the relationship with the reader is defined such that the researcher's authorial intent is clear (Miller et al., 1994; Miller & Glassner, 1997). With these guidelines in mind, the research process wheels have begun to turn.

Now that the story of the philosophy of research has been told, and researcher assumptions are made evident to the reader, there is a clear grounding of the intentions of this researcher. As a means of actualising the research within the context of the above mentioned theoretical concepts, notions and ideas, the research interview will need to be explored in some depth. Following this, the research design will be clearly explicated.

The research questions outlined in previous chapters are shaped through the researchers understanding of the intersubjective meanings of suicide. These questions exist in a context of relationship, dialogue with others, and socially generated conversations and meanings. A way of initiating and continuing this dialogue with co-researchers is developed in the context of in-depth interviewing (Mishler, 1986).

It should be noted that the interview is not viewed as a means to an end, or as a technique through which to gather stories. As the reader will gather from the discussion below, the description of the interview offered here is very much a way of thinking about people and the sense they make. In effect it may even be viewed as an epistemological tool for understanding the way people come to know what they know, and in this sense it is deemed fitting and appropriate for the study at hand.

The In-depth Interview

According to Holstein and Gubrium (1997, p. 126), traditional structured interviews arising from a positivist epistemology necessarily focus on structuring the data analysis with the aim of attaining generalisability

(A)nalysis entails systematically coding, grouping or summarizing the descriptions, and providing a coherent organizing framework that encapsulates and explains aspects of the social world that respondents portray.

Whereas in interviewing as a form of discourse (Mishler, 1986) respondents' answers

...are considered for the ways that they construct aspects of reality in collaboration with the interviewer. The focus is as much on the assembly process as on what is assembled (Holstein & Gubrium, 1997, p. 127).

Therefore, conversational records of interpretive practice are examined to reveal the way realities are constructed. The aim is to show the interaction between interviewer and interviewee without losing sight of the meanings produced or the context of the meaning-generating process. Therefore,

(t)he analytic objective is not merely to describe the situated production of talk, but to show how what is being said relates to the experiences and the lives being studied (Holstein & Gubrium, 1997, p. 127).

Following Mishler's (1986) perspective of conducting research, the interview is viewed as a form of discourse, shaped and organised by the process of asking and answering questions. The emergent dialogue between interviewer and interviewee is co-created through conversation about the topic on the table and also the way in

which they communicate with each other (Gergen, 1999; Holstein & Gubrium, 1997; McNamee & Gergen, 1992; Mishler, 1986).

The interview is re-conceptualised according to Mishler (1986) as having four specified properties; interviews are speech events; the discourse of interviews is constructed jointly by interviewers and respondents; analysis and interpretation are based on a theory of discourse and meaning; the meanings of questions and answers are contextually grounded (Mishler, 1986).

For the purposes of this research the aforementioned interviewing properties are taken to mean the following: the interview will reflect the nature of the conversation between the interviewer and interviewee; the information gathered, analysed and interpreted is a reflection of those conversations between researcher and co-researcher in the interview; the researcher and co-researcher are recursively connected (see chapter three) and interacting in the interview. Each answer given is reflective of the questions asked as is the nature of the question asked reflective of the researcher's personal assumptions regarding the topic of study, the way of asking the questions, and the thinking behind the questions asked.

The 'talk' of the respondent is not only formed in relation to the questions posed by the researcher, but also because of his or her way of understanding the question at hand, his or her wider surrounding social discourses, and his or her personal experiences related in answering the question. In this way meanings are jointly constructed. This is a reciprocal conversation in that the questions are framed in the researcher's way of understanding suicide and continuing relationships, and this is then influenced by the answers of the respondents according to their frame of reference, which then informs the researcher's way of thinking, and so on. "The relevance and appropriateness of questions and responses emerges through and is realized in the discourse itself" (Mishler, 1986, p. 65). Close attention will be paid to the emerging avenues of conversation as both parties are seen to guide the research.

When the transcripts are analysed and interpreted they are done so in the context of the interview. There is more information revealed in the way the interviews

are conducted (the relationship between interviewer and interviewee) than in the quantifying of information. This implies that the interpretation of transcripts is done in a manner that is congruent with the epistemological assumptions outlined in chapter 3. How the researcher chooses to punctuate themes as important is very largely informed by the assumptions informing the researcher rather than the technique implemented (the interview) (Fourie, 1996). Therefore, attempts will be made to make the researcher's assumptions transparent to the reader, so that the reader can make their own constructions with a thorough understanding of the researcher's intent.

Lastly, any meaning inferred from the transcripts is seen as a reflection of the context within which the interviews and the respondents' life events occurred (Mishler, 1986). A proposal offered by Mishler (1986), is that the nature of the interview allows for the empowerment of respondents' as they are able to view their relationship from a different perspective. Through the process of interviewing, efforts are made to include the respondent as 'owning their description' instead of traditional interviewing where the respondent's answers are reduced into atomistic parts (Mishler, 1986; Roberts, 1994). The empowerment of respondents' is realised in their efforts to act on behalf of that which they speak about (Anderson & Goolishian, 1990), and in Mishler's words (1986, p.135)

...(t)he central question is whether and how different research practices and forms of interviewing may function to hinder or to facilitate respondents' efforts to construct meaning from their experiences, develop a fuller and more adequate understanding of their own interests, and act more effectively to achieve their purposes.

The research design can be seen as the creation of the researcher as qualitative research has no set recipes to follow (Neimeyer et al., 1982; Stiles, 1993). There are certain procedures that legitimise the research and these will be discussed below, but essentially there are no laws about the construction of a design, other than designing a way of actualising research that is consistent with the researcher's underlying theoretical premises and epistemology. Adhering to the assumptions of ecosystemics and social constructionism, employing the narrative metaphor and

following the framework of the in-depth interview, the actualisation of the research can be explored through the structuring of a research design.

The Research Design

The exploration of the narratives of relationship when confronted with suicide will be carried out through in-depth interviews (Aldridge, 1993; Denzin & Lincoln, 1994; Fontana et al., 1994; Mishler, 1986; Paget, 1983). The nature of the interviews conducted will be in an unstructured format allowing for co-researchers' own stories to emerge. The method of unstructured interviewing is used in an attempt to **understand** the complex behaviour of members of society without imposing preconceived categorisation that is seen to limit the inquiry (Fontana & Frey, 1994). The researcher has his or her ideas and notions prior to starting the research, informed through personal experience, epistemology, theoretical underpinnings and the literature search (as outlined above and in previous chapters). The interview process allows for narratives of discourses to emerge and is constantly shaped and re-shaped through dialogue (Gergen, 1999) and conversation. As is noted by Dingwall (1997), the interview needs to be shaped by the interviewer as the interviewee will not just sit down and reveal his or her story: "... (T)he initial talk is punctuated by uncertainty, checks on relevance, requests for confirmation of the direction and so on" (Dingwall, 1997, p. 59).

Following the interviews, transcripts will be constructed whereby the researcher can reflect upon the nature of the process and the content of the information gathered (Gergen, 1991; Melia, 1997). The researcher needs to heed Dingwall's (1997) words that interview data does not offer the researcher and reader literal descriptions of the respondent's 'reality'. The data gathered is merely an account of one description of reality within a specific context (Dingwall, 1997). Fortunately this warning is accounted for by the nature of social constructionist research (Gergen, 1994). Instead of regarding the respondent's story as reflections of actual experience, the researcher views the story as a form of social practice in which the respondent has constructed his or her story from a cultural repertoire of stories. Hereby the discourses informing the person are explored (Gergen, 1994; Terre Blanche & Durrheim, 1999).

The observations, core themes and ideas punctuated by the researcher (Keeney, 1983; Terre Blanche & Durrheim, 1999) are seen to inform the next level of inquiry. These core themes (the common and uncommon themes) will then be put forward and will be re-discussed with the research participants, so that emergent outcomes will also be encouraged. The variety of participant stories from three people interviewed will be used to raise issues that one may not have considered beforehand. The themes emerging from the span of the interviews, and the nature of the language used by participants and researcher, will be essential to the process of reflection of the shifting meanings attached to the experience of 'surviving' a suicide (Gergen 1991; Rapmund, 1999).

Following Paget's research (1983), the following guidelines for the researcher will be assumed as applicable: any construction or interpretation made is a reflection of the researcher's way of thinking. The researcher's construction of the phenomena analysed is informed by all aspects of her work; her mode of interviewing; her relationship to her respondents, her methods of transcription, her analysis and interpretation, and her own relation to the topic (Atkinson & Heath, 1987; Hoshmand 1989; Mishler, 1986).

The Actualisation of the Research: The Research Process

The research process will be discussed in terms of the sampling and selection of research participants, data collection, data analysis, and legitimisation and validation of the research findings.

Sample & Selection: Collaborators in the Research

Research participants (here named interchangeably as interviewees, respondents, collaborators, co-researchers and participants) will be selected from word-of-mouth contacts. The only defining pre-requisite will be that the person should have experienced the loss of someone (family, close friend, - and a client for the therapeutic relationship level) through the social act of suicide. These people will be selected for the research interviews because they will be able to offer 'rich

descriptions' (their stories) of the experience of making sense of suicide as they have personal experience of the topic under study.

The sample will comprise three people. One participant was introduced to the researcher at the Community Healing Clinic of Agape in Mamelodi, Pretoria where he was actively participating as a counsellor and client of the clinic. The other participant was introduced through a family friend. She is an active counsellor of Life-Line Johannesburg and also a Prepare counsellor (a Jewish community based pre-marital counselling programme). The third participant was a psychotherapist who was chosen as he met the requirements of having experienced client suicide, and he was asked if he would be willing to participate in this research.

All names of participants will be changed, as the nature of discussing suicide is a sensitive issue (as explored in the literature review). All three participants expressed a great willingness to participate in the study 'especially since it would be helping other's make sense of suicide'. The researcher will obtain verbal and written consent to record the interviews (by means of a digital recorder which records conversations and then transfers the recorded information to a computer) and to use the information gathered for the purposes of research. **Please see attached appendix A for the consent form.**

The participants will all be informed as to the nature and process of the research, the researcher's vested interest in carrying out this research, and the time expectations and commitment to ongoing interviews. Of course, it is the nature of such a research design to allow for the unexpected situation, such as needing more time for interviews, and possibly participant reflection of the researcher's punctuated themes to add legitimacy to the study (Fontana & Frey, 1994; Holstein & Gubrium, 1997). This will be fully explained to the participants and their verbal and written consent will be attained.

Data Collection

Personal data such as name, address, gender, occupation, age at the time of the suicide, age at the time of the interview, and personal details of the deceased will be obtained in the initial face-to-face interview. The interview as described above will be used as a definition of the context in which to have conversations about the stories of suicide. All interviews will take place in the homes of the co-researchers.

The interviewing approach will focus on narratives of participants (individual family members and a psychotherapist). Descriptions of narratives will focus on the meanings people attach to the experience of death by suicide. The researcher will encourage participants by showing interest, attentiveness, and by making use of self-disclosure. Questions in the interview process will tend to be open-ended and focused on 'what' rather than 'why' (Stiles, 1993), thereby enriching the stories being related to the researcher.

The stories will not be a mere re-telling of chronological events. At the end of each interview, there will be opportunity created for the participant to ask the researcher questions. All participants will be given the contact numbers of the researcher should they find themselves in a distressful situation due to the nature of perturbation of the interview material.

The researcher's questioning and curiosity will contextually enrich the person's story. The relationship developed between the researcher and the co-researcher will allow for the co-researcher to feel freedom to steer the conversation toward their concerns and punctuated memories of the person. The researcher will try not to interrupt the story being offered, and 'side-line' stories may emerge, that is, information that may not have direct relevance on the nature of the research questions. This information is recognised as being valid in that valuable descriptions of the person making sense of their lives within their contexts may emerge (see chapters 5, 6, and 7 for more details).

The researcher will not make any attempt to shift the meanings that people have of suicide relationships overtly. The research intention is to gather rich

descriptions of the changes the people experience before and after suicide, and how this affects the sense they make of death through suicide. These people will actively participate in deconstructing their roles and positions in family and professional spheres, and it is assumed that perturbation will occur to both the researcher and participants (influence of the observing system described in chapter 3). A means of containing these perturbations is through offering debriefings following interviews, and on an on-going basis, and referral to psychotherapists if deemed necessary. It should be noted that the young man is, and was going for therapy at the time of the interviews (for the last three years), and the woman and therapist both receive supervision regarding their professional and personal lives. The researcher herself is under constant supervision and she has co-created contexts with colleagues whereby she can express concerns and perturbations while not revealing the content of the perturbation. The researcher will also keep a journal of her emotions experienced, and her thought provocations. This is done in an effort to remain in continuous dialogue with the context of research that she will enter.

Data Analysis

Data analysis and interpretation will be an ongoing process throughout the research interviews and will not necessarily be constrained to structuring and ordering of the mass of data obtained in the qualitative research study (Rosenblatt, 2000). This implies that the researcher is informed continuously during the interviews, in conversations with her supervisor, and by various readings that shape any meaning the researcher attaches to eliciting themes from the transcribed interviews. These conversational interpretations then re-inform the interviews and conversations in a reflexive manner. This is the aim of such a design and an integral part of social constructionist reflexive research.

The researcher proposes that the following **outline** will be actualised with all three of the research participants,

- Personal data will be obtained and a consent form will be signed.
- The interview will be recorded by means of a digital recorder.

- After each interview, a transcript will be made, including verbal and non-verbal nuances. The researcher will also make process notes kept in the form of a journal
- The transcript will be reflected on, and notes will be made about pertinent issues (as seen by the researcher). The themes that are raised by the researcher will be fed into the next interview, requiring feedback from the research participant.
- The researcher may request the research participant to complete a task, such as letter writing, at the completion of the initial interview.
- The transcripts of all interviews, will then be analysed for emerging themes and patterns.
- The stories will then be reconstructed, placing each participant within their contextual circumstances. The names of the participants will be changed and metaphoric descriptions will be offered. The themes will be discussed, making use of direct quotations where necessary. The researcher's reflections will be made transparent for the reader, offering a meta-commentary position.
- The themes that are deemed to be both common and pertinent to the study will then be compared and discussed in reference to each story.
- This will be followed by a comparative analysis, highlighting the similarities and differences that have emerged between this study and previous research.
- Finally, conclusions will be generated, emphasising the limitations and strengths of the research process.

These proposed steps will now be expanded on in more detail. The researcher will make the **transcripts** as information-full as possible accounting for verbal tones and expressions that the digital recorder cannot capture and also notes of the non-verbal responses detailing emotional complexities which are part of the communication process and deemed to be important to this research project (Rosenblatt, 2000).

Following a **narrative analysis** approach as outlined by Rosenblatt (2000), there is ample indication that the researcher is influenced by her research question in the way she asks participants to expand on their stories. For example, the

researcher has shown an interest in the societal and religious influences on allowing and restricting the meanings given to the communally constructed notion of suicide.

After completing the transcripts, the researcher will re-read the transcripts while listening to the interviews and begin to **punctuate** relevant and less relevant themes that are emerging from the data. These **themes** feed into the process of asking the participants more expansive and descriptive questions in further interviews. Each successive interview transcription will lead to questions pertaining to the previous transcript and thereby inform the next. This is consistent with the reflexive methodology referred to by Gergen (1991). At all times, transcripts will be viewed in the context of the research interview, noting the possible constraints of the research relationship in exploring a culturally sensitive topic such as meanings attached to suicide. All attempts to place the comments and punctuations in the researcher's analysis will be done in a way that is respectful of the participant's context, the research context, and the researcher's personal context. This is an ethical concern which is acknowledged by describing these varying circumstances as the places where meaning was and is generated.

The researcher will attempt to remain aware of the interviewee's realities, and of what they are trying to allow themselves, and the researcher to understand. This awareness is a matter of ethic for the researcher as well as promoting research validity (to be explained further on). The realities of participants are respected and the researcher's personal experience with the process of suicide will not be privileged to the extent of obscuring theirs. This is perceived to be a possible difficulty for the researcher as many aspects of the interview may be provoking for her. Attempts will therefore be made to make this overt in the process of interviewing as well as journaling these feelings afterwards. The researcher will include her reflections as a part of the case descriptions offered, in the chapters that follow.

The researcher will **construct the analyses** herself, with input from her supervisor. The narrative analyses will emphasise themes that are both unique and common with all of the research participants. The researcher's stance will be 'curious', and if she is intrigued by comments of the co-researchers, she will ask them to elaborate. The researcher will be aware of 'news of difference, or

emergence of unique outcomes' in the participant's story. The initial analyses will be attempted without reference to the wealth of literature on relational networks of suicide (see chapters 5, 6, and 7) and after themes have been highlighted, they will be challenged with 'what the literature says' (see chapter 9). An overall evaluation of the research will then be discussed and future recommendations proposed (see chapter 10).

As the qualitative research paradigm has no clear definitional boundaries on interpretation of data, what the researcher has named 'narrative analyses' may also be viewed as a thematic analysis of narratives, and that too is fitting with the researcher intentions. There is a wealth of information available for deconstructing the transcripts in many disciplines, such as a linguistic interpretation following the use and choice of words in and between stories; a purely deconstruction analysis referring to the process of signifier and signified; and also discourse analysis whereby the language employed elicits important interpretations of how language used is reflective of dominant discourses (Gergen, 1994). The **focus** of the narrative analyses in this research domain will remain on what is being said with reference to how this is being understood. This exploration of themes is a potentially central and productive activity in narrative analysis (Holstein & Gubrium, 1997).

In any form of research be it quantitative or qualitative, the issues of 'reliability', 'validity', and ethics are of concern. The qualitative, social construction perspective, is not exempted from these concerns, and perhaps more driven to legitimise research carried out in the social spheres of activity, as personal agency is a forefront assumption of this paradigm. To compare the two – traditional empirical research and social constructionist research – paradigms as to which is more reliable and valid enters into another debate of preference. In this instance the researcher will abstain from doing so. When conceptualising 'valid' and 'reliable' social construction research, different terminology and points of emphasis than traditional research are advocated. These will now be discussed revealing the underlying principle of research, that being the social constructionist ethic.

Legitimation and Validation

In traditional empirical research there are set criteria as to how to attain reliability (trustworthiness of observations or data) and validity (trustworthiness of interpretations or conclusions). According to the tenets of social constructionism, data (in this research data is referred to as co-constructed narratives) can never prove that a theory is true or false as this is dependent on what constitutes the data and this requires an interpretive forestructure (Gergen, 1999; Stiles, 1993). The traditional or scientific aim of research is to offer theories of "universal and transhistorical significance" (Gergen, 1999, p. 93). Social constructionists believe that this premise of traditional scientific research is a form of cultural imperialism. Any attempts at asserting that data be accepted as true and factual and applicable to many differing conditions, is viewed as a-contextual (Gergen, 1994; Gergen, 1999; Rosenblatt, 2000).

Therefore, the process of making researcher assumptions transparent at the outset of a research study is deemed important for the reader, the participants of research, and the researcher, as all intentions are related in a dialogical manner. There is an invitation to the consumers of research to evaluate the legitimacy of this study in a conversational domain. No attempts are made to make the writings of this study applicable to others beyond the participants as they have told their stories. **Reliability** in qualitative research involves providing rich descriptions for the consumers of research so that a context is created whereby the reader is given full access to the research constructions and the process of formulating these constructions. Stiles (1993), has outlined what he considers to be good qualitative research and focuses on the requirements of procedural trustworthiness rather than objective implications of attaining reliable and valid research (Stiles, 1993).

Briefly outlined, reliability (Stiles, 1993, pp. 602-607) here is understood to refer to the ability of the researcher to convey contextually grounded meanings that the reader can understand at any given moment of reading the study, and includes

- ∞ 'Disclosure of orientation', or what Gergen (1991) referred to as forestructure (mentioned above). This entails the researcher disclosing the following: her

expectations for the study; preconceptions; values and orientation including the researcher's theoretical epistemology.

- ☞ 'Explication of social and cultural context', which would require a rich description of the cultural discourses shaping the researcher, the research interview, and the context of the research, such as this research being actualised for academic purposes and researcher curiosity. This point has implications for culturally bound narrative analyses that develop. The importance for this researcher lies in clearly motivating personal, therapeutic, and academic reasons for researching the meanings people attach to suicide (outlined in chapter 1).
- ☞ 'Description of the internal processes of investigation', is seen to refer to the self-reflections of the researcher documented throughout the research process. For this researcher, reflections will be documented as part of the story reconstructions emerging from the interview process. This is will be included so that the reader has an understanding of the researcher's position.
- ☞ 'Engagement with the material', requires the researcher to immerse herself in the research context. This process of immersion is seen to provide the researcher and participants with a safe and mutually understood place of shared meaning. The researcher will make efforts to remain in dialogue with the participants after the information gathering interview by: face to face meetings with the participants to check any interpretations inferred by the researcher, through analyses of the texts, and in discussion with others such as the supervisor of research.
- ☞ 'Iteration: Cycling between interpretation and observation', which refers to the ongoing interpreting, checking with the participants about these interpretations, and re-checking interpretations. The co-researchers are given the opportunity to check researchers interpretations which allows for the re-negotiations of observations made by the researcher. This can be likened to the feedback and feed-forward concepts of ecosystemic thinking (see chapter 3).
- ☞ 'Grounding of interpretations', involves the linking of interpretations to the content and context of transcripts, and observations made during the research interviews. The means of doing this is outlined above in the 'data analysis' section. The ethical point made here is in opening, or disclosing the way of

research, the texts or narratives gathered, and the interpretations made by the researcher. These are opened for inspection for the benefit of the reader or consumer of the research.

- ☞ 'Ask what and not why' questions. The difference put forward by Stiles (1993) is that 'what' questions elicit stories of which clients have direct knowledge. 'Why' questions evoke answers of "half-baked theories or post hoc justifications for what clients think or do" (Stiles, 1993, p. 607). From a social constructionist perspective, meaning is generated in interaction between people reflecting discourses that are dominant and non-dominant and as such both what and why questions help in the construction of shared language, although 'what' questions are seen to gather richer descriptions of the personal meanings of co-researchers.

Entwined in the description of the guidelines for reliability outlined above is a research **ethic**. The researcher is striving to remain ethical for the research context, the co-researchers, the reader, and the community of consumers of research. Ethics here are spelt out clearly for the reader so that a common language context is developed and maintained throughout the research. As the research is non-objective in nature, the researcher deems it ethical to inform the reader of the processes necessary for legitimising this type of research. Two considerations of ethics are therefore made overt at this point: recognising that appreciation of ethical concerns is not an *end* to a struggle, but that fairness, justice, and ethics *are* the struggle; and a commitment to make ethically informed decisions, which *is* essential to understand that competing values are *always* connected to ethical dilemmas. The ethical standpoint proposed here is seen to invite awareness of multiple ways of being and is consistent with the assumptions of research outlined above (Altheide & Johnson, 1994; Stewart & Amundson, 1995).

As this research is at all times an ethical endeavour the research principles of **trustworthiness** are sketched so that any analysis made by the researcher is understood as the researchers 'frame' or 'lens' rather than objective truths and facts. The aim of providing such frames is to reconstruct the world as the researcher views it, giving broader dimension and opening up new possibilities of action (Gergen, 1999).

As reliability is viewed as the ability of the researcher to convey her ways of working at all times, **validity** in qualitative research is attained by languaging with the community of consumers of research, and concern lies with what they (the consumers of research) find meaningful and not meaningful rather than focusing on the method used to attain sound data (a traditional research premise). Validity is relative to the frameworks in which interpretation of meaning takes place. There cannot therefore be a final decision on what is determined as strict criteria to be adhered to. What can be suggested are guidelines that the researcher can attempt to adhere to, as outlined above termed 'reliability' and in the discussion to follow termed 'validity'.

The guidelines for validity are adapted here from Atkinson, Heath and Chenail (1991), and Stiles (1993). Firstly, one should understand that the focus lies on collaboration and dialoguing through which consensus (legitimation) is brought about. The emphasis has shifted from design and technique to talking, understanding, feedback and feedforward, and a co-creation of reality that can be further discussed thereby abolishing the possibility of one ultimate truth (Atkinson et al., 1991).

To make knowledge legitimate, Atkinson et al. (1991, p. 161) claim that this process, "requires the judgement of an entire community of stakeholders". Legitimation is created through inquiring and dialoguing and multi-loguing. These authors assert that only those people that have participated in the research process and those who will be reading and discussing the research have the 'authority' to determine the legitimacy of the research. They say

(t)he legitimation of knowledge requires the judgement of an entire community of stakeholders and is most appropriately a democratic process in which all stakeholders have equal input (Atkinson et al., 1991, p. 162).

In this research process, the stakeholders may include the collaborators, colleagues, readers and in short, those who will examine this dissertation.

The legitimisation of knowledge is not a job of the researcher alone, but is rather a communal process involving all those who have a vested interest in the research. According to Atkinson et al. (1991), the resolutions will always: be more/less temporary; subject to consideration; rarely unanimous; and often as much contested as shared (Atkinson et al., 1991).

Stiles (1993, pp. 608-613) has outlined more specific guidelines for attaining validity and one can see the overlap between his requirements and those mentioned above.

- ☞ 'Triangulation' which means seeking information from multiple data sources, multiple methods (see data collection above), and multiple prior theories of interpretations (see chapter 2), and addressing convergence (see chapter 8).
- ☞ 'Coherence' refers to the researcher's ability to remain clear as to how motivations, epistemology and research intentions link throughout the dissertation. Coherence questions the quality of fit of interpretations with the intentions of research. As the nature of this research entails continuous self-reflection and reflexivity, the difficulty for the researcher lies in remaining coherent to the reader. Therefore much effort and thought is put into remaining coherent and admittedly at times the researcher strays into epistemological debates, linguistic reductionism and perturbation of personal assumptions informing the research. In the context of social constructionist research this is not deemed inappropriate, as it is understood as being part of the process of contextual research.
- ☞ 'Uncovering; self-evidence' involves making the researcher's motivations overt to the consumers of research and also monitoring researcher shifts in perspective regarding the research process. This process involves making sense of our experiences in the relational context of research. This is reflective of the ecosystemic principles of self-reflection and reflexivity (discussed in chapter 3) and attempts have been made to include these

descriptions throughout this research as well as include richer descriptions of these perturbations of research in the reflections that will be offered.

- ∞ 'Testimonial validity' requires the input of co-researchers to assess whether they found the interpretations beneficial or not. In this respect, the co-researcher is considered a consultant to the researcher. This guideline may be a further perturbation to co-researchers, as the interpretations of the researcher may be considered out of 'sync' with what the co-researcher meant at the time. Emphasis is placed here on the researcher's lens at framing any interpretation made and efforts to understand this include reference to context.
- ∞ 'Catalytic validity' is a term that refers to accounting for any changes that the co-researchers experienced in the process of interviewing and legitimising interpretations made. As descriptions of suicide entail having conversations about an emotional time in one's life, there may be consequences, especially since the suicide deaths are hardly spoken of in the participants' contexts. Where necessary, the possible provocations of co-researchers will be handled in the domain of dialogue and on-going conversations with the researcher under the banner of 'interview debriefings'.
- ∞ 'Reflexive validity' refers to the way in which the researcher's way of thinking is changed by the narratives generated through the interviewing process. The shifting ideas of the researcher are documented in the chapters that follow.

Evident from the above descriptions of the constituents of reliable and valid research, or legitimisation and contextually grounded research, one can see that there is focus on researcher inclusion in social constructionist research. No efforts are made at: distancing the researcher from the narratives of suicide generated through conversations; controlling the research conditions; converting observations to numerals; nor separating truth from practice (Gergen, 1999).

The researcher deems her attempts at contextual research to be aligned with her motivations for initiating and actualising the research, congruent with her outlined epistemological and theoretical lens, and promotional of an ethical stance by continuously making self-reflections, observations and premises overt for the reader's engagement in dialogue with the research texts.

Conclusion

This chapter is seen to be fundamental in drawing together the threads of epistemology, application of the research questions, and the actualisation of contextual research. The explication of the narrative and collaborative approach to research emphasised the inclusion of the observer in any distinction drawn (Keeney, 1983), the vital use of self-reflection, reflexivity and recursion as epistemological tools of the researcher, and above all, the importance of viewing any interpretations made as confined to the context of this study. The aim of providing clarity to the reader regarding the epistemological position of the researcher and how this is actualised in research of suicide stories is considered an accomplishment by and for the researcher. In this process many perturbing questions have been encountered such as, gaining perspective of putting the research questions into words that reflect the researcher's intentions; the congruence of epistemology, theory and research in indefinable circumstances as that would imply imposition of a reality; the nature of the researcher and co-researchers' positions as collaborators of research; and concerns of validation and legitimisation.

In designing a research method the researcher has accounted for the emergent qualities of a contextual design, and data collection and analysis are guided by the research questions that may also change during the process of constructing and actualising research. The generation of narratives or stories of experiences with suicide will be gathered through the unstructured interview and this is deemed an appropriate context within social constructionist research.

The research ethic outlined in this chapter is seen to be the backbone of the research process and all efforts are directed towards remaining within chosen ethical boundaries defined in this domain. There is no attempt to find the truth behind suicide construction. The benefit of engaging in the challenge of social constructionist research is in creating contexts for gathering rich, thick descriptions of how people come to construct the 'realities' or stories that they live by.

The chapters that follow will focus on the meaning generating process of the interviews, and the patterns and themes will be highlighted according to the researcher's frame of reference.

CHAPTER 5

RECONSTRUCTING THE STORY OF MR BAD-BOY

Name given:	Mr Bad-Boy
Age at the time of interviews:	18 and 19 years old
Suicide deaths:	Father (hanging) and sister (shooting)
Interviews:	Two, each lasting approximately two hours
Setting:	His mother's house

Introduction

This chapter offers a reconstruction of the story of suicide as told by the first research participant, Mr Bad-Boy. This story is based on the transcribed interviews between the researcher and Mr Bad-Boy. The chapter begins with an explanation of how he came to be named Mr Bad-Boy, followed by a description of the setting in which the interviews occurred. This is followed by the researcher's account of how she created the research context. The research participant's story is then presented focusing on his social and cultural background. A brief account of the deaths of his father and sister is offered, and an exploration of his wider interactive contexts are then explored, providing the reader with a contextual understanding of Mr Bad-Boy and his world. Brief reflections of the researcher are then offered, before discussing the emergent themes and patterns as highlighted from the researcher's point of reference according to what she deemed to be important. These thematic punctuations will place emphasis on creating a 'rich' description of the 'making sense' process following suicide, and also offer comments on the nature of relationships that continue after a suicidal death. This is then followed by the researcher's account of the processes involved when conducting research of this nature. This chapter is concluded with a summary of Mr Bad-Boy's story as conceptualised by the researcher.

The Naming of Mr Bad-Boy

What I basically did was put on this bad-boy mask and I would fuck up everything, like I don't really care.

The first research participant made several references to himself as having to put on a 'bad-boy' mask when confronted with his father's suicide. A 'bad-boy' mask meant that he was behaving in a truant way, had a disrespectful attitude towards figures of authority, and basically brought the focus of attention towards himself as an unruly child and teenager. During the interviews he often presented himself in this way too, by dodging questions, swearing often, and putting himself across as not really caring about his direction in life, nor that of his family. It therefore seemed appropriate for the researcher to name him 'Mr Bad-Boy' thereby offering the reader an idea of how he presented himself. His story was also offered to the researcher in this light of being a 'bad-boy', and the unravelling or deconstructing of his story allowed for alternatives to emerge that revealed many **contradictions** evident in his 'bad-boy' mask.

His belief was that he placed the mask on in response to many people's constant questioning of how he felt in relation to his father's death. He felt that he could only express his feelings in sending a message of not really being bothered by his father's death. Unfortunately, this mask remained a constant fixture in his life, even up until the time of the interviews some ten years after the death of his father.

As Mr Bad-Boy experienced two family suicides, those of his father and his older sister, his descriptions of his relationships with them include the two of them. The researcher has endeavoured to restrict descriptions to the loss of his father as this appeared to be the primary death experience in conversation, but she also includes reference to his sister especially when he compared the deaths of both his father and sister. Therefore, his sister will also be formally introduced to the reader.

The Research Setting

Both interviews were held in Mr Bad-Boy's house, and both were conducted in the very room in which his sister shot herself. The researcher felt that he would feel more comfortable sharing his thoughts and feelings in a place where he felt at ease. The house itself was dilapidated and the researcher saw this as a metaphor for the state of the 'broken' family. There were boarders living in the house who would wander in and out of the room where the interviews took place. This disturbance created a context of many interruptions and a sense of discomfort as the conversations that took place were limited with regards to privacy. The room in which the interviews were conducted was a cold room, with very little light. It was raining during the second interview and this created a context of even more darkness, physically, and metaphorically speaking, as evident in his mood of that time, and the researcher's attempts at trying to understand his point of view. Mr Bad-Boy appeared to be comfortable speaking under these circumstances, although the researcher was not completely at ease. The eeriness created by his sister dying in that room, the constant interruptions, and the coldness of the house affected her. These factors contribute to the reconstruction of Mr Bad-Boy as they frame the context in which the conversations occurred.

Enter the Researcher

Mr Bad-Boy was introduced to the researcher half way through the second year of her clinical training at the University of South Africa. To continue with the unfolding of the researcher's process, it is necessary to place this meeting in the context of the researcher's life. This time frame was marked by the researcher's self-questioning and re-evaluation of her therapeutic assumptions. This phase included uncertainty of herself as a therapist, and a struggle to articulate her therapeutic philosophy and way of working.

Mr Bad-Boy was excited to participate in the research process, if the researcher thought that it could be of benefit to other people who find themselves in similar situations. This indicated to the researcher that Mr Bad-Boy cared about how

other people experienced the loss of life through suicide, and showed a sliver of contradiction to the way that he had chosen to present himself.

At this stage, the primary interest of the researcher lay in understanding the relationship between the person left behind after suicide and the person who completed suicide. When the interviews began with Mr Bad-Boy, the researcher's quest evolved to include;

- a chronological description of the event of suicide,
- the participant's view of supportive and un-supportive structures,
- the understanding of discourses shaping the meaning making process following suicide, and
- relating these punctuations to the participant's present way of relating to others.

Creating the Context

The researcher entered the participant's home with an open mind as to the direction of the conversation. She began by offering her personal interest in suicide and from that point onwards, the research participant offered his story of his father's and sister's deaths. When the researcher was unsure about the timing of an event or about his participation in the sequence of events, she politely interrupted and then followed on with his line of thinking and story telling. The researcher remained curious throughout the interviews and always displayed an interest in the participant's story. Attention was given towards gathering an understanding of the marginalised voices of the co-researcher and this often required further probing by the researcher.

The participant was reluctant to offer his personal feelings and emotional responses in relation to the suicides in his family. This position was initially **respected** by the researcher and it was seen to be congruent with his portrayal of himself as a 'bad-boy'. Through the interviews, and exploration of his story, other portrayals became evident, and they too could be explored because his 'bad-boy' image had been detailed and accepted as legitimate by the researcher in the initial

phases of the research. A balance between confrontation and confirmation of the research participant was achieved.

As the research context was defined as an arena of exploration and a meaning-making event, the researcher had to be aware of entering a domain of possible uncontained emotions. The context was defined differently to that of therapy as Mr Bad-Boy was receiving therapy at the time of the interviews. The researcher had to be aware of the cross-over contexts of therapy and research, and carefully observed the non-verbal feedback from the co-researcher (Mr Bad-Boy) as well as the verbal. Mr Bad-Boy portrayed himself as being congruent verbally and non-verbally, and the researcher could therefore decide whether to probe further, or recede from a particular line of questioning. In addition to his psychotherapy, the researcher offered time for follow-up conversations providing closure following the interviews, as Mr Bad-Boy was experiencing a bout of melancholy. He did not make use of the offer.

Enter Mr Bad-Boy

Mr Bad-Boy was eighteen years old at the time of the first interview and nineteen at the second. His father had completed suicide approximately nine years previously, and his sister close on two years prior to the interviews. Mr Bad-Boy initially described himself in terms of his hospitalisation in a psychiatric institution, his condition of epilepsy, and the fact that he had been having Psychotherapy for over two years. He painted a picture of himself as being a relatively emotionally unstable young child and adolescent. He claimed to have been closest to his father when growing up, and more **distant** from his mother, as she apparently never featured much in his life. His father used to physically beat him when under the influence of alcohol yet he still felt a closer connection with his father.

Mr Bad-Boy had been hospitalised in a psychiatric children's hospital facility following the death of his father, upon the request of his mother. He was approximately ten years old at the time of hospitalisation, and could not say for how long he was hospitalised. The reasons for his admittance to the psychiatric unit were vague and unclear and the only reason he offered was that other people felt that it

was necessary. According to Mr Bad-Boy this was the beginning of his rebellious style of interacting. In the hospital setting he claimed to have 'learnt' how to get away with not studying for exams and still passing well initially. When he returned to 'normal' schooling, this learnt behaviour began a series of academic failures later on, with him eventually dropping out of school. At the time of the interviews Mr Bad-Boy was enrolled in a college where he was aiming to obtain a matric certificate. Mr Bad-Boy had been diagnosed as an epileptic since the age of five and medicated accordingly. Approximately two years ago Mr Bad-Boy stopped his medication and opted for homeopathic treatment, which he found to be more beneficial for his condition of epilepsy. By presenting the facts of his life in this manner, he succeeded in maintaining a **distance** between himself and those around him. This framing of himself as deviant and psychologically unstable, was meant to account for how he has made sense of the deaths of his father and sister. He tried to convey that he was not really affected by the deaths, and yet simultaneously, he contradicted himself on many levels such as his desperate need for understanding and search for meaning and also his need to be loved, cared for and guided through life.

Mr Bad-Boy had difficulty engaging in relationships with girls his age and saw this as a very big problem in his life. He attributed this problem to a fear of relationships, and he said

I am very cautious in getting too involved in relationships with other people. That basically keeps me from being with the people I want to be with...[this comes from] not wanting to be hurt again and losing people.

Mr Bad-Boy described himself as being distant and disconnected from his remaining family members (his mother, other sister, uncles; grandparents and cousins). He believed that they tended to see only his masks and not the essences of who he is. When he was asked to elaborate, he showed great confusion as to what these 'essences' entailed and how he could go about understanding and expressing what he so badly wanted to give voice to.

Mr Bad-Boy interacted with the researcher in a way that she felt was age appropriate in that the conversations involved his use of slang phrases and colloquial language; swearing; minimal offering of information and elaboration, and his response often required further probing; and he tired quite easily. The portrayed image of himself was also congruent with his proposed mask of being a 'bad-boy' (mentioned previously), as he often described himself as "being a hardass" – pretending not to care about other people's feelings. I found Mr Bad-Boy to be **evasive** in many of his responses and even with probing and exploring, he was often reluctant to offer his perspective. An alternative way of attempting to understand Mr Bad-Boy's style of communication is to see it in the light of his confusion and uncertainty in having any sense of a definite understanding of his relationships following suicide. Therefore Mr Bad-Boy's mask could also have the complementary inferred description of uncertainty and chaos. This is possibly applicable to the way that he had to live with uncertainty, and not very much certainty.

The way that Mr Bad-Boy chose to punctuate the critical events in his life emerged as a story of failure. He always explained how he was the deviant son, incapable of living up to the expectations of other people. In the way that he articulated his story, he had framed himself as the problem and saw little room for alternative possibilities. Through a process of questioning and expanding on 'thin' story lines, alternatives were seen to emerge. The story he told at first was looked at from a contextual understanding, and this helped the researcher re-enter the second interview. Mr Bad-Boy narrated his story by highlighting his and his family's diagnoses (medical/psychiatric discourse), his personal lack of concrete religious understanding about death, and his perception of the prescriptive nature of religion 'forcing' him to accept the deaths as sinful (religious discourse). He felt that he was unable to meet the expectations placed on him by his family and his way of communicating his position was through the portrayal of himself as a failure, focusing on his alleged deficits.

This framing and reframing process was cyclical and involved reflexive thinking on the researcher's part. The continuous folding and un-folding culminated in the re-telling of Mr Bad-Boy's story. The description given here of Mr Bad-Boy is reflective of the researcher's way of punctuating events and there are undoubtedly

many other ways of making sense of the content of the interviews. What follows then is the researcher's particular way of re-constructing the research interviews and any inferences made are done so within the context of her pre-defined assumptions and theoretical underpinnings of the research domain.

Father: Self-strangulation

Mr Bad-Boy's father was the son of a prominent political figure during the apartheid years in South Africa. He was 42 years old at the time of his death, and he took his life by hanging himself with his belts, in the bathroom of a psychiatric hospital in the city where they lived at that time. The reasons for his self-committal to the psychiatric institution were two-fold; firstly, he was diagnosed with bipolar depression and, secondly, he was an alcoholic and required a rehabilitation program. Mr Bad-Boy describes his father in the following way

I know that he was sick and he had some brain damage from years of alcohol abuse...the thing is with my father everyone said that it was the brain damage, but I reckon it was the fault of one particular psychiatrist...he was an outcast...one of the main reasons I think that he committed suicide is because he wanted to stop hurting us and because he wanted to stop hurting himself...basically I didn't see the alcoholic in him, I just get this caring person...

In this excerpt from the transcribed interviews, it is apparent that Mr Bad-Boy has contradicted himself. He initially presented himself as an uncaring and unloving person, yet he strongly connected with his father's pain and wish to stop hurting his family. By reacting to people as an uncaring person, he confirms people's assumptions of him as being rebellious, and yet he still has an ambiguous desire for people to see past his mask. His relationship with his father, exposed in the way that he described him, allowed Mr Bad-Boy to express an **alternative voice** to the predominantly 'uncaring' one, a position which is in fact very caring and loving. Unfortunately the researcher recognised this when reflecting on the transcripts post-interviews, and did not make her observation explicit with Mr Bad-Boy.

Mr Bad-Boy seemed to miss his father terribly and he still regrets many actions that his mother took just prior to his father's death. For example, according to the advice of the treating psychiatrist, she took her children away and moved the family to Pretoria the day that his father committed himself to the institution. Mr Bad-Boy felt that this move pushed his father over the edge. His father seemed to lose hope when his children were no longer around him. Mr Bad-Boy assigned blame to his mother for taking the psychiatrist's advice and also towards his father's family for not showing his father enough love. The presentation of the mask of being a bad boy is congruent with remaining aligned with his father, even post-death.

Mr Bad-Boy does not judge his father and if anything he remains loyal to his father and speaks about him with pride, as evident in the following piece

But I think that he had the same problem as me in that he didn't know that he was loving – he just thought about the bad things he used to do and how he messed up and stuff like that.

In this passage, Mr Bad-Boy shows a strong connection with his father, almost as if in describing his father he is able to give expression to his own marginalised voice, of being a caring person. Alternatively, it could also portray a longing for his father, even though this is the man who beat him regularly. It appeared that this is also the man who allowed Mr Bad-Boy to show how sensitive he can be, and also allowed for his deviance.

In the chain of events following his father's death, Mr Bad-Boy strongly believed that these situations could have been avoided if his mother had not removed them from his father that day. He believed that this one action would have perhaps prevented his sister's suicide as well as his academic failures. Here, Mr Bad-Boy **blames** his mother and the treating doctor for the outcome of his father's death. The relationship that Mr Bad-Boy had with his father can be described as being both ideal and pathetic. During the conversations, the descriptions of his father would vacillate between presenting his father as possibly the most caring and loving person in the world, followed by justifications as to why he had to beat his family. Mr Bad-Boy never actually gave 'voice' to any anger that he may hold towards his

father, but always justified his father's actions as if he knew that it was not acceptable. Mr Bad-Boy strongly identified with his father and found himself in similar situations of "getting into trouble" regularly just as his father did. What Mr Bad-Boy misses the most about the loss of his father is a mentor, someone to guide him and offer him advice (perhaps on how to get out of trouble more effectively). And above all, he felt strongly that his father's death could have been prevented, if only...

In this way, Mr Bad-Boy's father remains very much a part of his life in that he is continuously questioning the role that he played in the final event of his father's life. The **contradiction** apparent here is that he constantly shifts the blame from his mother, to doctors, to himself, and never his father. In a sense, his depiction of his father is tainted in protection.

Sister: Gun-shot Head

Mr Bad-Boy's sister took her life by shooting herself in the head with her paternal grandfather's gun. At the time of her death, she had a three-week-old baby, who was in the room when she shot herself. This took place in the very room where Mr Bad-Boy was interviewed. The events preceding her death were numerous and they will be briefly summarised. His sister had a history of admittance to several prominent private and state psychiatric institutions as she shared her father's diagnosis of Bipolar Depression. She had a troubled upbringing following her father's death and she too was admitted to a hospital for treatment following his death, and once again, for unspecified reasons. She attempted suicide on numerous occasions and frequently asked Mr Bad-Boy to assist her in taking her life. He blatantly refused and thought that she was seeking attention. To this day he feels very guilty for not understanding her inner pain. She married a man who Mr Bad-Boy did not approve of, and according to Mr Bad-Boy, he was a primary reason for her ultimate death. Once again he is assigning **blame** to a person other than the one who took her life. He said

...Now I blame her husband. He showed her this alternative lifestyle.
Weird stuff where you chant all day. And I think he kind of

brainwashed her and I can't be sure. He didn't allow her friends except for his...

Mr Bad-Boy has a very bad relationship with his brother-in-law and according to him, his mother still holds him responsible for the many family fights. Mr Bad-Boy is no longer interested in making peace with his family and he quite comfortably disconnects from them as he believes that they perceive him to be "all bad". He claimed to have had a good relationship with his sister up until the point of her asking for suicide assistance at which point he found himself withdrawing from her.

His sister was also taking psychiatric drugs, and in order to fall pregnant she discontinued her medication. The treating doctors and her family warned and begged her not to stop the tablets, but she was desperate to have a child, and so she chose to come off the medication. During the pregnancy Mr Bad-Boy recalls her having tremendous mood swings and being very depressed. As the story of his sister is put together here, the scene is being set for the **blaming** of the stoppage of medication as being responsible for her death, and of course her husband as well, as he could have stopped this. It was during these times of mood swings that she mostly wanted him to help her gas herself. Shortly after giving birth, her grandparents came to visit and her grandfather left his gun unattended for a moment while he went to fetch his belongings from the car. It was during this time, that she took the gun and shot herself, killing herself instantly.

By the time Mr Bad-Boy received the news and arrived home, there was nothing that he felt he could do as his mother had already taken tranquillisers and she was asleep, so he left the house and went to get drunk with a few friends. He described his sister's death in the following way

The whole place was full of blood and everything and they just threw a sheet over her...for the first time in a very long time she looked peaceful...for the last two years we were not really close because I fought with her husband...I never tried to understand it [her depression] as I was mostly angry at her all the time...I blame myself

and then I switch off. And then I start thinking about the things I have said to her...

In this passage the blaming position is assigned to himself. Perhaps in assuming responsibility for her actions, he has a sense of control over the event, which is paradoxical because the choice was hers and not his. In the construction of his sister's death, blame is shifted from the mother originally removing the children from their father, to his sister's husband for introducing her to cults, to the effects of the psychiatric medication, and finally culminating with placing himself in the responsible light.

Having had his father and sister complete suicidal acts, he was left in a position where his own suicidal thoughts became forefront issues. Following his sister's death, his mother took him to see a Clinical Psychologist. At the time of the interviews he was still in therapy, and still finding it difficult to articulate his problems, feelings and emotions. His mask, over time, and with very demanding situations such as suicide loss, became more and more permanent in his life, and the story he told, the blaming posture he assumed, and the openly expressed self-directed anger, could all be seen to serve in maintaining the mask.

Introducing Others Left Behind

Mr Bad-Boy made very few references to any other family members excepting for his mother. On one occasion he mentioned his other sister,

She's the normal one...

He made no reference to her again throughout our conversations. As for his mother, he had some very strong viewpoints regarding his mother's responsibility in raising children, her spiritual quest for finding her own peace with the deaths in her family, and her disconnection with him as she too was mourning. He describes his mother as follows,

No offence, but a woman can't really raise a son on her own. If she raises him from very small then it's okay...[on parental suicide] it would have been easier if it was my mom.... but I don't blame my mom for anything because she tried her best and she thinks she is a failure, but I don't know...I would have prevented my mother taking us away from my father...

The societal discourse shaping Mr Bad-Boy's view of his mother is made overt here. He has a belief that a single mother cannot raise a son on her own, yet a father can. He came to this understanding by believing that his father was the only person who understood him, and perhaps more specifically, the only person who accepted his behaviour. This acceptance is reflected in the following paragraph,

I guess my dad would have laughed at me (pause) and then he would have said "listen there is nothing you can do about it; what's done is done and just go clean up"... ja... basically he wouldn't have laughed at me like "haha you're so stupid", he would have laughed at me like "ja I can see myself in that situation hahaha!"

In contrast, Mr Bad-Boy offered the explanation about his mother's ability to raise her children negatively, and then he invalidated it by commenting that he does not blame her for her so-called inadequacies offering a justification that she had been trying her best under the circumstances. This is then further negated by blaming his mother for removing the children from their father, bringing him back to his original view of his mother's abilities or lack thereof. The marked confusion in the description of his mother furthered the researcher's understanding of how Mr Bad-Boy exists in relationship with other people after suicide. Also, the confusion highlights the way that he lives with uncertainty with very little certainty. He did not appear to have any stability from which to tolerate uncertainty. His uncertainty and wavering between explanations, left the researcher mystified as to what message he was trying to share. Perhaps, for healing to occur for Mr Bad-Boy, he would need both positions of having a certain amount of certainty in his life, and entertaining some uncertainty. Being placed in the extremity of both positions, placed Mr Bad-Boy in a very unsettled position, and served to add confusion to his life.

Mr Bad-Boy made several references to his paternal grandfather, but mostly in a **blaming** way. He believed that if his father had been shown more love and understanding, then he would not have had the need to turn to alcohol. He did not think that he had a good relationship with his grandfather and validated this by commenting on the little time that they spend communicating with each other. A good source of support for Mr Bad-Boy was his friends. Although not many of them knew the nature of his father's death, he felt that they could understand the complexity of him as a person and see beyond the 'bad-boy' mask, allowing him to be 'different'.

A very big issue of contention between Mr Bad-Boy and his family was the sense of failure he felt in not being able to meet their expectations of himself. Mr Bad-Boy described how he felt familial pressure to succeed academically, and following this, success in the private sector. In this way he strongly identified with his father as his father was also judged in terms of these values by his immediate and extended family. The family wanted his father to succeed in politics and business, and instead he became a farmer, and according to Mr Bad-Boy, a successful one. The difference is that Mr Bad-Boy has no direction for his future and has little focus on what he would like to achieve.

Mr Bad-Boy was born into an Afrikaans Christian family. He never felt a close connection with his extended family as he perceived them to be unsupportive, and fanatical about religious beliefs around suicide. There was a strong Christian belief system in his family at the time of his father's death but Mr Bad-Boy did not share these religious sentiments. After his father's death, he felt that his extended family rejected his father because suicide is considered to be a sinful act and goes against Christian beliefs. His loyalty to his father made him feel rejected by the family as well. Following his father's death, his mother moved away from Christianity towards a more spiritual alternative, leaving him free to choose or create a religious perspective of his own. He had not found a religious/belief system that fitted with him and as such he remains in a questioning position, questioning what he could have done differently to prevent the occurrence of suicides in his family, and so what could have been a support to him, has also failed him.

Now that Mr Bad-Boy has been viewed in the context of his surroundings and family members, one can get a fuller grasp of why and how he came to have the mask that he wears today. This understanding can provide the reader with information necessary to contextualise the meaning making process following a suicide or suicides.

Reflections of the Researcher

Before delineating the themes and patterns that emerged from Mr Bad-Boy's story, the researcher will briefly reflect upon *her understanding of the participant's construction of narrative*.

The way in which each story is reconstructed, is greatly influenced by the participant interviewed and the nature of each unique research relationship. The predicament for the researcher to remain consistent in her re-telling of each story is apparent. Mr Bad-Boy evoked a frustration in the researcher and a level of ambiguity, and as such the story too, has elements of confusion in the way that it was written. Moving to a higher level of commenting about the interactions that occurred, allowed the researcher to attempt re-writing the story construction in a more descriptive way.

Challenging Fixed Beliefs

Mr Bad-Boy presented himself as an individual who did not **belong** in his family of origin. He was also struggling to finish his schooling and found himself in conflict with the college authorities on a frequent basis. He also presented his father and his sister as not having had a sense of belonging within the family and society, and this appeared to be a source of connection for him in the present. When questioned about the similarities between his view of himself and that of his family members who were dead, he appreciated acknowledgement of this connection and began to understand that he does not exist in isolation of those around him. From a premise of existing within relationships and creating realities from shared relationships, Mr Bad-Boy's stories were placed in context of his familial upbringing, shifts in relationships following the progression of family deaths, and up to the point

of his present contextual relationships (such as, at school, at home, and within his extended family).

When asked for his opinion about the reasons for his father's and sister's choice of taking their own lives, he proposed two **ideologies**. The first was consistent with a psychiatric discourse that relies on pointing out the deficits in the individual and he regarded them (his father and sister) as 'not being right-minded'. The second opinion was fraught with uncertainty, self-questioning and reflection. The researcher challenged the presupposition of one explanation having to be offered as more correct than the other, and Mr Bad-Boy agreed and settled on a belief in the balance of the two. This provided him with the space in which he neither had to have the answers nor did he have to stay in uncertainty as he was justified in having his multiple opinions.

Allowing an opening for the **voice** of his late father seemed to be reassuring for Mr Bad-Boy, especially following the possibility that he might be suspended from his school. Careful questioning by the researcher gave him the opportunity to follow the advice of his father and he appeared very relieved (shown by a genuine laughing and relaxed body posture) when he thought that his father would still have approved of him, and seen beyond the mask he was presenting of a 'bad-boy'.

Prescribing Tasks

At the end of the first interview the researcher gave Mr Bad-Boy a task to complete. This task was created on the basis of a discussion that he initiated about having another chance to re-write history. Mr Bad-Boy placed a lot of pressure on himself, as he firmly believed that if he had behaved differently, then his father would not have taken his own life. Therefore, he was asked to make some notes on what he thought he could have done differently, from a third-person's perspective. Mr Bad-Boy appeared enthusiastic to complete the task, but unfortunately he got into trouble with his college the day before our second interview and he did not have the time or the inclination to do the task. At this time he was threatened with suspension from the school. His agreement to do the task and then the lack of completion fits with the

presentation of himself as disobedient and truant. His behaviour was understood in this way, and no other interpretations about the event were made.

Mr Bad-Boy was intent on staying in his own uncertainty and always questioning the 'meaning of life'. His understanding of the family suicides was also presented in this way. He provided no clear conceptualisation of his ideas, and at times the researcher felt a sense of pressure to provide answers, from which she abstained.

Entertaining Uncertainty

Upon reflection, the researcher's approach to research was fundamentally grounded in the researcher's curiosity, a belief in mutually shared domains of language in an effort to co-construct reality, and the view of a person as a meaning generating being. The way the researcher conducted the interviews was consistent with her epistemological assumptions of not having to be an expert on the co-researcher's life, and not trying to find validation of pre-determined hypotheses.

In the context of post-suicide relationships, Mr Bad-Boy's perspective and way of communicating, was consistent with the taboo and unspoken nature of stories of suicide. He offered 'thin' descriptions at times, and the researcher felt that she had to ask the same question from several different angles. The difficulty for the researcher was entering the domain of conversation without a structured interview format, as that would have provided a clarity that perhaps was lacking. The researcher was often plagued by thoughts of uncertainty, such as: "Am I getting relevant information? Is this dangerous to talk about? Where do my responsibilities lie?" These questions often subsided once the researcher shifted to a more curious position of not-knowing and aimed towards weaving the story with the co-researcher around suicide, pre and post death. This stance of the researcher invited a both/and approach and as such, as the stories were woven together, the threat of questions such as "is this right?" melted away. The researcher invited as many thoughts and ideas as possible revealing both the dominant and the subjugated stories. Therefore, the curious position of the researcher proved to be the most beneficial and was most fitting. This curiosity evolved from the excavation of personal and professional

provocations of the researcher. The responsibility of the researcher lay in the higher process levels of questioning about the use of self in interviewing, being aware of self-reflexivity and focusing on the co-researcher and his well being following the closure of interviews.

Having briefly outlined the researcher's impressions and observations of Mr Bad-Boy' narrative, the themes and patterns that emerged from his story will be discussed. The themes give expression to a dimensional perspective of his story and the processes following suicide, including his personal position in relation to suicide, his family's disposition and connection to suicide, and also the factors that constituted mourning for Mr Bad-Boy. The researcher has punctuated these themes and they are based upon her experiences and reflections when interviewing Mr Bad-Boy.

Themes and Patterns Emerging from the Reconstructed Story

Pertinent themes as deemed appropriate by the researcher will be outlined and discussed, making use of direct references to the conversations that occurred between Mr Bad-Boy and the researcher. The themes give voice to the many emotions and disparities experienced when attempting to understand the development of relationships that follow a suicide. Briefly summarised in point form, they are

- Theme of secrecy: protection of the family
- The family connection (sharing of mental illness)
- The search for meaning: unanswered questions
- Theme of mourning: self-reflecting
- Role transition: from being a care-free child to a 'responsible adult'
- Relationships post-suicide: the time that passes
- The search for healing contexts
- Co-creation of new meanings

Theme of Secrecy: Protection of the Family

The first theme that becomes apparent upon re-reading the transcripts is that of secrets in this family. The researcher met Mr Bad-Boy's mother twice during interviews, and she was friendly but she only popped her head into the room for literally a minute to say 'hello' and then she disappeared down the corridor. She was aware that the researcher would be there, but she showed no interest in the meetings.

It appeared that the secrets in this family are kept as a way of protecting people from expressing and experiencing pain. Mr Bad-Boy was only told that his father had committed suicide following the funeral. He was originally told that his father had fallen down the stairs and broken his leg. He subsequently found out the truth three days later. As the nature of his father's death was scandalous for the family and the community, lies were originally told and the truth was kept a secret. To this day Mr Bad-Boy is selective with regards to whom he tells about his father's death. By doing this he too may be perpetuating the pattern of keeping family secrets.

Following Mr Bad-Boy's description of his relationship with his mother, it appears that their interactions are best characterised by distance and disconnection. Mr Bad-Boy's personal thoughts of his own suicide are hidden away from his mother. He felt that his mother would not know how to cope with him as he believed that she is still mourning the loss of his sister. He frequently heard her crying alone in her bedroom. He did not feel like he should be burdening his mother with his needs as she had already tried to help him by referring him to a Psychologist. He gave the impression that his mother did not understand nor connect with him, and as such, palmed him off to a psychotherapist. Alternatively one could see that she has acknowledged that she cannot help him while dealing with her own loss, but she sees that he is in pain, and is trying to assist him by sending him for therapy. Following his father's death he was sent to an institution, and then for therapy following his sister's death. Neither of these placements have apparently helped Mr Bad-Boy and his mother to communicate about the deaths, and one senses that suicide in this family remains unspoken about. The pattern of secrets around suicide

is a myth in this family that is perpetuated by people shying away from speaking about the suicides.

His mother is also unaware of his drinking habits and the fact that he was almost expelled from college in the time that the interviews were occurring. The researcher questioned whether he was following in his father's footsteps with his drinking behaviour and he vehemently denied this, explaining that he did not think that he had a drinking problem. His father became violent when he drank and Mr Bad-Boy did not, thereby drawing the conclusion that he does not share his father's drinking problem. Even so, his mother remains unaware of his need to drink alcohol, especially when coping with stressful situations.

Mr Bad-Boy did not offer a detailed description of his mother when growing up and mainly recalled situations that involved his father and sister. It did not appear that his mother is approachable regarding the provision of information about his past and he remains with many unanswered questions, possibly due to the secretive nature of the suicides in this particular family.

The Family Connection (Sharing of Mental Illness)

Mr Bad-Boy related the story of his experiences with family deaths in the frame of those who he was/is connected to, and then those who he is disconnected from. A prerequisite to forms of connection in his life began with explaining the commonality of a 'mental illness', a predisposition shared by his father, sister and himself. He and his sister even took the same medication albeit for differing diagnoses. Another form of connection appeared in that all three family members described above (his father, sister and himself) attempted suicide at one point or another. It seemed that Mr Bad-Boy, his father and his sister shared a connection in the way that the three of them disconnected from people around them. His father and sister disconnected through committing suicide, and he detached himself by creating a distance from people around him.

Mr Bad-Boy was left with an obvious conclusion to his family story – his father and sister had ended their lives and therefore so should he. Reasons offered for why

he did not take his own life were mostly directed towards the fact that he would be deserting his mother. The inherent contradiction here is that she is perceived to be one of the very people he feels disconnected from. One could draw the conclusion that Mr Bad-Boy has a need to remain disconnected in order to survive. This is seen to rise from his fears of being hurt when engaging in relationship because the people that he was closest to died.

Mr Bad-Boy's mother was described as being very dependent on him for emotional support. Contradictorily, he described her earlier as being disconnected from him, and he denied having a mutual relationship with her. This was further contradicted by his belief that in ending his own life, he would be acting irresponsibly toward his mother, and he felt that this would be unacceptable. He recalled having a poor relationship with his mother at the time of his father's death, and remembered his father, sister and himself spending most of their time together, with his mother taking a background stance. After his father's suicide, he and his sister remained close and this went on until his sister married and began her own life with her new husband. Mr Bad-Boy was left on the side-lines and became more and more disconnected from his family, especially as he became more 'disobedient' and continued with self-destructive behaviours, such as suicide attempts, alcohol and drug use. One has a sense from conversing with Mr Bad-Boy that he longs for that same **connection** that he once had with his sister and father, many years back, before his mother removed them from his father.

As Mr Bad-Boy currently resides in his mother's house it is almost ironic how he is left with having to come to terms with that which he cannot have – connection with his father and sister. The notion of disconnection was also felt by the researcher when conducting the interviews. The house in which they live is large and they have many boarders sauntering in and out of the house, and his mother would occasionally enter the room to offer greetings or goodbyes. One has the sense of Mr Bad-Boy not belonging in a household full of strangers. His fragmented search for meaning in the family deaths is a pattern that is carried over to the very way in which he lives in a disconnected household. Mr Bad-Boy also maintained the disconnection in the household by continuing with his life as if he was a boarder in the house. This was usually followed by a more ambiguous comment whereby he wished for

connection, yet he did not assume any responsibility for creating relationship, and chose to blame the lack of connection on his mother's need to have space to mourn her loss, instead.

The Search for Meaning: Unanswered Questions

Many questions that Mr Bad-Boy asked following the suicides surfaced during our discussions. Firstly, there were questions regarding Mr Bad-Boy's opposing feelings of anger and self-doubt following the suicides

...not anger towards any other person. Just anger towards myself for what I could have done...when I start thinking about it, start blaming myself, start thinking about what I could have done...I could have at least prevented some of the things around, surrounding the death of my dad, leading up to it...I would basically take any insult from him, and I would take it inside myself and think, 'what can I be to make him think better of me?', not 'what was he doing to me?'. What could I do to change his view...basically, what I always think is if I could just look inside myself, deep enough, I would know what I'm supposed to do...

The blaming position has shifted once again. Here, Mr Bad-Boy blames himself for the actions that he never took. One should remember that at the time of his father's death, he was nine years old. There appears to be a discrepancy between the time frames as revealed in the story Mr Bad-Boy shared. Viewing the past events from the present has allowed him to incorporate more of a resourceful person than the person he was when he was a child. But, he views this from a self-blaming position, which reiterates his lack of acceptance of his father's death. The questions that he posed for himself are done so in a way that he thinks that the past is the present. Through the years that have passed since his father's death, he has accumulated questions which all reflect back to the position he took in relation to his father's life. The context of research allowed the space for the expression of these questions and through the unravelling of the possible answers, his contradictions and unrealistic perceptions were made more overt.

Then there are questions, which were directed more at his father and sister

With my sister, it's like I don't know, but I still miss my father sometimes. I wonder what he would have been like if he was still around?...I see them as being gone, but everyday I wonder what they would have been like, well not everyday, but every other day, and if they didn't have the manic depression would they still be here? Would they have died?

The nature of these questions asked invites Mr Bad-Boy to attempt to make sense of the deaths of his father and sister. For him, answers to these questions are seen as the essences of the 'making sense' process following suicide. Mr Bad-Boy is still attempting to understand the causes of their deaths as well as how he contributed to their deaths by not acting. This process gives him permission to assume responsibility for the deaths and in this way he gains control in believing that he could have been part of the cause for the outcome (the suicides). He is left with many questions and too few answers and one can see his desperation to find answers. This theme is also apparent in his mourning process discussed further on.

Mr Bad-Boy strongly believed that he had a role to play in understanding the reasons for their deaths and more importantly how he was part of this, so that he could gather more certainty in an understanding of himself. But, he also proposed that this search for understanding through all of these questions, was a self-introspective journey and he has not found the therapeutic context to be helpful to date. Given the interview context, Mr Bad-Boy was able to further articulate many un-said thoughts and often had to pause and think carefully about his answers. He expressed great hope that the interviews would provide a context in which he could participate in a meaningful process through elaborating on his relationships following suicide. One thing is for certain, the research context created many more questions for Mr Bad-Boy and perhaps merely served to perpetuate his uncertainty. Much of Mr Bad-Boy's pondering about why he keeps finding himself in trouble with figures of authority today is answered through an understanding of his relationship with his father and the connection he shares with him as both being 'misfits and outcasts'.

These many unanswerable questions take further shape when an understanding of Mr Bad-Boy's mourning process is deconstructed. It should be remembered that Mr Bad-Boy was hospitalised shortly after his father's death and he has a very poor recall of the events of that time. The story re-told in the context of the research interview was peppered with many of his present ways of being and interacting and should not be viewed as a perfect reconstruction of that particular time.

Theme of Mourning: Self-reflecting

Mr Bad-Boy believed that he did not mourn his father's and sister's deaths as his mother was going through a very difficult time then, and he felt that his support of her was more necessary – and expected – at that time. The expectation to support his mother is somewhat **contradictory** given the nature of their relationship. He also commented that a big draw-back to his mourning process was his inability to express his feelings, in words or in tears. His father's death was further complicated by the presence of the media. As Mr Bad-Boy's grandfather was a political figure, his (the father's) suicide was considered to be a 'newsworthy event' at that time.

The tremendous amount of **blame** that Mr Bad-Boy inflicts on himself, and others, for his father's death and the overwhelming guilt that he feels towards his sister's death, leaves little room for conceptualising their deaths as acts of choice. He did not once make reference to their personal decisions to take their lives except when describing possible reasons for a person wanting to commit suicide. He said

I personally don't think that there is a reason that makes it okay to commit suicide cause that actually just shows you couldn't make it, that you couldn't handle life...I don't think that they were right minded...

In this way, Mr Bad-Boy frees his father and sister from the responsibility of their actions and he assumes responsibility by the constant questioning of what he did and said, or did not do for that matter. In his words, his process following the death of his father was as follows

Basically at first it was like, [pause] uhm, [pause] okay, he's gone now, I can't do anything about it, and [pause] this is so bad – so fucked up, [pause] and that went to what did I do [pause] to make him unhappy [pause] and after that what could I have done? [pause] to make him happy?

Mr Bad-Boy's questioning of himself is evident in the above paragraph and in this way he makes sense of the deaths as a process that includes himself. He does not merely assign blame to others here or hold his father or sister responsible for the decisions that influenced the direction of their lives. Mr Bad-Boy's self-reflective position places him in the centre of his understanding of suicide and his relationship to suicide. His mourning process, or lack thereof according to him, is complicated by his search for meaning in his own life, and he often has minimal direction and guidance along this route.

Role Transition: From Being a Care-free Child to a 'Responsible Adult'

Mr Bad-Boy functioned reasonably well at school prior to his father's suicide. Following his period of hospitalisation, he attended special schools (remedial schools) for a short period of time, ultimately being expelled and staying at home over the next few years until re-entering a college facility. He described himself as having had to grow up overnight following his father's death as his mother became very reliant on his support. He felt that he had no guidance in this new way of relating to his mother and sisters as he was now considered to be the man of the house. He felt that he could not really cope under the new assumed role ('responsible adult'), and regularly doubted his ability to make decisions and act appropriately in the eyes of his watchful extended family. Mr Bad-Boy described others as expecting him to be a responsible adult, yet he presented himself more in the light of a **troubled teenager**.

A way of retracting from this overwhelming pressure was to assume the position of being a failure and behaving in truant ways. In assuming this position of not having a "care in the world", Mr Bad-Boy was able to free himself from the

responsibility thrust on him from the age of 9 years old. But, he went about his business barely being noticed by those around him as his sister was in and out of psychiatric hospitals for suicide attempts, and his mother was caught up in the loss of her husband. This left Mr Bad-Boy in a position where he had to learn to take care of himself, and this is where he saw his greatest failures as he believed that he did not live up to other people's expectations. Contradictorily, he assigned blame for failure to his initial schooling experiences while in the institution, and at a point later in the interviews he assumed responsibility by acknowledging that he chose to not learn and rather drink and drug with his friends. His one wish was to know what his father had wanted from him and what his dreams for his son were. He felt as though he was constantly searching for his father's affirmation and confirmation of his choices in life, and remained in an uncertain position due to the reality that his father was dead.

Relationships Post-suicide: The Time that Passes

With the passage of time Mr Bad-Boy was finding that he is similar to his father in many ways. He found this to be reassuring of where he is at now. He described his present forms of relationship from assuming a different perspective, such as

Basically I think I have gone through a reflecting on the situation, thinking about it...that leaves me thinking that maybe I was not meant to understand it...I am coping with it in a way but in a way I am not coping with it at all...I think if my dad still lived, I wouldn't have all these things that I have now and I would [pause] I don't know, how should I put this? Uhm [pause] I wouldn't have had this search that I have now, basically, so, ja...I don't know what he would say, but what I would hope he would say is 'don't worry about it, it's going to be alright, you'll make it through'...

There are a few inconsistencies described in the excerpt provided. He was initially trying to say that through a period of time, he had failed to come to an understanding of the deaths in his family, or understood his role in these deaths, and

failed to reach clarity on how he presently finds himself interacting with other people. But, the way in which he offered this was framed in his uncertainty and almost flippant tone. The **blame** still surfaced, because now that he had reached a conclusion to his self-reflective journey, he returned back to negating this process by saying that his father should not have died in the first place. His search required reassurance that he was heading in the 'right' direction, and Mr Bad-Boy hoped that his father would have approved of the way that he had chosen.

Mr Bad-Boy is gradually seeing himself becoming aware of his connection to his father, as seen when he noted their similar ways of being perceived by other family members. By acknowledging this connection with his father, he no longer needed to search for what he could have done to prevent the suicide occurrences as he had moved to another level of conceptualisation. As he moves forward in time and acquires a more integrated sense of personal identity, he connects with his father by acknowledging the level he has reached being that of a mutual understanding, and then he simultaneously disconnects from other people by going back to a blaming position which protects and justifies his father's decision to end his life. Mr Bad-Boy did not appear to be capable of offering a sensical description of relationships after suicide and thus, the researcher has had to offer a considerable amount of interpretations. Or perhaps, the researcher failed to understand the gist of what Mr Bad-Boy was trying to say. Perhaps Mr Bad-Boy reached an understanding that sometimes there can be no clear answers, especially in the face of death.

The Search for Healing Contexts

Mr Bad-Boy was introduced to psychiatric and psychological settings from a very young age. He recalled how violent his father became with his family when he drank alcohol. He remembered, with a distasteful memory, his interactions with his father's treating doctors very clearly. He also recalled his own treatment as an epileptic and how he was labelled as needing "special treatment". These sub plots of the overall story that Mr Bad-Boy re-told all set the scene for his struggle to find his own sense of healing. Mr Bad-Boy is searching for all the necessary ingredients to make his past understandable in the present. He attended the healing community in a township north of Pretoria and witnessed how other people had problems worse

than his, and he continues to have individual therapy so that he can obtain a better, and deeper understanding of his sense of self.

One almost gets the impression of Mr Bad-Boy as being made up of often quite contradictory pieces, and he is desperately attempting to get all the pieces to fit together in a holistic, complete picture. From his descriptions of events as elicited in our conversations with each other, the most pertinent so-called pieces would be

- The impact and effect of the death of his father in his life and that of his sister;
- The disconnectedness that he experiences with his mother;
- The difficulties that he experiences in entering new relationships;
- His own personal dilemmas of not having a solid educational grounding;
- His own suicidal thoughts and experiences of depression;
- The uncertainty regarding the direction his life should take;
- and the lack of a firm, solid basis from which to form a sense of certainty.

Co-creation of New Meanings

Beginning with a detailed reconstruction of the suicide events, the researcher then chose to elaborate on her chosen points of punctuation. From this building up procedure, Mr Bad-Boy's relationships following suicide were reconstructed and deconstructed. It appeared to the researcher that relationships and ways of interacting following a suicide are complex and intricately unique to the way that the person conceptualises the suicide, and how that person 'languages' or speaks about the incident and the events that follow. Mr Bad-Boy, emerging from family understandings and meanings attributed to mental illness, conceived the idea that his father and sister were not of right-mind when they took their lives. The pervasive psychiatric discourse provided room for Mr Bad-Boy to draw reasonable assumptions regarding the deaths in the family. It appeared that he made the assertion that he too would follow in their footsteps and also take his own life. But, an impasse emerged whereby he was desperately seeking reconnection with his father, and simultaneously feeling ultimately responsible for the well-being of his mother (death opposed to life). The rather sudden act of his father's death, and the mystery surrounding it, led to Mr Bad-Boy becoming confused about how he exists in

relationships. By disqualifying any form of relationship, be it with remaining family members, peers or possible girlfriends, Mr Bad-Boy attains his position of distance and disconnection.

By reframing his assumption of himself as being a 'bad-boy' toward a person coping within relationships as best he can under his circumstances, he was able to understand his pattern of disconnection. The difficulty in the conversations shared with Mr Bad-Boy was that he disqualified the researcher as well, and when this was pointed out to him, he merely shrugged his shoulders and gave the impression that it did not really matter anyway.

Differences that emerged in the story that Mr Bad-Boy told were mostly evident in the revitalised understanding that he gained of his relationship with his father. Following the interviews, the voice of his father offered him connection and instead of maintaining his previous position of describing how his father was seen as a failure, by others, and subsequently himself too, he was able to see that being misunderstood was paramount. From this position, he could attain control over his life by progressing with ways that he could enable other people to understand him better.

The unique twist in the story of Mr Bad-Boy is that he converted his assumptions of failure to reach other people's expectations toward success into understanding his own expectations and found them to be more attainable. He also began to recognise that what he thought was disconnection with those that surround him, was a safe form of connection whereby he could be in relationship and still maintain a feeling of control.

Co-constructing the Research Relationship: Hearing the Whisperings

The story of Mr Bad-Boy was based upon the conversations shared between the researcher and the co-researcher. The eliciting of the story of Mr Bad-Boy was influenced by *the researcher's way of punctuating reality*. As such, the reader is now offered the opportunity of further understanding the researcher, and in particular, how she came to frame the story in the way that she did.

Challenges for the Researcher

The focus of the interviews was on the nature of the relationship existing after a death by suicide. In order to gather such information the story of suicide had to be told. This has been punctuated according to the researcher's frame of reference, into themes and surrounding discourses. Of course, there are an abundance of other themes and non-dominant discourses that the reader may have chosen to highlight, and this could be seen as a sub-text of this research: to invite multiple voices into a domain which is hardly spoken about. The research design was created to initiate a context of conversational openings in which the relationship following a suicide could be explored, and rich descriptions about relationships and interactions in the present could be elicited. Unfortunately, the taboo of suicide entered this arena, as evident in the often 'thin' descriptions offered by the co-researcher and in the nature of the leading questions asked in order to open up the conversational domain.

Although relationships following a suicide were discussed, the suicide and events that followed were often spoken about in a matter-of-fact manner (this happened; that happened; I was here or there). When the domain of suicide was further explored in a contextual manner, accounting for existing psychiatric, cultural, and social beliefs, the process shifted as Mr Bad-Boy became more uncertain, and both he and the researcher struggled to find words to give descriptions of the meanings of these deaths. This is where leading questions were useful as they provided a platform on which to agree and give more detail, or alternatively, to disagree and offer another point of view. The researcher cannot therefore assume to be the expert on Mr Bad-Boy's interpretations and perceptions, yet she was able to create a context in which stories of suicide were elicited and contextualised. This allowed the co-researcher to question his beliefs, and the taken-for-granted belief systems that shape the meanings he attached to his father's and sister's deaths, and to 'make sense' of them in the telling of the story.

In hindsight, the following themes appeared to be the biggest challenges for the researcher,

- Containing the emotions
- Excavating self-suicide
- Meeting the language of the participant
- Staying within the boundaries of research
- Creating a follow-up context
- Listening to the dominant and exploring the non-dominant stories that emerge

Exploring the Challenges

Containing the Emotions. This was a constant concern of the researcher, as Mr Bad-Boy was already involved in a therapeutic context. Mr Bad-Boy was emotionally volatile during the interviews, and he was influenced to a great degree by his schooling environment. In the first interview, when his life appeared stable, he offered answers and descriptions that were well thought out and appropriate to the nature of the question. During the second interview, Mr Bad-Boy was in trouble with the school, and it seems he felt regretful (expressed in an angered tone) that his father was not able to be there to guide him. His answers were therefore short and aggressive, and at times sarcastic. The researcher 'read' into this shift that it was reflecting the uncertainty that Mr Bad-Boy felt, wavering between emotions. The interviews were only spaced two weeks apart, yet the differences in emotional expression vacillated largely. The researcher found that she had to be aware of the contextual influences in Mr Bad-Boy's life and the impact of these events on the interviews, and the effect of the interviews on what was happening in the other spheres of his life in which he participated.

Excavating Self-suicide. Mr Bad-Boy had attempted suicide two years before the interviews, and he constantly entertained this as an option to the challenges that he was faced with. The researcher discussed Mr Bad-Boy's thoughts of his suicide, in relation to his familial and societal understandings of the socially constructed definitions of suicide. Mr Bad-Boy did not want people to think that he was a 'cop-out' (a socially defined meaning of suicide) and sought out alternatives. He thought that the research context was helpful in providing him with the space to discuss his issues as he was in the midst of a personal crisis.

Meeting the Language of the Participant. Mr Bad-Boy was still surrounded by school-going adolescents, even though he was older than his peers. He often used colloquial language when expressing an idea. He also used a lot of swear words to express his feelings about an issue, and at times the researcher had to ask for more clarity and explanation, as the swear words tended to cloud an emotional response. The researcher tried to ask questions in a way that was congruent with his language usage (without using swear words herself). He accepted the researcher's attempts to converse in his style and provided more information when she had adjusted to his language, in comparison to the beginning of the interviews, where there were many misunderstandings in his interpretations of the questions. The researcher remained aware of the age and background differences between herself and the co-researcher and attempted to stay 'in tune' with his way of communicating. This was a more fitting and effective way of interacting.

Staying within the Boundaries of Research. This proved to be a difficulty for the researcher in this context, as Mr Bad-Boy presented with many crises. The researcher was constantly untangling the conversation and weighing up what was of benefit for the research, and what should be diverted for therapy. As the research design was directed at open-ended dialogue about suicide and relationships after suicide, there was cross-over between where one would draw a line between therapy and research. Fortunately, the researcher was aware of the therapy contract between Mr Bad-Boy and his psychotherapist, and the therapy itself was openly spoken about as a benefit for Mr Bad-Boy. The research context cannot be separated from other contexts such as school, therapy, family and friends, and it was seen to have an influence on the co-researcher's adjacent contexts, as they reciprocally influenced the researched context.

Creating a Follow-up Context. At the initial meeting the researcher discussed the availability of debriefing sessions following the interviews, if it was deemed to be necessary. Mr Bad-Boy appreciated this and agreed to use this resource if needed upon completion of the interviews. He was also contacted several times telephonically to keep him updated as to the progress of the research, and to generally enquire as to his well-being.

Listening to the Dominant and Exploring the Non-dominant Stories that Emerge. This proved to be challenging for the researcher as she was concentrating on the gathering of the story, while simultaneously listening for dominant and possible alternate stories present. After transcribing the first interview, she was able to make comments for herself and use these as avenues of exploration in the interview that followed. The way that Mr Bad-Boy chose to present himself was contradicted by the way the researcher perceived him. Once she explained her observation, he then moved toward a description of his presentation as a mask and explained that he is afraid of not being able to meet other people's expectations. The way that he told his story was heavily influenced by traditional psychiatric descriptions of the causes of suicide. Further exploration of this discourse included broadening the context of psychiatric explanation, which provided 'richer descriptions' of spiritual explanations, societal and cultural demands. It seemed that Mr Bad-Boy conceptualised his understandings of suicide differently from when the interviews began. The overt and more covert discourses discussed and explored provided for new domains of conversations, and one can sense the therapeutic potential of allowing possible alternatives to emerge.

Mr Bad-Boy's **preferred identity**, or dominant voice was understood as being the safe guise of a 'bad-boy', and this position was validated by the researcher. This acceptance was followed by the emergence of **alternative identities**, which were also legitimised by the researcher. The careful unravelling of his narrative allowed for the sharing of space for both his dominant and non-dominant voices. He was afforded the opportunity to explore his alternative voices, in a context where his uncertainty was allowed to reign free, without judgement, or expectation. The marginalised voices of Mr Bad-Boy will be given representation here, as they stretch beyond the 'bad-boy mask' that ultimately became fluid.

The story of suicide and the relationships that follow suicide were presented in a manner which emphasised disconnection and flippancy. But, on many occasions Mr Bad-Boy's story showed his caring and loving disposition, being voices that lay beneath the surface of his presented self. The risk in giving expression to his alternate views, could have had consequences on the way that his significant others came to perceive him. He had formed a 'fixed' image of himself as being disobedient

and truant, and to allow for alternatives required a shift in his story. To make use of a metaphor, his 'bad-boy' mask **screamed** at the researcher, and the caring, considerate, and ambitious voices were only **whispered**. These 'whispers' will be elaborated on.

In the research context, he allowed himself to take the risk of exploring himself and his relationships with, and after suicide. This is evident in the way that he decided to share his story with the researcher, wanting it to be told, and hoping that it could be of benefit to other people who experienced a loss through suicide. Further, he showed the characteristic of loyalty when speaking about his father. He stood by his father's decision to die as a logical consequence to his desperation experienced in life. This was voiced in direct conflict with his family's belief about his father's death that only saw weakness, where he saw strength, a loving parent, and a worthy advisor. His voicing of his loyalty to his father perhaps served to disconnect him from his family, as his opinion could not be heard.

Mr Bad-Boy's struggle was evident in the way that he desperately wanted people to see beyond the 'mask' and understand the multi-faceted person that was caring and needed to be cared for. His sense of stuckness was discussed with the researcher, and he responded as follows,

I don't know (pause) I feel like I attempt all these things and I just get shunted again...ja

His need to keep on with attempts to present himself in a different way, could be seen as his preferred reality. To see past the mask of Mr Bad-Boy opened up avenues of exploration in which he revealed himself as loving and desperate to show his ability to give love. His fears of rejection for showing difference, and not meeting other people's expectations, were put aside when conversing with the researcher. He explored how he could be different, without having to 'fix' these differences in new 'masks'. It is the researcher's hope that he will continue to explore his varied dominant and more non-dominant ways of being.

Conclusion

This chapter has outlined the story of Mr Bad-Boy. The way that the researcher chose to highlight patterns and themes are reflective of her way of punctuating reality. Mr Bad-Boy's narrative was provocative for the researcher, as he did not present himself in a well thought out manner and therefore required much input from the researcher. His story was often incongruent and contradictory and he changed his opinions of himself and other people regularly, leaving the researcher with much uncertainty, and little confidence to make fixed interpretations. As the conversations were co-created by both the researcher and the co-researcher, the contradictions made explicit are representative of both the researcher's means of understanding and also the co-researcher's means of expressing himself in relationships following suicide.

CHAPTER 6

RECONSTRUCTING THE STORY OF MRS STRONG

Name given:	Mrs Strong
Age at the time of interviews:	51 years old
Suicide deaths:	Husband (cutting wrists) and brother (overdose)
Interviews:	Two, each lasting approximately one and a half and two hours
Setting:	Her house

Introduction

This chapter offers a reconstruction of the conversations shared with the second research participant, Mrs Strong. This story is based on the transcribed interviews between the researcher and Mrs Strong. The chapter begins with an explanation of how she came to be named Mrs Strong, followed by a description of the setting in which the interviews occurred. This is followed by the researcher's account of how she created the research context. The research participant's story is then presented focusing on her social and cultural background. A brief account of the death of her husband is offered, and an exploration of her wider interactive contexts are then explored, providing the reader with a contextual understanding of Mrs Strong and her world. Brief reflections of the researcher are then offered, before discussing the themes and patterns that emerged from the data as highlighted from the researcher's point of reference according to what she deemed to be important. These thematic punctuations will place emphasis on creating a 'rich' description of the 'making sense' process following suicide, and also offer comments on the nature of relationships that continue after a suicidal death. This is then followed by the researcher's account of the processes involved when conducting research of this

nature, allowing the reader the opportunity to grasp the intricacies involved when researching relationships that follow suicide. This chapter is concluded with a summary of Mrs Strong's story as conceptualised by the researcher.

The Naming of Mrs Strong

As an overall description of herself, the second research participant referred to herself as wearing the mask of 'Mrs Strong', and this story is framed within her naming of herself in this way.

From the first interview, Mrs Strong portrayed herself as an assertive, 'no-nonsense', career oriented woman. This was her dominant voice when presenting herself. In dialoguing with her about the story of suicide, a complementary position to this one appeared. Mrs Strong showed how confused and chaotic her thinking about her husband's death was, and this opened the dialogue for the inclusion of her more marginalised voices. Through the interviewing process, she began to question the benefit and downside of presenting herself as a 'strong' woman. The conversations that evolved between her and the researcher seemed to perturb her sense of self (her identity), and the sense that she had made of death by suicide. The wavering between 'Mrs Strong' (the image) and a sense of her overwhelming chaos was approached as a sub-text of the research conversation, and recursively formed an integral part when interpreting the research data, and thus could not be ignored. The complementary observations made by the researcher, of the images presented by Mrs Strong, are framings that the researcher chose and may be among many others that the readers might choose to punctuate. After continuous reading of the transcripts and listening to the recordings, these both/and positions (chaos and strength) were seen to provide thick descriptions of the variances one can assume when faced with 'making sense' of a suicidal act.

The Research Setting

Mrs Strong was interviewed twice, both times in her home. On one occasion her son was in the house and she closed the doors so as "not to wake him", although she justified the closing of the doors by saying that she has nothing to hide from him,

she just does not want to wake him. At this point the researcher began to question herself about the possible secrecy following suicide. Each interview lasted between ninety minutes and two hours. The conversations were focused on her story of the death of her husband and any issues that were related. A conversational format seemed to be the most fitting way of speaking about suicide as it allowed for distractions and side-tracking from the suicide domain and ultimately returned there when Mrs Strong was more contained. As this was one of the only times that Mrs Strong had related her stories of suicide from beginning to end, it required the researcher to be very focused, empathic, and to be a constant creator of opening conversational spaces in which to allow expression.

Enter the Researcher

The researcher was introduced to Mrs Strong through a mutual family friend. Mrs Strong was most interested in participating in the research and frequently commented that she had no hesitation in speaking about her dead husband. This comment was usually followed by a joke about him, mostly said in a derogatory manner. Mrs Strong's interviews were conducted within the same time frame as Mr Bad-Boy. Because the interviews were running concurrently, the researcher was able to unfold her ideas by making notes about the emerging similarities and differences offered by the differing perspectives of both participants. Mrs Strong made a remarkable impression on the researcher in their first encounter. She displayed herself as a competent, determined, single-mother of two. Yet this position was startlingly contradicted by her overwhelming expression of emotions during the interviews. Her emotional eruptions of tears were always explained away as an expression of anger. Mrs Strong is by no means a simple person with a straightforward background, yet the image that she chose to portray of herself, was that of a modestly defined reified truth, being that of Mrs Strong. When analysing the construction and replaying of her story, the researcher could clearly understand how her background and upbringing only allowed for one possibility, that of Mrs Strong. Coming from a traditional Jewish family, she always had to portray an image of being in control, and being the perfect daughter. During her marriage she provided much support for her mother and sister-in-laws, and also for her father following the death of her mother.

As the research context was created to allow for alternative stories to emerge, the researcher found it **challenging** to contain, categorise and summarise the diversity of stories offered. Mrs Strong was aware of her confusing way of communicating and apologised on many occasions to the researcher. Although Mrs Strong had told her story often over the past fifteen years, she had not told the story in a sequence that the researcher was eliciting. This difference is seen to be pivotal in the way that the story was related, and the subsequent affects that Mrs Strong felt through the interviews as they progressed. At the time of the interviews, Mrs Strong's story coincided with the researcher's therapy domain (the internship setting), in that they both shared an element of secrets. Mrs Strong revealed (for the first time) that she had been having an affair at the time of her husband's death, and she began questioning her string of unfulfilled relationships after becoming a widower. The researcher, at that point, began to see clients at her internship where marital affairs were prominent and provocative for her. The researcher wondered about the synchronisation of events, and what the researcher could be bringing to the context of therapy and research to allow hidden secrets to be revealed.

Challenging fixed ideas and dominant discourses in the context of research appeared to be influential on the researcher's style of therapy, or perhaps vice versa. Nonetheless, these provocations were instrumental in the writing up of Mrs Strong's story. The **self-referential** element of the research is made explicit to the reader so that a more full conception of the document is attained. The researcher's thoughts and ideas that went into creating Mrs Strong will now be further clarified.

Creating the Context

Mrs Strong welcomed the opportunity to tell her story to the researcher. She felt that she had an important story to tell, and to offer others, especially those who may be affected by a suicide. She relayed the story in a matter-of-fact manner and was careful not to leave out any events leading up to her husband's suicide. She painted a clear picture of her husband as being irresponsible, lazy, opportunistic, and always looking for quick ways to make money. She painted herself at that time as being a naïve, responsible and dependant woman. Mrs Strong described herself and

her husband as being exact opposites, perhaps referring to a comparison between her present form of self and her husband at that time. At the time of her husband's death they appeared to be more similar to each other, having complementary characteristics. The drastic changes that the researcher sensed from imagining her at that time of her life, in comparison to the woman sitting opposite the researcher, were striking. Mrs Strong could have been describing someone else. Her emphasis always lay in pointing out how much she had sacrificed herself. The research context gave her the opportunity to express the prominent (the strong mask) and alternate dispositions (a needy, emotional woman).

Enter Mrs Strong

Mrs Strong is a 51 year old mother of two. One of her children is married, and the other still lives at home with her. She was 23 years old when she got married, and 35 years old when her husband took his own life. She never re-married after the death of her husband, although she did engage in numerous relationships, all unsuccessful, with a few even being abusive. She therefore raised her two children as a single-mother. Her mother died when she was still growing up, and her father died shortly after her husband's death. She had two brothers, one of whom completed suicide a few years back. She despised her mother-in-law, who passed away a few years after her son's death. Her mother-in-law never knew that her son had taken his own life and believed that he had had a heart attack, which was ironically the cause of her own death. Only recently has Mrs Strong made amends with her sister-in-law and she claims to have a better understanding of her husband's upbringing due to this informative new-found relationship. Mrs Strong follows the Jewish faith, and her children are observant followers of the religion – more so than she. She grew up and lived in a small town west of Johannesburg, which was predominantly Jewish at that time, and moved to Johannesburg shortly after her husband's suicide. She is a practicing optometrist and still has her practice in the town where her husband is buried.

Following her husband's death, Mrs Strong was left a legacy of debt, which took her many years to pay off. She has since purchased her own home, put two children through university and paid for her daughter's wedding. She presented

herself as an independent, hard-working, dedicated mother to her children. It is from this angle that she told the story of her husband's life and death, and through conversations about this, she was able to broaden her scope of understanding to include the way she is related to others today, and also furthering an awareness of her relationship with her dead husband.

Husband: Slit Wrists

The researcher found Mrs Strong's many descriptions of her husband to be quite derogatory, always focusing on his negative aspects. This remained consistent throughout both sets of interviews. One can grasp an image of her husband through the following examples of how she spoke of him

Copped out; he lacked that; no sense of responsibility to anyone; irresponsible; lazy sod; I think he's a shit-head; spoilt little rich boy; alcoholic; drug-dependant; I think he should rot in hell; he's a nothing; I had no right to marry this man, from every point of view...

From these words used by Mrs Strong when describing her husband to the researcher, one can sense great anger and dislike towards him. He was described as a monster, a person who had no sense of responsibility and a man who acted on his own needs and desires before considering anyone else's feelings. The antithesis to this, was Mrs Strong who presented herself as a self-less, self-sacrificing woman who gave her all to the upbringing of her children. Through the conversational process between researcher and co-researcher, the two characters of Mrs Strong and her opposing irresponsible husband were created. It is within this frame, that her stories of her experiences (pre and post suicide) were told.

Mrs Strong presented the story preceding her husband's death in a tone of **anger** and **flippancy**. This was interspersed with outbursts of tears, sobbing and swearing. Her very way of communicating revealed the complementarity of positions of Mrs Strong and a more chaotic position of **uncertainty, pain and hurt**. Mrs Strong constantly switched between conversations of issues directly related to the questions asked, and to indirect stories without associating the two to the topic of

study. This was a challenge for the researcher, as she was exploring relationships with suicide, and clearly her search for answers directed the conversation into requiring elaboration on a point, or alternatively, changing the question. In this way, there was a mutual influencing of each other in the outcome of the story told.

Mrs Strong presented the 'facts' leading up to the suicide in a very matter-of-fact way devoid of emotion. She said

I was the professional. I went out to work. If I wanted something for myself I'd have to get up, locum, get up, leave babies, go and work...he never had the driving ambition that maybe my family instilled in me...he came from a very different family [pause] spoilt, nothing was important. His mother sorted everything out for him...comes home one day, as he used to be a lazy sod, be home by three o'clock to sleep in the afternoon, while I worked...the next Thursday he slit his wrists...physiologically speaking it was better, because had he survived, he would have been a vegetable...

A week prior to taking his life, he attempted suicide by overdosing on valium which had been given to him by Mrs Strong's brother (a pharmacist) without a prescription. The knife that he used to slit his wrists was from a set of carving knives given to Mrs Strong by her father. Her children do not know exactly which knives he used to cut himself, and they are still in use today. Mrs Strong's husband had found himself in financial debt due to the fact that he had embezzled money from his accounting firm, and had subsequently been caught. His options were to face up to the fraud charges; leave the country illegally; or commit suicide. He tried to leave the country, but Mrs Strong would not agree to this and so he resorted to taking his life, leaving her the financial debt to settle.

The exact times and dates of events leading up to the suicide were unclear to Mrs Strong and she approximated these. Mrs Strong was the one who found her husband, and when describing this scene, she emphasised the amount of blood that is in a human body. At this point in time, she recalls herself being a "protected little girl", who had to grow up quickly. She was faced with the traumatic task of informing

her children (9 and 11 at the time) that their father was dead. She told them that day that he had died, and only told them that he took his own life the day after the funeral.

This process was further complicated by the Jewish law of that time, whereby suicide was considered a sinful act and the dead were buried separately from other people. Mrs Strong had to beg the governing body of Jewish burials to allow her husband to be buried amongst the rest for “the sake of her children”.

It was such a taboo. It was something, it was ‘you just didn’t take your own life’... Today there is no discrimination. If you are mentally ill, you are ill. Did you know that? Today if you are mentally ill then you can commit suicide...you don’t see suicide victims buried separately anymore...

The societal discourse of that time prescribed suicide to be a sinful act, and this is also reflected in the way that she too described her husband’s suicide. She emphasised how wrong his choice was, and justified this position by accounting for the negative effects of his decision on her and her children’s lives. This was seen to be a dominant narrative of hers in the retelling of her story. Through careful elaboration of this central voice, other explanations entered the research domain, and she had the opportunity to understand the influence of the social discourse on how she understood suicide. This allowed for a more marginalised voice to take shape, and she began to express how limited her options were due to the social expectations of others for her life. An easier way for her to express herself, was through the blaming of her husband, which was congruent with social norms and values. Although this position did provide a space for healing following the suicide, it developed into a contradiction as there was not much space left for her to explore the less dominant narratives, such as her familial understanding of the maintaining factors of his so-called mental illness.

Mrs Strong described her life at the time of her husband’s death as being on the verge of a turning point, where she was faced with three possibilities. Firstly, she could have committed suicide as well; secondly she could have had a “nervous

breakdown"; or thirdly, she could get up and be Mrs Strong. She chose option three for the sake of her children and to provide a future for them. In making this decision, Mrs Strong did not take part in the traditional mourning period following a death (called 'sitting shiva' and having prayers said for the dead). She felt that this decision could have hindered her mourning process, as she did not take the time to reflect on her loss, and what this meant for her and her role in the future.

Since her husband's death, Mrs Strong tried to find many places of healing. She attended Suicide Anonymous meetings, bereavement self-help groups, sought out several psychologists, became a Lifeline counsellor and became a counsellor for a Jewish pre-marital counselling programme. She found little or no benefit from these contexts and at the time of the interviews she made several references to still needing therapy. This was often **contradicted** with comments about nothing further needing to be spoken about as she has made her peace with her husband's death, and the ripple effects thereof. The research context allowed her to speak freely of her experiences following the death of her husband, and created the bridging gap between events of the past and her way of being in relationships in the present. This renegotiation of relationships, viewing the past from the present, and the present in relation to how she currently interacts, gave her the opportunity to experience a different healing context, one in which she was comfortably provoked toward shifting her way of communicating and relating with other people. Mrs Strong's feedback after completion of the interviews concurred with this assumption made by the researcher the researcher.

A metaphor that Mrs Strong used in describing the effect of the suicide on her life was that of a rape. She commented

Well, my kids have come through it outstandingly, but I do think that I was raped of a normal life... I am scared to get in a relationship, I'll be honest, he was my so called friend, lover and husband, and look what he did to me. Can you trust from that?

Mrs Strong believed that a reason for her failed relationships following her husband's death was that she had avoided dealing with his death by throwing herself

into doomed relationships. This was somewhat **contradictory** as she was having an affair while married and it continued after the death of her husband. According to her, her husband did not know of the affair, and to date her children too do not know. The events leading up to her husband's death, and the sense she has made of the death, are possibly clouded by ignoring issues such as the need to have an affair while her husband was alive. The affair was only introduced into the conversation towards the end of the first interview and was not related to the picture of the suicide at all, as if they were two separate events. Questioning about possible links between affairs and a failing marriage appeared to be too perturbing for Mrs Strong (indicated by sobbing, switching topics, and non-verbal postures of anger) and the conversation flowed elsewhere.

Introducing Others Left Behind

The people surrounding her and the prevailing discourses of that time informed the way that Mrs Strong coped, or did not cope with the death of her husband. Mrs Strong's immediate instinct upon finding her husband was to **protect** her children from seeing the blood splattered house. She explained

I had to tell my children the truth. Do you know how hard that was?
Because people didn't kill themselves...

Mrs Strong's driving force in her life since the time of her husband's death has been to focus on her children. Her greatest accomplishments have been to successfully educate her children on a tertiary level and provide them with a solid foundation for their futures. Another achievement was in being able to afford her daughter's wedding, which ironically took place on father's day last year. She claims that her children have dealt with their father's suicide "outstandingly", and she attributes this to the fact that she remained open with them regarding the nature of his death. By focusing on her children, she revealed a dominant narrative of being the good mother, and by doing so she left little room for the expression of her needs as a woman. She also placed herself in a position whereby people could not confront her about her unspoken wishes and desires, as she only framed her needs in terms of her children. Narrating her story in this way was seen to be congruent with the

societal and cultural discourse of sacrificing your own needs for the benefit of your children's.

Mrs Strong expressed animosity when making any reference to her mother-in-law. She felt that his family abandoned her and her children in a time of great need, and expressed herself as such

It must have been a week, his family disappeared (pause) mother, sister, the whole thing...

This relationship with her mother-in-law was never mended and to the day of her death, they remained **disconnected** from each other. Mrs Strong placed a large amount of **blame** on the way her husband was brought up when she was initially trying to make sense of the suicide. Mrs Strong felt that her husband's family was dishonest with her because her sister-in-law revealed information about her husband and the way that he was raised, but only after his mother had died. Mrs Strong believed that this information was pertinent and could have helped her to better understand her husband at earlier stage of her mourning process. The history of suicide in that family was also kept a secret, and only accidentally stepped upon when tracing family roots. The image of a perfect son who died of a heart attack was too much for Mrs Strong to accept and she preferred to distance herself from these people who could not cope with the so-called 'facts'.

Mrs Strong's father was described as a humble, traditional, religious parent who only had aspirations to see his children succeed in life. Mrs Strong framed her husband's death as being too overwhelming for her father to understand. She said

You know how can my father even conceptualise this? He was a plain little old Jewish man that had run from Hitler to save his own life, does he understand of such things?

Later, in conversation, she reflected that perhaps her father would have been able to support her if she had let him, and had not tried to protect him from the 'sinful

act' that his son-in-law committed. In this way, and through her need to protect her father, she withdrew herself from a possible source of support.

Mrs Strong, her husband, and children are nicely summarised in these few sentences that follow.

My kids have grown up so deprived of certain things. My kids didn't ask to be born. They didn't ask for this. They deserve better [starting to cry]...A person with alcohol and drug dependence; a person who should never have married; he didn't have a sense of responsibility to be married.

Here she implied, through her tone of voice, that she was the sacrificing caregiver recognising the unmet needs of her children. The children are described as helpless victims of circumstance, and her husband as a failure in the choices that he made in his life. These were the dominant ways that she framed her family. The parental struggle over who would assume responsibility for their children's future was won by Mrs Strong. She viewed her husband as weak and an "emotional cripple", and upon reflection she was grateful for his choice of suicide. She came to see his suicide as an opportunity to raise her children alone and in this way provide for a less "disturbing atmosphere" in which to grow up. The family unit of mother, father and children was shattered when father took his own life, but they remained a family unit through mother assuming the role of both parents. Mrs Strong re-created a family system through the years that passed following the suicide and has few regrets for her actions taken and decisions made. As a mother, Mrs Strong overcame many obstacles and achieved her goals in raising two children, and affording them the opportunity to be educated. As a wife, Mrs Strong failed to recognise how she helped in co-creating a 'weak' and 'pathetic' husband. She opted for having a marital affair, but she never believed that her actions were even partly responsible for the demise of the marriage.

The societal expectation of mourning a loss is evident in the next comment made by Mrs Strong:

When you commit suicide you don't talk about it...society's expectations is for you to fall to pieces. To be this weak simpering mass...

The discourse of having to be strong is also evident in the way that relationships panned out through the 'making sense' process – her husband's family were disconnected from Mrs Strong for many years and prevented her from being given the space to "fall to pieces". The inherent **contradiction** is that Mrs Strong felt that people expected her to grieve but when she attempted to show that she was not coping, she was told, "you are strong and you will cope". She found that she was caught up in a no-win situation, and in this context she made the choice to avoid the pain of her husband dying and throw her energy into her children's lives and her work. Upon reflection, she was able to recognise the surrounding discourse of that time and recognise how unhelpful that was to her. Presently she can decide for herself how she wishes to explore her own process of mourning and healing.

Reflections of the Researcher

The nature of the relationship that exists between Mrs Strong and her dead husband is viewed in a relational domain, in the way that Mrs Strong continues to 'make sense' of her role in this healing process, and also in the way that she relates to others today. The researcher will reflect on *her understanding of the participant's narrative*. The highlight of the reconstruction, for the researcher, is in the revelation of the many contradictions that Mrs Strong conveyed in her story telling process, exposing the difficulty involved when confronting relationships following suicide.

Challenging Fixed Beliefs

Mrs Strong's need to present herself in such a manner was a need she was able to confront in the interviews. This allowed her to express **alternate ways of being**, such as, of not being certain about her decisions, experiencing bouts of depression, feeling unloved, and questioning her dedication to her dead husband. Through careful exploration of the way she told her story, it became more apparent to the researcher that Mrs Strong claimed to have been the perfect wife, yet she

spoke in such angered tones when referring to her marriage. This opened the conversational space for the well-kept secret of her affair which had lasted for a number of years. She then shifted her story to explaining how she never really loved her husband, and that she had acted the role of the good wife for the sake of the family and children. When her husband committed suicide, she perceived this deed to have robbed her of an opportunity to be happy as she was then not 'permitted' to be involved (primarily to respect her father) with another man, as she was meant to be grieving her loss. She however continued to see her lover in secret, but to others depicted the image of a wife in mourning, whose focus was on creating a decent life for her children. She told this story line so many times that she lived it, and excluded many other emotions, needs and roles. The research context allowed this 'stale' story to be re-visited and questioned. In this process, her accumulated resources became the focus, such as the positive growth changes she experienced in having a better understanding of herself, as well as deficits, such as her perceived lack of support from family and friends. With focus on both her losses and her emergent opportunities arising from the death of her husband Mrs Strong re-told a more holistic story. This story incorporated a both-and approach whereby she could entertain both positions of being both a mourner of loss, and a reaper of benefits (emotionally and financially).

Mrs Strong verbalised her **anger** at other people's perceptions of her as a model citizen and role model for women grieving the loss of their husbands. She was also angry with people who could not, and would not, see past her mask as Mrs Strong. Her belief was that these people did not realise that she also required support and sympathy. This inherent **contradiction** was challenged by the researcher, and Mrs Strong agreed that people were 'damned' if they offered her support and 'damned' if they refrained from doing so. Through the conversations she began to see how she placed people in a 'catch-22' situation. The incongruence that became transparent was mainly between how she presented herself, and her desire to have her needs met, and yet rejecting people who tried to approach her. This pattern of communication was made overt for Mrs Strong to ponder.

There were many invitations for the researcher to confront other fixed beliefs, but the researcher felt that this would be crossing into even deeper therapeutic

territory, and the researcher questioned the participant's need to have therapy under the guise of research. As suicide survivor's voices are often silenced post-suicide, the research context provided a more relaxed atmosphere than a therapy session in which to talk about, and challenge fixed beliefs. Mrs Strong even made comments in reference to this point after the recorder was turned off, claiming that she knew that she needed therapy. The researcher affirmed this belief that she needed therapy, but a reservation of Mrs Strong was that she felt that she did not need to retell her story to a psychotherapist, as she believed that she had worked through her past and was satisfied. The researcher also affirmed this position. The contradictions in the needs of Mrs Strong were prevalent throughout the interviewing process.

Prescribing Tasks

At the end of the first interview, Mrs Strong was asked to write a letter to her dead husband, explaining all that she was thankful for in his choice of death. A second task was directed more at an understanding of the role of self in relationships, and she was asked to describe her different masks, and the inception of them. As expected, she completed both tasks enthusiastically, which re-affirmed the researcher's hypothesis that Mrs Strong was seeking a therapeutic connection.

Her letter to her husband emphasised the opportunity that she was given to raise her children as she saw fit, without having to concern herself about the influence of her 'irresponsible' husband. The letter also made mention of her opportunity to transform from a dependant housewife, to an independent mother of two, housewife and a successful businesswoman. The letter was healing for her in the sense that she could recognise how responsible her husband was in acting 'irresponsibly', which in essence contradicted her description of him as a deserter, and thief of her emotional needs. She recognised that she would not have had the opportunity to grow as she did, if her husband had continued to live. Therefore, he became a source of challenge to her, whereby she constantly proved how good she could be. The marginalised aspect of this, is that she masked her need to be dependent and rely on someone for support.

The second task revealed Mrs Strong's transition from perceiving herself as being a contented, fulfilled wife and home-maker to an understanding of how that time of her life was actually very unfulfilling for her. Following the death of her husband, she shaped Mrs Strong, the character, in order to attain a sense of control over the direction of her life. This way of being was riddled with contradictions such as the need to portray herself as being in control of her circumstances and yet desperately wanting someone to share in that control. Other ways of being that emerged from the task were all control oriented such as Mrs Fun, Mrs Nothing-Matters, Mrs Independent-who-can-do-it-all-on-her-own (followed by a question mark). These perceived alternatives could be seen to be sub-divisions of Mrs Strong (the dominant narrative) and all helped in maintaining a safe distance between herself and other people. Through an unravelling of how 'Mrs Strong' came to be, she questioned whether or not she was content with her lot in life, and she came to the realisation that she was still emotionally unfulfilled just as she had been many years before.

Entertaining Uncertainty

Although Mrs Strong was the second research participant, the researcher still remained uncertain as to the direction of the conversations. The possible reasons accounting for the uncertainty were that Mrs Strong offered a different description to that of Mr Bad-Boy. They came from different socio-economic, religious and cultural backgrounds, and both had experienced different losses. She lost her husband and brother, whereas Mr Bad-Boy had experienced the loss of his father and sister. This diversity set the stage for differing stories, and the researcher remained aware of the uniqueness that each story had to offer.

Mrs Strong was more emotional during the interviews and offered a more concrete description of the effects of suicide on her life, than that of Mr Bad-Boy. She had explored many different types of healing contexts and was still left with uncertainty as to her feelings regarding her husband's decision to end his life. The researcher's position of not having a privileged reality (an expert knowledge of the relationship following a suicide) over the co-researchers', allowed uncertainty to emerge and to be a large component of the dialoguing about suicide. Once the

transcripts were complete, and had been listened to several times, the researcher began to obtain a sense of structure in the story of Mrs Strong. It became clearer that there was a beginning, middle and end to her story and the researcher then felt a greater sense of clarity. The benefits of utilising a 'not-knowing' approach to research were rewarded after concluding the interviews.

When reflecting on the research material gathered during the interviewing process, and the researcher's process notes that followed each interview, the researcher recognised that she was very frustrated with Mrs Strong. The frustration grew partly from maintaining an uncertain position (not having a structured interviewing format), and also from Mrs Strong's ability to confront the researcher with fixed beliefs. Mrs Strong often sought assurance from the researcher that her perspective of fixed beliefs was validated in the literature. This frustrated the researcher because she was trying to steer away from the documented literature, rather exploring the experiential domain of suicide survivors. As Mrs Strong unravelled her story she would frequently comment on her firm set of beliefs and joke about them. Her way of joking about her beliefs could be a way that she provided **distance** between herself and other people, and in that way the researcher had difficulty challenging them. As she was not willing to explore the meanings of these belief systems, this brought about frustration for the researcher as Mrs Strong viewed them as 'the truth'. Mrs Strong, being a pre-marital counsellor, often 'psychologised' an explanation by referring to technical, academic principles. At one point in conversation, this provoked the researcher to enter into an academic debate on the stage theory of Kubler-Ross. This air of competition was diffused by the researcher's immediate self-reflection on the process, diverted momentarily from the content of the discussion. The researcher concluded that Mrs Strong, as a competent and educated woman had a desire to be 'right', which also prevented her from being challenged, and this was seen to be congruent with the way that she presents herself to people. Her dominant 'voice' emerged at that time and the 'voice' of her uncertainty and loss shifted toward a more marginalized position.

Mrs Strong evoked a multitude of emotions in the researcher, and among these were feelings of uncertainty, not knowing enough about psychology, feeling inadequate for not having answers, anger at times, and also a deep sense of

sadness for interacting with a woman who after so many years was still so very confused (as evident in her constant contradicting of herself).

The research endeavour was to gather rich descriptions about the process of 'making sense' following a suicide, and the impact of this on relationships in the present. This involved an exploration of the nature of relationships between the person who is left behind and the person who died, relationships between surviving family members, and other intimate relationships in the present. From this investigation, certain themes and patterns have been highlighted and will now be further explored having introduced and contextualised the main characters of the story.

Themes and Patterns Emerging from the Reconstructed Story

The themes presented here, as depicted by the researcher, are based upon the way that the researcher chooses to shape her reality as informed by her experiential and academic assumptions. The researcher's views of relationships emerging through suicide stories are made explicit through the demarcated punctuations. As such there could be many more thematic descriptions offered through another lens other than the researcher's. Departing from a theoretical framework of multiple realities, in which one belief cannot be deemed to be more correct than another, the researcher confidently places her points of emphasis forward, in the hope that others, such as the readers of this research, would concur with, and also offer different emphases.

Theme of Secrecy

Suicide, considered by Mrs Strong to be a taboo act, and further, perceived as a "deranged" and "abnormal" behaviour, dominated the way suicide was allowed to be spoken of in her story. For example,

- that the children (now adults) do not know exactly how their father took his life;

- the existence of a suicide note which only Mrs Strong has knowledge of (Mrs Strong keeps the note secretly in a bank safety deposit box);
- the cause of death according to her husband's mother;
- the way the children were never left alone in their grandmother's presence in case they revealed the real nature of his death;
- the longstanding affair that Mrs Strong had while married which continued after the death of her husband;
- the burial of her husband in the 'normal' section of the cemetery so that he did not stand out as someone who had taken his own life.

The researcher questioned the usefulness of the secret web that was created post-suicide, and further, questioned for whom this offered the most protection. As long as Mrs Strong could offer herself justification in hiding these truths "for the sake of her children", she appeared to free herself of responsibility in accounting for her actions before and after the death of her husband, and she remained safe in focusing the **blame** on him.

Mrs Strong also chose to reveal previously concealed information on a regular basis during the conversations. Opening up a domain of conversation around suicide seemed to allow for many hidden secrets to come out. This may be a more common occurrence with suicide stories than previously recognised.

The Unspoken Legacy of Suicide

Towards the end of the second interview, Mrs Strong shifted her belief about suicide. Initially suicide was viewed as a selfish act, and this belief shifted toward an understanding whereby she contextualised her husband's death within the realm of his family patterns including those of his family of origin, and those within their marriage (the veiled unhappiness). She came to understand her husband's death as a logical occurrence resulting from an enmeshed relationship with his mother. She no longer sought to view him only as a lazy, irresponsible man. Although one acknowledges that she still had a strong need to blame somebody for his death, her shift included wider descriptions than just those of him with his problems. In this way, she too became connected to the description of cause as she could understand

better how he came to the decision of ending his life. Being able to have a causal explanation appeared to offer her some control over a situation which irreversibly changed her life.

The familial discourse also provided her with an explanation of his death, and again the emphasis was placed on other people responsible for her husband's death to the exclusion of herself. The present day perception of her husband as a failure, and the relationship of his position with his mother is described in the following excerpt

He was drug dependant on Ativan at first. His mother had valium around and if you woke up and were having a bad day, you popped a valium...his mother always used to say, 'I can't cope, I am going to commit suicide'...how does a person like him come to slit their wrists? Because he's grown up hearing, 'I'm going to kill myself; I'm going to pieces; I'm having a nervous breakdown'. So he begins to believe it's okay. That's a solution to your problem...

Mrs Strong despised her mother-in-law, mostly for never instilling a sense of responsibility in her husband, and also because she believed that her husband took from her (emotionally and financially) and gave to his mother. This is quite evident in the following description

Do you know why I think he committed suicide? Financial; the expectations of mommy on him; he couldn't cope because of the enmeshment; she might have done herself in...he never gave me the recognition that he gave his mother.

Her husband's grandfather also committed suicide, but she claims that nobody spoke about this and she only found out years later when her son was constructing a family tree and went to the Department of Records to retrieve death certificates. In previous generations there were also suicides that to this day, remain unspoken about. At this point in the interviews, Mrs Strong questioned the researcher about the hereditary nature of suicide, possibly fearing that her children will have a similar outcome as those before them.

This family tradition of keeping silent about suicide was perpetuated by misconceptions about the nature of her husband's death (heart attack versus suicide) and also through the continuing secrets regarding the hiding of the suicide note and the actual method used in killing himself.

The Search for Meaning: Unanswered Questions

The questions that Mrs Strong asked herself in the present are seen to be reflective of the 'making sense' process and many of them remain unanswered. These are a few examples

How does a person pick up a knife and, and slit their wrists?

Should I be connected to him in some way?

I never questioned what did I have to do with it, I did question why did you do this to me?

Mrs Strong's understanding of suicide and the relationship that she had with her husband is spoken about in an angry tone, such as

If I brought you back today doll, I'd kill you! ...I think he owes me so much...you know my family and my kids have a joke, that I am still so angry, I could kick the tombstone! ...

The way that Mrs Strong relates to her dead husband could be seen to be grounded upon the questions that she asks and the way that she asks them. She is still very angry towards her husband for taking his own life and in this way, for being selfish and ignoring her needs as a mother, wife and person in society. Further, she continues to feel unappreciated even in her current relationships. The anger she expressed was seen to be congruent with the mask of Mrs Strong, contradictorily expressed through crying, which she framed as anger. The incongruity expressed here was that she was on the one hand, grateful that her husband committed suicide so that she had the opportunity to raise her children and offer them a more 'normal' upbringing, and on the other hand, extremely angry at his decision. She still

oscillates between her anger and her relief when describing herself in relation to his death. Perhaps the two positions are complementary rather than having to be either angry or accepting and grateful.

Mrs Strong was very clear about the discrepancy between anger and relief, and she was only able to express her relationship with her husband through the emotion of anger, and relief upon reflection. This sense of relief has largely been left as an unspoken area as she felt that people would not appreciate her feeling of liberation as it involved the death of a son, brother and father. Perhaps this marginalised narrative of relief kept her in the position of asking unanswerable questions, as people in her social domain can appreciate the nature of the questions asked. An acceptable societal discourse is that of suicide viewed as a tragedy, and to express relief would be totally unacceptable within this frame.

Theme of Mourning: Continuance of Anger

Mrs Strong believed that she did not go through a phase of mourning as she was trying to avoid the implications of her husband having murdered himself. Her focus at that time was solely on her children's needs and in providing a life for them, rather than seeing her own needs and feelings. Perhaps at this time, her needs were to be **disconnected** from others and the only way of expressing this was to focus on her children.

She felt that people in her community expected her to just "pick up the pieces" and continue with her life. Reflecting on this time, she expressed that she felt unsupported and shunned as people were unsure how to approach her regarding the loss of her husband. She also believed that it would have been easier to mourn his death had he died of something other than suicide, such as a heart attack. Her reasoning for this was that she thought that people would at least feel sympathy for her and would be able to express this more openly, thereby offering her support, rather than assuming that she was fine and could cope.

It appeared from her story that the suicide death prompted others to shield their expression of sympathy towards her. As her husband was only the second

person to commit suicide in the town where they lived, she felt that there was a community perception that this was a death that should remain unspoken about. The reasons she offered for the community not making the nature of his death overt, were because of the possible implications, such as, perceptions of individual weakness, inquisitiveness about possible marital problems, or the assumption of financial difficulties. She also believed that the community was uncertain as to how to approach her, and instead chose to remain **silent**. She claimed that these factors left her feeling isolated and rejected. She therefore chose to shift her focus towards her children ensuring that they had space to speak about their mourning processes, unfortunately excluding her feelings in the process.

She recalled that the general assumption of her community was that she should just replace her husband and engage in another relationship as soon as possible. She utilised this assumption to account for her avoidance of the mourning phase and early re-entry back into relationships. By entering into other relationships so soon after her husband's death she felt that she was at least getting support from family and friends. However, earlier in the interviews, she presented the social expectation disallowing relationships following the death of her husband thereby respecting a period of mourning. Once again the confusing, ambiguous nature of her story telling is revealed.

To this day, some fifteen years after the suicide, she believed that she has not mourned his death, and one of the key indicators of this for her is the intense anger that she feels. At the time of the death, many people suggested that she would feel intense anger and legitimised this as an acceptable emotion to be expressed. She therefore also deemed it appropriate, and she still does.

Over the last several years, Mrs Strong experienced 'clinical depression' and this was interpreted for her, whilst training as a volunteer counsellor, as a period of mourning. She liked this description and believed, in hindsight, that she may have in fact mourned her losses in life. But, the anger continues to find expression, indicating to her that she is still needing closure. This anger continuously recycles into maintaining the relationship with her husband. Although he is no longer physically here, she remains related to him in this way, by constantly verbally abusing him, *as if*

he was here. Her failure to have successful relationships today is explained by **blaming** her late husband for killing himself. This dominant blaming position could be seen to give her a sense of control now that he is no longer here.

The context of the interviewing process allowed for both the unspoken anger and great relief to be expressed and the contradictions in 'crying out of anger' became apparent to both the researcher and co-researcher.

Role Transition: From Being Married to Single Motherhood

During the interviews, Mrs Strong experienced a very emotional journey in the process of unravelling her role changes. She described her changes by beginning with being married, secure and dependant on her husband, a position from which she had to "grow up", moving away from being a 'little protected girl', toward a mother who was then responsible for her own as well as her children's emotional, financial and educational needs. In addition to this role change, she had to assume further responsibility and pay off the debt that her husband had accumulated over the years. Preceding her husband's death, Mrs Strong did not recall them as being a close couple, and remembered the relationship being quite heated at times. She explained the difficulties in the marriage in the light of poor communication between her and her husband. She perceived herself to be quite submissive in her marriage and agreed with whatever her husband wished. She portrayed herself in the days before the death as a subservient, naïve, contented wife. She was aware of problems in the marriage, but she chose not to 'see' them, such as her husband's drinking problem, addiction to tranquillisers, and enmeshed relationship with his mother.

Following his suicide, she presented the story as earth-shattering news to her at that time. The chaotic questions that entered her mind then, such as, "where to now?" and uncertainty about her own and her children's futures, left her **wanting** to turn away from people. She described most people at that time as being inconsiderate of her feelings; saying the "wrong things" such as "be strong" and "you will cope with this"; and generally having an expectation of her as being capable of moving forward and looking after herself and her children. She claimed that she

could not voice her deep fears and doubts about whether or not she would succeed at making a life for her family.

Five days after her husband's death, her children returned to school and she returned to work, not being mindful of the Jewish tradition of the mourning period. She believed that had she had the proper religious guidance, she would have mourned properly and appropriately, but this was not the case. This different path that she took allowed for other opportunities to emerge in hindsight, but she did not enjoy the process of reaching this stage where she is at in the present, and has many "what if?" questions. Mrs Strong provided contradictory descriptions of this time period and longed for people to reach out to her and normalise the event of suicide, yet at the same time, she rejected any offer of help and found people to be intrusive of her own and her family's space. When asked about this contradiction, she concurred that she did place people in a catch 22 situation, but that is what she felt.

Mrs Strong became involved in relationships with other men almost immediately following the death of her husband and this was intended to keep her connected with her family and friends as she was feeling like the fifth wheel when going to functions, parties, and on holidays. This she detested. So for quite some time, Mrs Strong continued with relationships, even those that were abusive, just so that she was with someone and therefore perceived as being 'normal' in her community's eyes. At that time, some fifteen years ago, in that small town where she was living, there was no such thing as a divorcee and very few widows, so she lacked a description. She perceived herself as a threat to other married women's husbands, and she found that she was constantly being used as a cover-up for her friends who were having affairs. She felt as if she did not belong as a re-defined single woman and chose to relocate her family to Johannesburg where she could blend in more easily as it was a larger community.

Today Mrs Strong is quite comfortable with being on her own as she has spent a great deal of time reflecting on her need to be involved with other men. Through the interviews, she reached the conclusion that being in relationships with

men was more for the benefit of other people's expectations, rather than her own. Arriving at this understanding appeared to be a relief for her.

The 'Making Sense' Process: The Time that Passes

Mrs Strong believed that in order to 'make sense' of the death of her husband, she had to spend years reflecting upon herself and her choices in life. She went through periods that focused on

- the death of her husband, and she questioned his pain that he might have felt at the time that he slit his wrists;
- re-creating the person that he used to be in an effort to understand his choice of suicide;
- expressing tremendous anger towards him and his actions, which she claims was hidden behind the mask of being Mrs Strong;
- seeing past this anger and feeling the pain and hurt through the mask of depression;
- masking the pain by engaging in other hurtful relationships;
- the point where she finds herself today, and that is a point of questioning her needs and expectations of relationships.

These punctuated phases should not be seen as being static. In the conversations that occurred, many of these phases were intertwined, and only separated for the purpose of making her process clearer for the reader. Each phase recycled into the next and still continues to do so. Even though Mrs Strong claimed to have understood her way of engaging in relationships, there was always a tremendous amount of expression of anger present, and always directed towards her late husband. The way that Mrs Strong passed through each phase could be viewed as social constructions of that time, commenting more about who she was interacting with when in that phase, where she was at in her life in terms of security and insecurity (personal and otherwise), and the cultural and social demands at each point in her life. Therefore, it would not be possible to make deductions or generalisations about her 'making sense' process, as it is couched in her particular personal, familial, social, historical, cultural and religious contexts.

The Search for Healing Contexts

She originally attended Suicide Anonymous support groups in an effort to understand her husband's state of mind when slitting his wrists. This was followed by seeking out numerous Psychologists, all of whom she found useless in her search for understanding. She was then invited to attend a self-help bereavement group in which she felt that she did not belong as all the people were looking at her and saying, "Wow, look how well she is doing". This angered Mrs Strong as people were once again seeing the mask, and no more than that. The focus during these times appeared to be on her husband and his death, and her understanding of that experience. Although Mrs Strong entered these domains in her search for healing, she claimed to have completely avoided the mourning period. One senses that she was looking for a 'thing called mourning' and she was unable to find any satisfaction, or answers, through interacting in all of these contexts.

Later Mrs Strong extended a hand to help others with their problems. She was trained as a volunteer counsellor for a local crisis hotline organisation, and here she learnt about mourning and the many masks of mourning, such as that of depression and self-destructive relationships. In this process she began to get a more descriptive understanding of her own mourning, which she had previously defined as non-existent. Mrs Strong then joined a pre-marital volunteer counselling organisation and again found great satisfaction. Here, she was able to reflect upon her own marriage and recognised the many missing elements that she did not experience in her marriage. In this way, she began to understand that her husband may have had personal problems before entering the marriage and that she too had her own set of insecurities and personal dislikes.

In hindsight Mrs Strong concluded that she would not have married if she had the knowledge of herself that she has today, and conversely, she does not think that she would have this very knowledge of herself had she not married that man. This particular contradiction is what keeps Mrs Strong connected or related to her dead husband. It is through trying to 'make sense' of suicide that she was afforded the

opportunity of gaining a clearer understanding of herself, and she felt a sense of empowerment and self-enrichment as a benefit thereof.

The research conversations created the context for this reflection of her life. The assignment of identifying her various masks and thinking about her various ways of being, and the task of letter writing thanking her husband for all he gave her through his action of suicide, allowed for the emergence of a more holistic description of relationships following a suicidal act.

Co-creation of New Meanings

Mrs Strong also believed that she is related to her husband in a temporal dimension, a domain, which supersedes the physical, and the spiritual that previously represented her husband. As she reflected upon her life, and the choices that she made, she broke down in wrenching tears emphasising the traumatic experience of having to have mourned the loss of her husband – and other family members for that matter. Through the window of 'suicide research' Mrs Strong gave voice to the unspoken pain and hurt from her many losses that she had rarely spoken of. This obviously made the research endeavour more difficult as it was not an exact, structured format of questions and answers, and during the times when Mrs Strong expressed emotion, the very realness of hidden suicide stories was shared.

Although Mrs Strong has had conversations around her husband's death in the past, the focus had remained on him and the causative principles of his death, and in this research domain the focus shifted to Mrs Strong and her relationships with others. This could account for her constant switching of topics, unfinished sentences, and traumatic expression of pain and anger through tears. When reflecting on the conversations, it appeared to the researcher that Mrs Strong's deconstruction of herself as a person who had lost a husband as a result of suicide, led her to integrate her uncertainty about her sense of self, and the unanswerable questions she had been asking. This integration allowed for the emergence of a stronger sense of self, a position which included new thoughts and different changes. This was attributed to the delicate unveiling of the story that was fraught

with contradictions, which left Mrs Strong in many paradoxical positions whereby she could not continue to tell the same story, allowing for alternatives to emerge.

Mrs Strong reflected that she had to renegotiate her position in relation to her husband's death in order for her to get an understanding of herself. When reflecting on her husband as a person, as the man that she married, and as the man that she has held so much anger for over the years, she began to get a glimpse of the multiple reasons for why she has found herself in destructive relationships, her ambitiousness and drive to succeed, and her desperate need to be a good mother. Her exploration of self involved the following

- Encountering the relationship she shared with her husband;
- Exploring the role that she played in that relationship;
- Punctuating the numerous shifts that occurred in her role changes since the suicide; and
- An understanding of who she is now in relation to those who surround her.

It was through the research conversations that these themes emerged, gathered a voice, and gained clarification.

Co-constructing the Research Relationship: Assembling Mrs Strong

The story of Mrs Strong was built upon *the researcher's understandings and conceptualisations of relationships that follow a suicide*. In doing this, the researcher was faced with many challenges, many of which provoked her guiding assumptions. In line with being self-reflexive, the researcher will now describe the processes that contributed to the retelling of Mrs Strong's story.

Challenges for the Researcher

The interviews with Mrs Strong presented similar challenges to those confronted when interacting with Mr Bad-Boy, but there were also differing themes that emerged. The most pertinent differences between the two lay firstly in the amount of self-disclosure Mrs Strong required of the researcher, and secondly the

intensity of focus and attention the researcher used when interviewing Mrs Strong. Summarised below are the researcher's punctuated points of reflection.

- Self-disclosure
- Focus, attention and containing the emotions
- Excavating self-suicide
- Meeting the language of the participant
- Staying within the boundaries of research
- The chorus of voices

Exploring the Challenges

Self-disclosure. The researcher felt that it was necessary to share her exposure to suicide to set the context for the interviewing format. Mrs Strong also held a curious position, and having had training in counselling skills, she neatly gathered details of the researcher's experiences. This was not problematic for the researcher, but the researcher felt uncomfortable at first. The researcher and co-researcher held similar backgrounds in terms of upbringing, religious background and geographical location. Mrs Strong would often drop names of prominent societal figures, or commonly known neighbourhood stories in telling a sequence of events. She would then wait for the researcher's reaction, whereby the researcher would usually ask for her interpretation, focusing more on process than on the content. The researcher understood this in the context of Mrs Strong's background where 'gossiping' forms a discourse of shared understanding and connection. The pull on the researcher was to collaborate in these moments of gossip, but the researcher felt that this would be inappropriate for the research domain, and she therefore abstained from entertaining that line of conversation. Mrs Strong did not appear offended by the researcher abstaining and if anything she re-focused on her story and at a later point the cycle would re-occur with the onset of name-dropping, which was again re-directed toward the domain of research.

Focus, Attention, and Containing the Emotions. Focus was required throughout the interviewing process as Mrs Strong vacillated between dominant positions of offering content thick descriptions, where every detail was relayed, to a

having uncontrolled emotional outbursts. Mrs Strong would often elaborate on story lines that were in some way connected to the researcher's question, but they took on a tangential perspective. The researcher had to pay close attention to the process of what Mrs Strong was sharing, rather than focusing on the content. The researcher would then share her observations and ask Mrs Strong to comment further. Mrs Strong mostly detracted when the questions were directly related to her perception of self. As a way of 'proving' her perspective to the researcher she would often over dramatise the event. The researcher tried to put together carefully the main lines of the story and reflect this to Mrs Strong who would then usually agree or disagree and go on to explain her point further. After each interview with Mrs Strong, the researcher felt very drained and took ample time to reflect on the process, and make notes concerning her areas of discomfort. The very task of hearing detailed descriptions of death, and the effects thereafter on the survivor's life, required the researcher to remain focused on her research aims as outlined in her chosen methodology. There were times when the researcher wanted to comment on the gruesome nature of the death, but Mrs Strong would not have appreciated this as she clearly stated that she did not appreciate people 'ooh-ing' and 'aah-ing' at what she was exposed to. Her explanation for her disposition was that she had coped with the suicide, and that it formed part of her past.

When Mrs Strong did become emotional and burst out in tears, the researcher waited until she had gathered herself again and could go on talking, before resuming the conversation. The researcher made little attempt to console Mrs Strong as the tears usually took the researcher by surprise, and after the interviews the researcher reflected on the line of questioning that may have pre-empted the outburst of tears. After transcribing the initial interview, it became apparent that Mrs Strong shed the tears when speaking about her children, and feeling their sense of loss at not having a father, and also when speaking about her deceased husband. This was what she framed as 'anger'. Crying for the children and their loss may be understood as a legitimate way for her to show emotion other than anger, as her accepted way of expression as perceived by others was anger. There were many outbursts of this nature during the interviews and the researcher felt that perhaps Mrs Strong felt safe enough in the research context to express her pent-up feelings.

Excavating Self-suicide. The researcher enquired about Mrs Strong's own suicidal thoughts and Mrs Strong shared that she had thought about taking her own life often, but the thought that always held her back from acting was her children. Her greatest concern was to provide her children with security (emotional and financial). Mrs Strong felt that she could not hurt her children, as she perceived their father to have done. The challenge for the researcher was in hearing that Mrs Strong did have suicidal thoughts, and in providing the safety for her to explore these feelings in a domain of conversation and understanding. The researcher at these moments experienced immense feeling of helplessness and inadequacy. Mrs Strong had triumphed under trying circumstances and achieved her goals of taking care of her children's needs, yet she was still plagued by thoughts of her own suicide.

Meeting the Language of the Participant. This was relatively easy for the researcher to accomplish as they shared many similar contexts. The researcher felt at ease with Mrs Strong and did not struggle to communicate her ideas and interpretations. The conversation flowed quite smoothly and Mrs Strong used language that was appropriate. She did use a lot of profanities when describing her dead husband, and this was seen as fitting considering her feelings of having been deserted. Mrs Strong called the researcher by her first name often, and appeared to welcome the research interest. The only difficulty arose when a competitive element entered the discussion, which usually led to a debate. Upon reflection, the researcher recognises that Mrs Strong echoed the stereotypical adult in the researcher's social contexts, and that is primarily the 'know-it-all' position. This prominent discourse from both researcher and co-researcher collided in the research context and played into the reconstruction of Mrs Strong. Traditionally, with reference to this social discourse, one upholds respect for one's elders, and the researcher felt the same pull to do so even in the context of research. By making this point overt, the reader will be able to obtain a fuller description of the interaction between the researcher and co-researcher, the reconstructed story, and the comparative analysis that will follow.

Staying within the Boundaries of Research. This was challenging for the researcher as Mrs Strong presented a multitude of side-avenue stories that could have been elaborated on or challenged. The researcher often had to re-visit her

guiding framework and check that her interviewing was aligned with these proposed outlines. Mrs Strong seemed to be a candidate for a therapeutic context, yet she is able to seek out her therapy in less threatening ways, and by doing so she can still remain unchallenged as Mrs Strong, for example, by completing several lay counselling skills courses, actively participating in healing others, gaining personal and case load supervision, and this particular context of being a research participant.

The Chorus of Voices. As mentioned above, Mrs Strong chose to present herself in a way that was congruent and acceptable to those with whom she interacts the most. In the process of un-ravelling her story, Mrs Strong presented many non-dominant stories, such as the frightened single mother faced with the task of raising two young children alone. The portrayal of herself as a strong woman allowed her to focus on how successful she had been as a mother, and in this sense she focused on her **resources** rather than her **deficits**. Her story did include her attempts at exploring the deficits in her life, such as attending meetings at an organisation called Suicide Anonymous, seeking out the help of several 'expert' psychologists, and attending bereavement groups. She found all of these contexts very unhelpful and could not find a fit between herself and the role of the traditional mourner. She therefore felt isolated and often misunderstood by her late husband's family as well as her own family. But, Mrs Strong refused herself a defined mourning period as she was committed to raising her children and allowing them to grieve. In interviewing her, her lack of clarity on mourning was apparent in the incongruent outbursts of emotion that often left the researcher wondering, "What did I say?". But, after reading the transcripts and listening to the recordings of the interviews, it became clearer that her response was not in reaction to a question, but part of the story she was telling. The only means of expressing emotion that is acceptable to others, is when she comments that it is anger that she is feeling. Her children and her friends all accept that she is angry at her husband for deserting her, and they are all very proud of the way that she managed to raise two children and fully educate them. But, this position of framing herself as a successful and independent, capable woman leaves much of her struggle out. She also felt that people could not bare to hear her when she was experiencing a crisis of any sort, as she was meant to be Mrs Strong, a role model for other women in her community. Mrs Strong had a very long and complicated

story to tell and through the unravelling of non-dominant relational selves, Mrs Strong could acquire a sense of who she was post-suicide.

Conclusion

This chapter has holistically presented the story of Mrs Strong, through conversations shared with the researcher. This chapter has included a thick description of Mrs Strong, the name, and the person within her familial, social and cultural contexts. The event of her husband's suicide was described in relation to the way she has come to understand his death, and the perceived effects of suicide on her present relationships. Suicide, viewed in the context of Mrs Strong's life circumstances, has had wide spread implications for her, as evident in the exposed multiple contradictions. The inconsistencies that she offered were seen to be pivotal representations of the difficulties incurred when having relationships following a suicide. The clarification of these contradictions required the researcher to reflect upon her processes when engaged in conversations (a form of relationship) with Mrs Strong. The many themes that emerged from the transcribed interviews, process notes, and self-reflections of the researcher, allowed for an integrated approach to viewing, and understanding how a person exists in relationship following a suicide.

CHAPTER 7

RECONSTRUCTING THE STORY OF MR SILENCED

Name given:	Mr Silenced
Age at the time of interviews:	Late forties
Suicide deaths:	three clients, aged 15 years (overdose), 56 years (overdose), and 44 years (shooting)
Interviews:	One recorded (approximately four hours)
Setting:	His house

Introduction

This chapter offers a reconstruction of the stories of suicide as told by the third research participant, a psychotherapist here named as Mr Silenced. This story is based on the transcribed interviews between the researcher and Mr Silenced. The chapter begins with an explanation of how he came to be named Mr Silenced, followed by a description of the setting in which the interview occurred. This is followed by the researcher's account of how she created the research context. The research participant's story is then presented focusing on his social and cultural background. A brief account of the deaths of his three clients is offered, and an exploration of his wider interactive contexts are then explored, providing the reader with a contextual understanding of Mr Silenced and his world. The emergent themes and patterns as highlighted from the researcher's point of reference are discussed according to what she deemed to be important. These thematic punctuations will place emphasis on creating a 'rich' description of the 'making sense' process following suicide, and also offer comments on the nature of relationships that continue after a suicidal death. This is then followed by the researcher's account of the processes involved when conducting research of this nature. This chapter is

concluded with a summary of Mr Silenced's story as conceptualised by the researcher.

The Naming of Mr Silenced

The third research participant interviewed for the research project was a trainee psychotherapist. At the time of interviews, the psychotherapist had completed his Masters training course and his one-year internship, and was working in a Neurological Rehabilitation Program. As a way of describing himself, he made reference to himself in the following way

My script is to save people [pause] you know whose lives are a misery

This comment was said in a softly spoken way as if the very words were difficult to say. Therefore the third co-researcher will be referred to as Mr Silenced in the process of reconstructing his story of relationships with and after suicide. The name seems to fit with the way that the stories of suicide were told to the researcher. Mr Silenced offered this meaning of himself, as he seemed to be silenced by the unacceptable conversation of suicide, yet he had much to say about his experiences with client suicide. One can therefore challenge the societal assumption to remaining silent following a suicide, by having conversations about this taboo topic, and ultimately making this conversation available for the reader.

Mr Silenced presented himself as a competent, independent thinker. He spoke in a way that showed his excellent ability to self-reflect and always included himself and his role in any description offered of those who completed suicide. There were many conversations that took place between us about 'client suicide' and one of these many conversations was recorded and transcribed. One could say that we were dialoguing about suicide relationships for over six months prior to the formal setting of recording the interview. In this way there was a trusting environment created and the nature of the discussion with focus on suicide was not perceived to be threatening to either of us. The formal interview from which much of this story reconstruction emerged is based upon months of conversations and as such it is content full. The purpose of this story reconstruction then is to richly describe the

contexts in which the suicides occurred; the multi-levelled descriptions of each unique situation; and then the inference of patterns and themes that the researcher deemed to be pertinent. One can see that the themes and patterns that are elicited recursively re-connect with the story presented here, and again re-cycle into the conversations that we have with each other. The themes and patterns inferred should not be viewed as static punctuations of observations, but as active, recursive distinctions drawn, that once thought and further spoken about are bound to lead to more multiple descriptions and distinctions. Therefore the chosen thematic patterns are but one of many ways that meanings could be ascribed to data collected. The data collection and analysis phases occur as intimate and entwined processes, and one can recognise the cyclical nature of this type of research. The informer and informed positions of researcher and co-researcher bind when co-constructing stories of suicide relationships that continue after the punctuated deaths.

The Research Setting

Mr Silenced was interviewed in his home. The room in which the interview occurred was well lit, and the researcher and co-researcher sat around a table. Mr Silenced had a notepad with him, a pen, an ashtray, cigarettes, and a cup of coffee. The only interruptions occurred when he stopped to make more coffee, or because of the dog moving around the room. It was a relatively peaceful environment, and the researcher felt more at ease with the surroundings than with Mr Bad-Boy and Mrs Strong. Throughout the interview, both the researcher and Mr Silenced were extremely cold, and Mr Silenced commented on the nature of the research, suicide, and the cold drafts of air that entered the room, specifically when the researcher was challenging his ideas about client deaths.

Enter the Researcher

The researcher met Mr Silenced during her academic and practical training period. Mr Silenced appeared to the researcher to be a loner, hardly connected to his peers. She spent some time in conversation with Mr Silenced discussing issues of therapy, and the training system. Mr Silenced was always forthcoming with help and assistance, and appeared approachable. Many other people felt otherwise, but

the researcher felt a connection with Mr Silenced. The researcher was at the university the day that Mr Silenced found out about the death of his client (the first), and she may have been one of the people that over compensated by focusing on her belief that he would have done everything that he could have done to act ethically and responsibly with this client. In the year that followed, when Mr Silenced was doing his internship, the researcher saw him several times, yet all their encounters were brief. When the researcher was applying for an internship position, she met Mr Silenced and they shared a mutual interest in each other's dissertations. When the researcher explained hers in more detail, Mr Silenced appeared to be visibly touched, and explained that one of his clients (his second to date) had committed suicide. He was eager to participate in the research and offered his assistance as a co-researcher. The researcher thanked him and they agreed upon establishing a research contract.

When the researcher did contact Mr Silenced (during her internship), he was still very eager to participate in the research. He viewed this as an opportunity to tell his story. Mr Silenced had by this stage been informed that another of his clients (the third) had committed suicide. At that time he was employed in a neuro-rehabilitation centre, where the domain of focus had shifted from a psychiatric setting where people were contemplating suicide, to a setting where people were battling to stay alive. Mr Silenced and the researcher met on several occasions and broadly discussed the researcher's choice of topic and the prevalence of client/patient suicide in relation to the therapy room. Once a trusting relationship had been formed whereby the co-researcher felt that his personal stories could be discussed, the researcher obtained permission to record the conversations. These conversations revolved around Mr Silenced's relation to suicide and his views on the deaths of his clients.

Creating the Context

The researcher felt that she had to create a context of safety in which Mr Silenced could relate his stories about client suicide, carefully. Trusting the environment as safe and confidential was viewed as being very important. Mr Silenced had many fears about the repercussions of expressing his feelings and

thoughts about suicide. As a way of creating a trusting context, the researcher described her experiences with suicide and the discussion evolved from that point. The researcher also related her fears that her present clients might complete suicide, and Mr Silenced appreciated the self-disclosure, and showed his connection by further elaborating on his stories.

Defining the context as a domain of research required the researcher to be focused on gathering information in a semi-directive manner. She helped the co-researcher tell his story by following a pattern of reconstructing events in the way outlined below. The researcher remained respectful of the co-researcher by showing genuine curiosity, and focusing on the congruence of verbal and non-verbal communication, thereby noticing when the conversation appeared to be perturbing. The co-researcher showed perturbation by shifting in his chair, suddenly getting cold and changing the direction of the conversation, lighting up cigarettes, and asking the researcher questions in place of answering a question. The researcher's ability to understand these meta-communications as part of the process of discussing client suicide and the relationships that follow, allowed for a holding (providing safety) yet perturbing conversational domain.

The Reconstruction Phase

To tell the stories of his three experiences of client suicide, Mr Silenced re-created each person for the researcher. A summary of the way each story was told as guided by the researcher could be outlined as follows

- Description of the therapeutic relationship, including reason for referral, outcome of referral, the length of the relationship, and goals achieved/not achieved.
- The client's background, including cultural, social, and interpersonal factors, and possible psychiatric diagnoses if relevant.
- The psychotherapists' understanding of suicide risk for each client
- The termination of the therapeutic contract.
- The eventual suicides, including discussions about the method used to complete suicide.

- The way in which the therapist was informed of the suicides.
- The psychotherapist's support system following the suicides.
- The psychotherapist's self-reflections following the suicides.

Mr Silenced related each story with feeling, thought and compassion. He did not present the cases in a matter-of-fact tone, and he appeared to be affected by his interactions with these people. He claimed to still be in a process of 'making sense' of the deaths and was uncertain about his belief system regarding client suicide. In this uncertainty, he was questioning his role as a therapist, and society's perception of therapist's as saviours of those contemplating suicide. He expressed anger towards the governing bodies of psychology because he felt that in some way, he had been silenced through the social discourse of taboo following a suicide. Hence, this description contributed to the naming of the third research participant as Mr Silenced.

The obvious difference between those who are personally involved with someone who commits suicide, and those who work with suicidal clients, is the nature of the relationship. The therapeutic contract defined here, is seen to be a relationship between a therapist and a client. The nature of the relationship prior to death, is believed to be co-defined by both therapist and client. After the suicide, the relationship obviously shifts in that one party is no longer present to offer definition. The world of therapy has many inherent contradictions, which become most apparent when a therapist contemplates the sense he or she makes of suicide.

Enter Mr Silenced: Introducing a Psychotherapeutic Domain

Mr Silenced is a clinically trained Psychologist with a background in accounting. As such he entered the domain of Psychology with firmly set ideas about work productivity; being accurate and thorough in any task given; and having a work ethic of 'going the extra mile' in order to accomplish the work in the most productive and ethically responsible way possible. These characteristic values and principles set the context for his entrance into the therapy world, and offer background information as to how he chooses to view his position as a professional. Mr Silenced was employed (at the time of interviews) by a private hospital specialising in

Neurological Rehabilitation, where his main job functions were: cognitively assessing patients for deficits; report writing; individual therapy with the patient; family therapy; and participation on a multi-disciplinary team.

Mr Silenced presented himself congruently in that he spoke about his patients/clients with the utmost respect. He explained the intricacies involved in each of the three client suicides that he was confronted with, in an effort to offer a fully descriptive account of each re-created situation. In all situations, the researcher questioned the image that he portrayed – that of the competent therapist and how this may keep people distant from him, thereby silencing his suicide stories. The research context was the perfect setting that allowed Mr Silenced to discuss the nature of his experiences with client-suicide; the impact of these events in his life; the surrounding discourses (spoken and un-spoken) in the Psychology field; and his personal feeling emotions and memories that have not been spoken about due to the prohibition of discussing suicide. What follows then is an exploration of the life of Mr Silenced-the-therapist, in connection with his views of suicide and therapeutic responsibility.

The stories of Mr Silenced's clients share certain commonalities, which will be fully explored under the section on themes and patterns to follow, but a few of them will be briefly mentioned to provide clarity for the reader.

- All three suicides were women – of differing ages (15; 44 and 56 years respectively).
- The deaths occurred in the following order: the 15 year old in November 1999; the 56 year old in October 2000; and the 44 year old in March of 2001.
- Two of the deaths involved an over-dose (the 15 year old and the 56 year old) and the third was a self-inflicted gunshot wound (the 44 year old).
- Two of the people were referred for Neuropsychological evaluation: the 15 year old for evaluation for suicide risk and school placement as she was functioning at a below average level; and the 44 year old for cognitive evaluation following a history of alcohol use and abuse and the requisition of a medical boarding by her employees.

- The older ladies were referred during his internship year working at a hospital facility, and the young girl was referred during the final stages of his two year masters training program at the university.
- He received a 'psychological autopsy' story reconstruction following the young girl's suicide, but not following the two most recent suicides. He did not seek supervision in any of the three suicides, and was only offered support following the first suicide.

The prominence of the last two suicides in Mr Silenced's re-telling of the stories may be connected to the fact that these remain un-supervised and un-spoken events, whereas there was a form of support offered for the first client suicide. The 15 year old therefore remained in the background and the 56 and 44 year old's in the foreground. Another possible explanation may be a time factor as the 44 year old received the most exposure in conversation, followed by the 56 year old, and lastly the 15 year old.

The 15 Year Old: Overdose

This client over-dosed on anti-malaria tablets, ultimately taking her own life. Mr Silenced met the client at a Children's Home in Pretoria where he was required to administer a psychological evaluation for suicide risk. The client had a traumatic upbringing involving several forms of abuse, and appeared to be depressed and suicidal. She was under-performing at school, and a cognitive evaluation was required to ascertain the best form of education in light of her deficits. Mr Silenced conducted both assessments thoroughly and made recommendations accordingly. One of the recommendations made was for psychotherapy where Mr Silenced was prepared to go and fetch her, take her to her appointments and bring her back to the 'home'. Psychotherapy was never entered into even though he persistently made telephone contact with the girl's 'house mother'.

Mr Silenced was informed about the suicide by his supervising Psychologist as the suicide was reported on in the local newspaper. On hearing the news, Mr Silenced together with his supervisor went through his assessment of her thoroughly, to see if they had perhaps missed out on an important cue to her actual suicide, and

the supervisor was satisfied that all areas of functioning were thoroughly and ethically covered. But, Mr Silenced still suspected that there was a vital clue that he had missed out on. Reflecting back to that time, he explained that once he had completed his assignment and made his recommendations, he terminated the relationship, believing that she was coping well given her circumstances. It was a few months following termination that she took her life. The uncertainty following his role in the suicide was carried forward into his internship program, which began two months after this suicide.

The 56 Year Old: Overdose

This lady was referred to Mr Silenced for a Neuropsychological evaluation as she was under-performing in her high functioning position within the hospital. She had an alcohol abuse history and the hypothesis was that she may have developed a neurological disorder due to the years of abuse. Therefore, the hospital wanted her to be medically boarded so that they could replace her. Mr Silenced was instructed to assess, evaluate, and to hand over the report to the referring agency but not to initiate psychotherapy. Mr Silenced believed that this was an impossible situation as he wanted to construct a trusting environment. The lady understood the reasons for her evaluation and she was threatening suicide if her position was taken away from her. Mr Silenced and the client therefore agreed that an initial assessment would be conducted whereby he could ascertain her cognitive residual abilities and deficits. Following this, therapy would then be initiated and an assessment would be conducted again at a later stage to see if there had been any changes. All parties involved agreed to this suggestion.

This lady had a difficult marriage and a history of traumatic relationships. Her first husband had died and she had re-married. There were children from both marriages. She felt that her work gave her a sense of self-worth and she was therefore against being boarded. Psychotherapy was directed towards constructing a life for her after the hospital, which according to Mr Silenced was going well. This client had been admitted to the Psychiatric ward frequently in the past and she was always contemplating suicide. Therapy was therefore also focused on her allowing her the 'space' to talk about her suicidal thoughts, and a suicide contract was

established between therapist and client whereby she would contact him if she was considering suicide.

Mr Silenced went overseas for a short period of time during his internship and it was during this time that she took her life by overdosing on her prescribed medication. He found out about the suicide on returning from overseas, and he described the way that he was told as "callous". It was in a communal tea room where in passing conversation it was mentioned. Each person then proceeded to leave the tearoom, leaving Mr Silenced alone. He did not receive nor did he seek out supervision on the suicide, but proceeded with his work, although he was once again questioning whether he had missed something, or whether he could have done things differently.

The 44 Year Old: Self-inflicted Gunshot Wound

This lady was referred to Mr Silenced while he was on-call during his internship program. She had been admitted to an "internal medicine" ward as she had attempted suicide. From the beginning of their therapeutic relationship, she had expressed a strong will to end her life from the misery that she felt she was in. Mr Silenced expressed his hope of a future for her free of severe personal anguish and this was one of their co-created therapeutic goals. Mr Silenced saw her as a client for nine months of the year, and toward the end of the year he began to initiate a termination of therapy. She apparently claimed that she would not be willing to change therapists, as she was tired of having to re-tell her story over and over again. They too had made a suicide contract where she would call him if necessary.

This lady had also been a frequent patient admitted to psychiatric wards for the diagnosis and treatment of depression and a histrionic personality disorder. She was very against being re-admitted for treatment and she expressed her choice of rather killing herself than having to endure that ward again. She had a relatively unsupportive family environment and had experienced great loss in her life. At the end of the twelve-month internship, the therapeutic relationship was terminated and although she wished to continue with her sessions outside of the hospital context, her husband did not agree to it. Mr Silenced handed the case over to one of the

consulting Psychologists at the hospital who agreed to be there when and if she needed therapy.

During March of 2001, Mr Silenced received a telephone call from a fellow intern from the previous year who informed him that she had "blown her brains out". Apparently, the consulting Psychologist at the hospital did not know how to inform Mr Silenced of her death and asked a colleague of his to do so instead. Mr Silenced found himself feeling quite offended by the lack of empathy and still cannot understand the supposed fear of having to inform him of the suicide. Again, he questioned the reasons why people felt that he was unapproachable and also the reasons for the client not being able to make contact with him when she found herself having serious suicidal thoughts again. In both hospital cases, the suicide contracts were broken through the act of choosing death over life.

Themes and Patterns Emerging from the Reconstructed Story

The chosen themes that are highlighted add to an understanding about the discourse of therapy and the role of the psychologist within a discourse of this nature. The therapeutic discourse is shaped by the cultural, social, and medical discourses and as such it cannot be viewed as an isolated environment in which people are meant to receive help and be 'saved'.

The Therapeutic Relationships: Hope and Empowerment

Mr Silenced worked therapeutically from a belief that there can always be hope. A way of instilling hope for him was to explore fully all alternative options in the clients' life. Through this process it was assumed that some difference or change should enter the therapy domain and relationship.

I think what happened with those people was that they came to me with a mess, and, I validated the mess. I said, 'ja sure your life is a mess, but, lets you and I be related in that and acknowledge that things are not good for you, and let's try and have some fun in the other things that we do'.

Throughout the assessment and evaluation phases of the 15 & 56 year olds, Mr Silenced looked for what ever possible resources were available for them in which to better their lives instead of focusing on the cognitive deficits. In this way, he was seeking out places of hope for the client so that their lives would be more tolerable. Even though he always knew that his clients were high suicide risks, he still believed that there could be room for change, if they trusted the therapy environment and were willing to work towards their personal life changes. Instilling hope in the clients was seen to be a double-edged sword, because if they were then able to come to a decision that their lives were not worth living, then it would be through the very "enlightening" gained in therapy that this decision was reached.

Empowering the client system so that clients could account for their lives, unpredictably compromised the therapeutic assertion of keeping the clients alive. Mr Silenced put it like this

...for me it was almost paradoxical where you are saying to them, 'let me help you to make decisions that suit you, and the right decisions as you see right, but, you are not allowed to make the decision of suicide'.

With the 44 year old, therapy revolved around enabling her to make practical decisions with regards to her future, and she progressed very well to the point where she felt good about the decisions that she had made. As therapy had been aimed at building her confidence to make decisions, her act of suicide could be viewed as her final well thought out plan following a choice she had made. The inherent contradiction lies in the statement that suicide is not considered to be an act of a well functioning person, yet Mr Silenced perceived this act as perfectly congruent – in hindsight – with the therapeutic intentions.

Questions that could be raised for the treating therapist may then lie in the domain of finding a balance between what is best for the client and what is best for the therapist. No therapist would like to have a client suicide mark next to his or her name as the implications could be severe in the sphere of professional

accountability. Mr Silenced verbalised his disappointment at being judged about a client suicide as this judgement inevitably arose out of the context of the therapeutic relationship and focused solely on the death of the client.

Ending the Therapeutic Relationship: Transition Towards Suicide

In all three cases, the suicides occurred post-termination of therapy and never during the time that client and therapist were engaged in working together towards mutually defined goals. This uncanny theme that runs through each story has further implications for therapists who deal with suicidal clients each and every day. Questions that could be raised here would include discussions about the length of time required for therapeutic responsibility to the client. In Mr Silenced's cases, he created a trusting relationship with each individual client, and offered them a glimpse of hope. In hindsight, Mr Silenced questioned his own "insensitivity" towards his clients as he began to feel as though he had been initiating and prolonging therapy for his own personal gains of not wanting people to murder themselves, instead of really grasping the amount of pain and anguish his clients felt.

When asked about what he felt was beneficial to the clients so that they did not attempt nor commit suicide during therapy, he replied

...with all three of them... their and my being together was meaningful....and they could not find, and they could not find anybody else that they could have a meaningful relationship with...

Mr Silenced then commented that the problems arose when he could not be there for them all of the time and that they had the difficult position of having to confront themselves alone. This led him to believe that

...if I was still in relationship with them they still would have been alive. What I am questioning is [pause] the false sense of security that I am giving. Because they can never ever control me sufficiently to know that I will always be there...

Mr Silenced is left with a sense of questioning about his assumptions that informed his therapies at those times. He **berated** himself in our conversations for ultimately “not listening” to the story that his clients were telling him. The perception of self as a failure was reframed as empowering his clients to a position where they felt they could finally decide upon their life course, and that he played an instrumental role in travelling the journey with them. This reframe allowed Mr Silenced to experience a perspective of difference that he found beneficial in his process of ‘making sense’ of suicide.

The Message the Client Left Behind

As Mr Silenced was engaged in a form of relationship with his three clients, the researcher questioned him on the possible meanings and messages that the clients were passing to him by taking their own lives. His responses were thematic in that he acknowledged each person’s unique struggle with thoughts of death, and in the context of each individual’s life, he could understand their choice of suicide. He also claimed that his naivety laid the foundation for his persistence of hope beyond understanding that they had been contemplating their life challenges for some time prior to entering a therapeutic relationship. A more direct understanding of the possible messages given to him were levelled at the wider connected systems of the person such as the husbands, place of work, and institutions. Having had the opportunity to tell their stories to someone who was willing to hear and share, was seen as being very important by Mr Silenced

...I like to think that in their thinking they would have known that I would have understood...and they are okay now to go where they need to go because someone knows. Ja. I think very much, I think in both of those ladies they had a harsh message that they were giving to their husbands, but I think that the message that they were giving to me was different – this is only what I am thinking...the message that they were, I think that if I can even, I mean this is like really fantasy but they, uhm, they know that I understand. And they know that I know that what they did made sense. There was no vindictiveness towards me...

In the process of having to incorporate a client suicide into a therapeutic repertoire, Mr Silenced captured a sense of self-worth as he felt that he was able to offer his clients the opportunity of self-exploration, a shared circumstance where they were respected and heard, and ultimately, the respect afforded in which they could make their own choices and decisions.

Perceptions of the Self Following the Suicides

The arena of discussing client suicide is narrow and limited, due to the public and professional assumption of failure of the therapist when a client dies by their own hand. Because of this, Mr Silenced, himself had not been afforded the opportunity to deconstruct his story in the way that he had enabled his clients to by providing the space to do so. The research context offered a deconstructing space and one of the patterns that emerged during our conversations was an unspoken reflection on the self of the therapist.

Firstly, Mr Silenced was very concerned about the confidentiality of all client and therapist information that could identify them in any way. He also felt strongly that his actions and comments regarding what he perceived to be an unsupportive Psychology fraternity (the board of Psychology; his previous supervisors; and colleagues) could have dire consequences for him if a reader of this dissertation was able to identify him in any way. He thought that his therapeutic competence might have been brought into question if people felt that he had behaved inappropriately. He frequently made reference to "the people" who could hold him accountable for his viewpoints. As the client suicides were all high-profile or known to the public through newspapers, he felt that he was taking a risk in even speaking about the intricacies involved in each situation. This perception of "**keep quiet**" about the circumstances surrounding the suicides, holds very grave consequences for the therapist attempting to 'make sense' of suicide, as he entered a world of forbidden talk where he could not dialogue about the suicides. One wonders, if this is not merely perpetuating the pattern that clients bring to therapy in that they too cannot speak of their self-destruction without the fear of certification arising.

To be able to integrate a sense of congruency between being a psychotherapist, and a person that functions in society just like other professionals such as doctors, nurses, educators and plumbers, one would have to be able to speak the unthinkable and initiate conversations around sensitive issues such as suicide. Suicide, as an outcome, appears to be a reality of therapy and it is probably a more common action and less spoken thought and fear of the psychotherapist. Suicide should be spoken about in domains other than just isolating it to the therapy room.

I think what happens to me like with this lady as well as thinking about it, feeling bad that I had extended it, but also thinking a sense of relief for her, if I can experience relief for her. Thinking I know in my own life, when things are really miserable thinking if that miserable-ness was just prolonged and prolonged how relieved I would be not to have that anymore. A person comes to you and they've got relationship problems and in the relationship, in the sordid mess with them and it comes to an end and they come out... and feeling I hope, I hope that it worked out for her the way that it did, I hope that I didn't torment her or that she didn't suffer anymore than she already had...

And a comment on his own thoughts of suicide

I have never attempted suicide, it's just that I think, if I were to [pause] ja, if I were to commit suicide and I would make absolutely certain that the message that I left behind was that it was my choice, it was my decision, it had nothing to do with anybody else. It's not because anybody else failed to do what I was expecting them to...

It is quite apparent in the above excerpts that Mr Silenced's reflections on his own suicide strongly coincide or mirror his way of working with clients. He assigns a portion of respect to the thoughts, behaviours and intentions of the possible suicidee, and chooses to view this respect as of paramount importance when entering the life-world of the client. It also reflects an underlying assumption in that he continuously asked himself about the role of the referring person/agency in his client suicides and ultimately the choice of suicide belonged with his clients regardless of the referring

requests to attempt to save lives. These underlying assumptions can be seen as important grounding values and principles when trying to 'make sense' of the larger 'gloom and doom' picture of a suicide.

Perceptions of Supportive Structures or Lack Thereof

Following the first suicide (the 15 year old) Mr Silenced received support from his supervising Psychologist, which he believes was of tremendous benefit to him. He felt judged by many of his class-room peers as they used this time as an opportunity to tell him that he should not be so sure of himself in the future. He found that other people "over-corrected" the situation by saying too much and by desperately trying to reassure him that they were sure that he had done everything that he possibly could have done given the circumstances.

Mr Silenced then entered the internship and for the first few months he spent the first hour of the day doing ward rounds and checking with the medical staff that his patient's were in fact still alive. He did not voice this fear of his clients dying to anyone, and he describes this time as "terrifying". Later in that year, following the second suicide (the 56 year old) he did not receive supervision. He also made no effort to engage in conversations with his supervisors regarding the death of his client, and chose instead to focus on the clients that were alive and could still benefit from therapy. Again, his fear of future client deaths travelled with him and remained a **silenced fear**. He found that his peers and working colleagues did not approach him about his loss as he portrayed the image of being in control of the situation and having already worked through the death of his client. He had the feeling that his peers were judging him, but this was not discussed with him.

Mr Silenced then applied for a position at a Neuro-Rehabilitation Hospital for many reasons. He felt that he was good at assessing, evaluating and working forward with clients who had sustained serious head injuries or suffered strokes. This new field of expertise offered him a strong sense of security and certainty. Mr Silenced also felt that the context of Psychology was completely different to his previous exposures as he was now working with people who were battling to stay alive instead of taking their lives. This was a place of comfort that he had created for

himself following the traumatic exposure to client suicide, which was still a relatively unspoken about issue. In the rehabilitation program he was utilising his experiences gained from his internship in that he would ensure that the client/patient had a choice to make in their future plans. This stance often produced anger amongst the other disciplines that he was working closely with regarding his beliefs in freedom of choice which might even be the choice to take one's own life.

After receiving the telephone call following the third suicide, Mr Silenced felt that he was totally unsupported as the supervising Psychologists of the internship program made no effort to offer him any sense of support, and if anything, he perceived the internship supervisors to be passing the responsibility on to a mere peer of his. Since the telephone call, Mr Silenced had not had any contact with his internship supervisors and no one else had made contact with him. This **lack of communication** left him feeling isolated and invited much questioning about himself. Again, the research context provided the space in which we could converse about such sensitive topics such as suicide and Mr Silenced found it to be extremely beneficial to finally have a conversation about the "forbidden" subject.

One questions the guidelines in place at the present time for supervising intern Psychologists following client suicide, and then again one wonders if the student should be acting more responsibly in searching out supervisory direction. Either way, Mr Silenced's stories had remain un-told (excluding the 15 year old) and the impact of carrying his "secrets" had far reaching consequences, extending even as far as his choice of job placement. As Mr Silenced perceived the surrounding support systems to be lacking of empathy and communication, he never spoke about the suicides. Instead, he "moved forward" (a form of healing) silencing the stories of the clients he knew well.

Mr Silenced would have appreciated some form of commentary from the people who committed suicide, offering him an explanation, or thanking him for taking part in their journey, or just to free him of any personal accountability in their choice of death over life. Then again, such is the nature of suicide that it leaves people behind with many questions and a lack of answers. A psychotherapist has to make sense of the choices clients make without an understanding created in

dialogue, but rather in terms of inferences made on the basis of the context of the therapeutic relationship and the course of the therapy process and outcome.

In conversation with Mr Silenced, the researcher believed that he had a lot of experience and self-referential comments to offer to his community of peers, supervisors, and professional board that could be of benefit to those working with the threat of suicide or even for therapists' whose clients have committed suicide. But, the strong voice of suicide stories was silenced by Mr Silenced and his perceptions of people's possible reactions; his fear of the professional board's comments on his actions; his fear of disappointing others; and an undercurrent fear of exposing himself as a possible failure.

The Professional Perspective of Suicide in Therapy: A Comment on Discourse

From Mr Silenced's experiences of three client deaths, prior to even qualifying through the university, he made the following comments and recommendations concerning the fraternity of psychology

...when a person comes to you with, uhm, with a lot of problems which they believe are not solvable or which they believe they can't live with, our job is to help them to find some or other meaning and, and to make decisions which are in their best interests, which work for them, which are most meaningful for them. And for a psychologist that is great and that is what we are supposed to do provided it doesn't include the issue of suicide because with suicide, uhm, we are not allowed to do that. We are not allowed to say well, if a person came to me and said 'I am having problems with my husband' and you'd say 'well what are the options to stay or to leave?' and you'd work through it and you would say that leaving is a real option. They come to you and say that the options are to live or to die, and you say that of dying is not an option. And that is a contradiction.

Further, a comment on the board of psychology and his position

I think that they should be less punitive about, ya, less punitive, entitling us to put it in the open and talk about it. Let's not pretend that it doesn't exist...

I am left silenced, yes. I can't, I can't voice my feelings around it... I think if you could have a conversation where people are not stuck on this defensive stance 'I'm right and you are wrong' and please explain why you are wrong. If it was a conversation pretty much like you and I are having I think that would be great, I think that would be quite validating.

Mr Silenced believes that there is an unspoken law or opinion in the community of Psychologists that suicide should not be spoken about, whether it be the client's suicide, or a fellow colleague contemplating or actively killing his or herself. Mr Silenced believes that contexts should be created whereby Psychologists (including those in training contexts) could speak about their experiences of client suicide, be it from a position of being exposed to client death or even just giving a voice to the many hidden fears of the possibility of client suicide.

In contrast, the inherent **contradiction** as pointed out by Mr Silenced is that our profession strives towards a position of mental health and functioning as accepted socially and culturally. Suicides challenge this discourse, as client suicide is a frequent event and will probably happen to each and every therapist at some point in his or her career. The limitation that therapists pose upon themselves is by not speaking about the occurrence of suicide, and in this way the screaming silence of suicide is perpetuated.

Making Sense of Suicidal Acts: Unanswered Questions: Enter Uncertainty

Mr Silenced was left, after each consecutive suicide, to think about all the "important cues" that he may have missed. In his clinical assessment of each of his clients, he thought that they were all at great risk of committing suicide. So, depending on the surrounding circumstances involved in each unique situation, he made the necessary referrals, or actively decided that certification would be of no benefit to the person, and opted for therapy instead.

He has of each client his own personal copies of the assessments, and he often picks them up and re-checks where his errors could have been. In a somewhat contradictory statement he believes that the clients assumed responsibility for acting in the best feasible way for themselves, yet on the other hand he questions what he may have missed out on. This uncertain position involving a process of deconstructing his role, intentions, blind spots, and interactions with the referring agencies, and this unfolding process constantly re-folds into the way he works today as a therapist, which again turns upon itself when he reconsiders the actions he took at those times.

At the time of the formal set of interviews Mr Silenced was once again considering a career move, this time involving immigration to another country assuming the position of a lecturer, as he was frustrated with the work morale and financial limitations in the private sector. If the interview had occurred one month earlier when he was firmly established in his work context, his views on suicide may have differed, but there was a sense of Mr Silenced being able to free himself of obligatory silence as his plans were to remove himself from the South African community of Psychologists. He therefore presented a very alternate view on suicide, expressing his strong belief in having made sense of suicide as an act of free will, and an act that should be respected as such.

When questioning the role that he played in helping clients in getting to that point of making the choice of life and death, uncertainty entered the conversational domain, and he began, once again, to wonder about what he could have missed. He also expressed a desire to have had some form of concrete communication from the clients as to their choice. Mr Silenced had not reached a definite position on suicide, excepting for his firm disapproval of the way in which it is perceived by society and the psychological fraternity.

The Mourning Process: Holding on Versus Letting go

Formally speaking, Mr Silenced did not experience any mourning process. He claimed to have accepted the chosen fate of his clients quite comfortably. When

looking at the process of Mr Silenced it appears that there may have been an undefined phase of mourning. In an a-traditional way, Mr Silenced's mourning was turned into something more appropriate for his working context and professional way of presenting himself. He became overly concerned with his patient's well being checking up on them every day; he made frequent telephone calls to check on their progress or regress; he became determined to instil hope where they saw none; and he adamantly fought the referring agency to allow for more personal freedom for the client.

Although Mr Silenced claims to have a good understanding of the deaths of his clients, he has a somewhat shaky understanding of his position in relation to their choices. In this way, the clients remain a part of his day-to-day thinking, asking the questions now that he felt that he should have asked then; arguing with the referring agency more strongly now than at those times in his past; and by re-reading the case information that he has available to him in an effort to re-create those clients and further learn from the experiences that he had. He still has razor blades that one of the client's gave him when they were contemplating suicide, and one wonders why he would need such a reminder of the reality that his client was faced with.

What has been observed through the process of reconstructing this story is that there are certain discourses at play here which shape the following

- the way that Mr Silenced enacted his role as therapist striving for life over death as an outcome of therapy;
- the view of accountability to a professional domain which in many ways silences the people exposed to suicidal acts;
- the perceived perception of being at fault for having a client take their own life;
- the fear of opening up conversational spaces in which to explore ways of acting with suicidal clients;
- the societal expectation that a psychotherapist should be able to save a person from choosing death over life, and yet therapists should not choose for their clients;
- the unspoken implications of avoiding the person who was in therapy with the client as "they can cope" with the situation;

- and the inherent contradiction of allowing the person to learn to act independently as long as this independence does not involve a choice of suicide.

A Comment on Making a Clinical Judgement

There can possibly be no more frightening experience for a young (meaning, experience in years) therapist than to be confronted with a client contemplating suicide. There are strict guidelines used by a Psychologist when assessing suicidal ideation of a client, and the responsibility of the therapist is huge. It is asserted that these guidelines should at best be used in conjunction with the client's socio-political and historical contexts. As in the case with Mr Silenced the two opposing bodies – that of a mental health act recommending that a person who is suicidal be certified as they are a threat to themselves, and on the other hand viewing the client in a context where the psychiatric system has failed them consistently – can place a therapist in a grave predicament. Focus should remain on what will benefit the client, while at the same time, adhering to the laws and guidelines of the profession. Even if one does abide by the laws, the client may still choose to take his or her own life.

From the above reconstruction of a psychotherapist's struggle with client suicides it becomes more apparent that the application of governing laws are not as cut and dry as initially intended, unless the client is viewed out of his or her existing contexts and his or her behaviour alone is judged. From a Post-modern perspective this way of viewing the client is a-contextual and a-historical, but the client's well-being still remains at the forefront of any therapy regardless of the therapist's political and theoretical standpoint. Therefore, the dilemma of the therapist's choice of action becomes highlighted when faced with a possible client suicide. It is through a process of **dialoguing** about such issues, that a consensus may be reached. By maintaining a silenced position, the client is sure to be ignored in the process of deliberation, just as the therapist will remain in the dark about the ethics of therapy with suicidal clients.

Mr Silenced assumed a voiceless position by not engaging in ongoing dialogue with his supervisors, and/or peers. It is asserted that this position be

widened to include formats of conversation which allow for self-disclosure, as Mr Silenced's story is probably not unique.

Co-constructing the Research Relationship: Collaborating with Mr Silenced

The conversations with Mr Silenced were focused on recreating the contexts of each unique suicide story. This led to in-depth discussions about suicide and the nature of relationships that follow. The researcher had to adapt herself to these set of conversations so that a flowing dialogue could occur. The provocations for the researcher will now be discussed, and it should be remembered that these points of punctuations reciprocally influenced the conversations held, the analysis of data, and the inferences suggested.

Challenges for the Researcher

As the researcher was interviewing a trained psychotherapist, the conversations that emerged were reflective of the similar training that both parties had received. The collaboration that took place between researcher and co-researcher was carefully articulated, and included a both/and perspective, reflexive communication, and meta-perspectives. The language spoken was mutually understood and did not require much explanation.

The problem that was identified by the researcher post-interviews was that a therapeutic shared discourse was evident and perhaps therapists trained in different schools of thought (other than an ecosystemic, social constructionist perspective) would have provided a different perception of client suicide. The gathering of information related to the ecosystemic therapist's view of suicide is seen to include descriptions of self in any explanation offered of the client, therapeutic accountability, and provision of an ecological, contextual account of client suicide. Therapists trained in other schools of thought may have focused on other aspects when reconstructing the event of client suicide, choosing to exclude their role, or include their role, albeit from an 'expert position' of having privileged knowledge about their clients, and therefore providing the 'truths' as to why the clients took their lives. Much of the literature that has been written from therapists' perspectives is put forward

from this 'expert' position, and therefore, Mr Silenced's stories following client suicide is seen to provide difference to that which has been previously documented.

The challenges that the researcher faced with her third research participant were similar to those outlined previously with Mr Bad-Boy and Mrs Strong. Briefly mentioned these were: the influence and importance of self-disclosure, excavating self-suicide, sharing the language of the participant, staying within the boundaries of research, creating a follow-up context, and eliciting stories of both the subjugated and dominant narratives. The exceptions arose from the differences between the professional implications and thoughts about suicide of Mr Silenced, and the personal perspectives outlined previously from Mr Bad-Boy and Mrs Strong. The researcher, having had experience in both the personal and professional spheres of suicide, interpreted the interviews with Mr Silenced as an opportunity to glance at the similarities and differences that emerge from the story telling after suicide, from a personal, and further, a professional perspective.

The interviews with Mr Silenced focused on a professional view of suicide offered from a personal perspective. The relating of the events of client suicide was told from Mr Silenced's outlook as presented from his interactions with those who completed suicide, and the wider professional systems of peers and professional bodies. The integration of this multi-levelled narrative culminated in the reconstruction of his story. The researcher's interfacing with his descriptions will now be outlined.

Exploring the Challenges

Briefly summarised, the pertinent confrontations faced by the researcher were,

- Influence of self-disclosure
- Focus, attention and exploring emotion
- Excavating self-suicide
- Sharing the language of the participant
- Staying within the boundaries of research

- Creating a follow-up context
- Listening to the dominant story and exploring the non-dominant stories that emerged

Influence of Self-disclosure. The contribution of the researcher's experiences in the form of story telling was important for creating the research context. The fact that the co-researcher had not spoken about his experiences with anyone prior to the interviews, defined the research context as novel, exciting, and an opportunity to speak and hear the un-said. The researcher felt it appropriate to offer an encompassing view of how her story about suicide was constructed, and the personal and professional provocations that followed from this deconstruction process. The co-researcher then followed suit and deconstructed his story, which was co-constructed through a question and answer dialogue whereby the answers determined the questions, and vice versa. If the researcher had not chosen to disclose her story, the information offered by the co-researcher would have been different. This is just one possible way of co-creating a conversational domain in which to talk about the effects of suicide on present forms of relationships.

Focus, Attention, and Exploring Emotion. This posed challenges for the researcher because Mr Silenced was very well contained. The researcher had to assume a more exploratory style of interviewing with Mr Silenced, as he was very focused and clinical to begin with. The difficulties emerged in gaining an idea of the emotions and feelings he had towards the suicides of his clientele. Mr Silenced made reference to the wider societal discourses involved in the 'after-suicide' process, and in that way avoided personal input. The researcher probed into this unspoken territory, and the responses were mainly directed at the difficulty of expressing personal impressions as he still worked with the possibility of patient suicide. He often spoke of the danger to his personal set of beliefs in himself as a therapist if he had to question the role he played in the suicide circumstances. His position was respected, and the researcher paid careful attention to the way that he framed silencing of suicide stories as a result of discourses supporting dominant ideologies. The researcher's questions were viewed by the co-researcher as provocative as he often commented that he had not thought about the events in the way the researcher was guiding the conversation. The researcher had to therefore

search for a balancing style (perturbation and holding) in the way she asked questions, thereby gathering 'rich' descriptions.

Excavating Self-suicide. The co-researcher believed that he was not entertaining thoughts about his own suicide, and he claimed that he never had been. The researcher felt the need to ask about Mr Silenced's views on his own choice of mortality, as he had been exposed to three client suicides in his short career of psychotherapy. Mr Silenced presented himself in a way that emphasised self-control. On another level, Mr Silenced was leaving the therapeutic domain to work overseas in order to obtain a lectureship. This was seen to be his way of coping with the relationships that ended in suicide. The researcher explored the dilemmas of facing suicide alone (without interaction with peers and supervisors), changing work-place contexts to invite situations where people were struggling to live, and finally removing himself from the domain of therapy. Mr Silenced found this exposed pattern of choice of employment to be helpful. He explained that he had not considered his choices in this light before, but that it made sense to him. The researcher found that she took on a more directive role here, in pointing out the patterns that she saw, and once spoken about, both researcher and co-researcher felt a sense of comfort to continue with the deconstruction and reconstruction process.

Sharing the Language of the Participant. Conversing occurred in a relatively comfortable manner for both the researcher and co-researcher, since both had had similar educational training, came from the same city of origin, and had similar life experiences with regards to cultural background. The similarities of interpersonal style of the researcher and co-researcher helped to create a context of shared understanding. The disadvantage of this similarity could be seen to be the exclusion of other ways of interacting, that perhaps a psychotherapist co-researcher from a more diverse background would have offered. Having said that, the benefit of the collective understandings allowed for the topic of suicide, considered a taboo subject by many, to be openly explored within the trusting relationship established in the research context. The weaving together of researcher and co-researcher narratives provided a multi-levelled tapestry of the event of suicide and the relationships that followed.

Staying within the Boundaries of Research. The researcher carefully followed the story until she felt that no new information was being offered. Once Mr Silenced began making suggestions for other therapists who find themselves in similar 'silenced' positions, the researcher felt that he had moved on to another level of discussion and after exploring his ideas, she terminated the recorded conversations. The researcher seldom felt that the research context symbolised a therapeutic relationship, as the framing was more aligned with two colleagues conversing about suicide in the therapy room and the relationships that follow. The researcher felt quite comfortable that she had kept within the boundaries. The motivating factors for the need for research in the domain of suicide was clearly articulated from the beginning of the conversations, and Mr Silenced remained focused on the researcher's intentions throughout the interviewing phase of research. Therefore a clear boundary existed for the research system, co-defined by both parties.

Creating a Follow-up Context. The researcher remained in telephonic contact with Mr Silenced following the interviews. Any perturbations that followed the conversations were openly discussed, and the door was left open for Mr Silenced to contact the researcher if necessary.

Listening to the Dominant Story and Exploring the Non-dominant Stories that Emerged. The dominant story presented by the co-researcher was that of a therapist who remained in control of all situations. This representative image placed him in a position of being silenced. He positioned himself in an impossible situation, desperately wanting to talk about his experiences yet portraying himself as not needing to talk about those very experiences. The marginalised stories that emerged from the conversations were that of a psychotherapist who needed to be more open with colleagues, to share his traumatic experiences, and express his fears of failure. Mr Silenced worked in a fanatical manner, and at the time of the interviews he still had detailed process notes from each therapy session (in his bedroom), as well as razor blades that one of his dead clients had given him to keep prior to committing suicide.

Mr Silenced placed himself in a victim position by claiming that there was no assistance for him in his struggle to come to terms with the loss of clients. He failed to see how he was part of that creation, and instead he focused on the social discourses of silence after suicide, and people's unspoken views of him as a professional failure because he could not save his clients. Focusing on factors outside of himself protected him from unravelling his role in the face of client suicide. The challenge for the researcher was in giving a voice to the many unspoken selves that the co-researcher presented.

The final need he referred to was to have more of a communal domain where suicide can be discussed which evolved from discussions about his marginalised voices. Therefore, space was created in the domain of research to elaborate on his self-reflections, interactions, and integrated view of self. This provided a contextualised, resourceful approach in the task of attempts to 'make sense' of suicide from a psychotherapist's perspective.

Conclusion

This chapter has outlined the story of Mr Silenced, a psychotherapist who has been exposed to three client suicides in the short period of two years. The professional representation of relationships following suicide have been thoroughly explored, with reference to the impact of social, cultural, medical and therapeutic discourses. The contradictions that were exposed also contribute in shaping the way that Mr Silenced chose to understand the effect of suicide on his professional life and also described the relationships that follow suicide. This chapter has also outlined the researcher's thinking behind the reconstruction of the story of Mr Silenced. Important emphasis was placed on contextualising the researcher so that the self-referential element of research comes to the fore. Mr Silenced's story was deconstructed according to the points of emphasis that the researcher chose to highlight. It is evident that the researcher had to adjust herself to the requirements of this participant, as all participants presented as unique individuals, coming from differing contexts. Including a self-referential component, the researcher has shown how she shaped, and was shaped by, the process of research.

CHAPTER 8

THEMATIC DESCRIPTIONS AND REFLECTIONS

Introduction

In this chapter a discussion of the common themes amongst the three interviewed suicide survivors that emerged from their stories, will be discussed. These themes are punctuated according to the researcher's frame of reference, and they are seen to be the common threads connecting the stories of the three research participants as outlined in the previous chapters. The researcher's reflections of the themes will also be included.

Recurring themes that became apparent to the researcher in all three survivors' stories are illuminated. These themes are viewed from a meta-perspective, that is, a perspective of the perspective, allowing for double description to be actualised. The common themes that evolved were the following

- Idiosyncratic personal assumptions
- Blame and anger: reactions to suicide
- Seeking control: efforts to gain power
- Pervasive silence
- Disconnection and aloofness
- Confusion of time-line activities
- Contradictions
- Perpetuating patterns
- Uncertainty

Although the themes were common to all three of the research participants, the descriptions of the experiences were uniquely articulated by each of the co-researchers. Therefore, there are differences in the way that each theme arose, yet the thematic punctuations remain similar.

Emerging Themes

The themes that have been highlighted all shed light on the way that the stories came to be uniquely formulated, and the implications of these meanings for the survivors' relationships with others that continue after suicide. The story-telling process revealed many contradictions that kept the survivors trapped in an era that involved the dead person, yet they expressed their collective stories from the pretence that healing had occurred. The re-telling of the story, allowed for alternative, new meanings to be shared, and a re-authoring of the suicide stories compared with how they previously came to be told.

To begin with, the similar themes that emerged, although conceived of differently according to each person will be described and the unique differences between each co-researcher's conceptualisation of suicide will be expanded upon.

Idiosyncratic Personal Assumptions

Mr Bad-Boy's epistemological outlook was couched in assuming personal responsibility in the present for the death of his father on occasion, while simultaneously rejecting responsibility for his way of being in the present. The stories that he shared with the researcher were always punctuated in a way where he took responsibility for many events, such as, his father's death, factors contributing to his sister's death, his present failing at school, and at times, his inability to form relationships with people. His inability to be in relationships with people today was explained by his distrust of people. Mr Bad-Boy's understanding of the mourning process was largely undefined, and ambiguously related to the researcher. Mr Bad-Boy assumed a position of vagueness when answering most of the researcher's questions, whether information was being asked about proceedings prior to the death of his father, the actual suicide, or events in relation to his present lifestyle. Mr Bad-Boy's commonly believed assumptions were grounded in the following:

- A view of the subconscious, whereby he could not fully understand himself as he believed that there are matters that remain beyond his knowledge.
- Cause and effect principles, whereby he blamed himself for his father's death.

- A spiritual belief that guided his actions, and as such, he believed that it was beyond him to attempt to understand his role in relationship with the suicides and further, his part in the formation of present day relationships.
- A belief in other people, such as psychotherapists and researchers, having expert knowledge of suicide, carrying more credence than his own experiences.

Mrs Strong's epistemological position was grounded in the surrounding discourses of religion, psychiatry, culture, and that of personal agency. These dominant discourses reflected the prevailing ideologies in her society. Her story was stipulated according to the 'right' and 'wrong' prescriptions of religious and cultural behaviours. She had firm beliefs in the 'wrongly' selected choice of her husband, and 'rightness' of her other choices. She generally spoke in terms of polarities, or extreme views, that were mingled together as one belief. These positions were viewed in a complementary manner following the researcher's excavation of binary oppositions, for example, her fixed belief in herself being right and her husband being wrong; his death attributed to mental illness, which shifted toward familial influences; her experience of mourning altered towards incorporating continuing anger. These polarities will be further explored in the themes that follow. Her personal belief system emerged as the following

- A belief in personal agency, in that she viewed her husband as a weak person and wholly responsible for his action of suicide, and attributed her 'successes' (financial and mothering of her children) to her personal strengths.
- Cause and effect principles, whereby her husband's suicide caused her irreparable damage (emotionally and financially).
- A belief in outsiders (the helping professions) having expert knowledge over and above her own experiences.
- A religious stance whereby certain actions and experiences in life were meant to be accepted, as they are decided upon by a higher being.
- The psychiatric fraternity, from which she diagnosed herself and her husband as being depressed (albeit at differing times), his addictions (drug and alcohol), his failure to overcome these problems, and his suicide viewed as a result of mental illness.

Mr Silenced's experiences with client suicides were shared from his personal perspective. He adopted a communicational style of openness and eagerness to learn about his own constructions of suicide. For Mr Silenced, suicide was a taboo topic, and the interview format was one of the only domains in which he could share his experiences. He remained curious about the researcher's vested interest in the domain of suicide, and utilised the interviews to deconstruct and reconstruct his stories, in participation with the researcher. Mr Silenced's epistemological premises as elucidated by the researcher are the following

- A belief in co-constructing realities and meanings with people, through the vehicle of language.
- Assuming personal responsibility for sharing in the outcome of life events.
- Adopting a both-and approach when describing events such as suicide.
- A firm belief in pervasive discourses and framing 'causes' of suicide in therapeutic, psychiatric, and marital discourses.
- Adopting a reflexive position accounting for the mutual effects of engaging in relationship with suicidal clients, and his personal story underlying the formation of his belief system.

Each research respondent had different contextual backgrounds, and utilised different epistemological tools to come to their unique understanding of suicide. The dominant discourses in the stories they shared both produced, and were produced by social interaction, their particular language community, and their socio-economic contexts. Therefore, the differences in their perceptions of suicide are legitimised when understood within the prevailing dominant discourses and the more marginalised ones.

Blame and Anger: Reactions to Suicide

Blame and anger was prevalent in all three participants' stories. Each co-researcher defined the expression of these emotions differently. Blame was expressed towards other people that may have influenced the outcome of a death, and blame was projected toward the self of the person. Anger, as an emotion, was

generally expressed towards other people, again for playing a role in the death, and in some instances anger was internalised, and shared with the researcher in both a verbal (I am angry at myself) and non-verbal manner, for example banging a fist on the table when re-telling the events leading to the death.

Mr Bad-Boy felt anger towards himself for not being able to help his father choose life over death. He constantly berated himself for being inadequate and for not realising the depth of his father's emotional pain. The anger that he expressed towards other people included his father's treating psychiatrist, his mother for leaving his father, and his paternal grandfather for not being a good enough father to his son. The anger was not only expressed verbally and directly, but also more covertly, such as, in his tone of voice, and also in his 'destructive behaviours' like getting inebriated during school hours, and constantly being in trouble with authority figures. The anger that Mr Bad-Boy experienced had not been expressed directly to anybody prior to the interviews, and therefore served to maintain his silenced story. In this way, by not speaking of the anger, he remained loyal to what he believed was his punishment for not being more available for his father.

This unexpressed anger gave way for assuming blame for his father's death, and the self-blame served to further his feelings of anger and subsequent guilt. The twin feelings of anger and blame cannot be separated in the case of **Mr Bad-Boy**. The feeling of anger circularly perpetuated the need to blame either himself or others, or both. The frame of Mr Bad-Boy's story was shared in the context of placing himself in the forefront of the multiple causes leading to his father's death. In this way, his story was clearly punctuated as developing from this point of holding himself responsible for his father's death. He left little or no room for acknowledging the other influences on the outcome of his father's death, and preferred to assume this position. The researcher's attempts to shift his self-attributions were met with much resistance, and she decided that it would be unnecessary to be too confrontational in the domain of a research context.

Mrs Strong attributed anger primarily towards her dead husband and her mother-in-law. She openly expressed this anger in shared language, non-verbal tones, and in her writing tasks. For her, the burning anger was a feeling that she

could not get rid of, and this served to further irritate her. She believed that she had come to terms with the death of her husband, yet she still felt a real anger that could be noted visibly by the researcher. She believed that her husband and his mother were firmly responsible for his death, and this brought about the strong feeling of blame that she held for them. Mrs Strong held a belief in the necessity of assuming personal responsibility, and from this position she felt anger for her husband's failure to meet this expectation of hers. By framing her anger as her overall important emotion, Mrs Strong negated the other feelings that she was experiencing. This notion of unspoken desires was woven into her story through the researcher's ability to unravel her expectations beneath the feelings of anger and blame, thereby co-creating new meanings following the death of her husband.

Mr Silenced expressed anger and blame, but he was careful not to make these feelings explicit for fear of repercussions from the board of Psychology. Anger was therefore directed at the self. He was angry in his belief that he was insensitive to the needs of his clients when they were crying to him about the emotional pain they were experiencing, and when he was trying to find new avenues in which they could live. This anger carried through as an undertone in the stories he shared with the researcher. Mr Silenced also expressed anger, although in a tone of sarcasm, when making reference to the psychiatric system. He blamed that system for not meeting the clients' needs, and also for treating the clients in a disrespectful way. He blamed the psychiatric discourse for the patients being treated as mere objects of study and experiment, and he understood that this was partly a cause of the ultimate deaths of his clients. There was also an unspoken anger (again expressed through diplomatic tones of voice and smiles that suggested a sarcastic attitude) toward the ethics as defined by the professional board of Psychology. The contradictions that were revealed, which fuelled Mr Silenced's disillusionment with the profession, served to maintain his anger at governing bodies that submerged his own, personal, individual beliefs. His emotional responses to the suicides of his clients, placed him in a position whereby he did not want to realign his belief system with the overarching dominant systems, such as psychiatry and the professional board.

Seeking Control: Efforts to Gain Power

Mr Bad-Boy sought control following the deaths of his father and sister, by attempting to further understand himself. He believed that knowledge is 'out there', waiting for him to discover, and this knowledge would supposedly allow him to know why his father took his own life. Mr Bad-Boy believed that he was in control of his future and any choice made about the direction of his life, would be his, and not his mother's or paternal grandfather's. Having his father commit suicide placed him in a position where he felt out of control, seen in his descriptions of what he thought of his mother's decision to remove the children from their father just prior to the death, and his justifications for being hospitalised. In reaction to being out of control, he presented himself as a young man rebelling against anyone that attempts to discipline him, and portraying the mask of a bad-boy. In this way he was challenging the position of being powerless. The dominant metaphors of fighting and surviving were prevalent throughout the stories of Mr Bad-Boy. These images served to perpetuate his fight for control, keeping him in a powerless position as he ultimately sought control over events that occurred when he was nine years old. Mr Bad-Boy then complained that he did not know how to trust people or engage in intimate relationships. His reasoning was that he saw relationships as a challenge, a trophy to be attained, and once he won, he would back away and end the relationship. This ties in neatly with his need to gain control and feel a sense of power in the future direction of his life. At least, in the domain of relationships, he was able to attain a sense of control by "breaking up with girls", but this very feeling of control that he sought after, and believed would be fulfilling, was a further cause of his prolonged pain as well. Unfortunately, the researcher did not confront him with this observation, and perhaps it would have been beneficial to his sense making process.

Mrs Strong initially framed her story in the light of her not being in control of the circumstances that preceded her husband's death, the actual death, and the events that followed. The unravelling of her story, revealed that she needed to frame herself in a helpless position so that pity would be felt for her, and her subsequent 'successes' since the death of her husband were highlighted even more. Her unspoken need of being nurtured and cared for was dominated by the voice of strength. This appeared as a contradiction, and the researcher made this overt. Mrs

Strong shifted her story to incorporate her needs, and she found this to be more beneficial. Imagining herself to be in a powerless situation, compelled her to seek out control. She did this effectively, by building her optician practice, completing life-skills courses, and actively participating in pre-marital counselling. In these ways, she felt control over life circumstances which had previously dethroned her. Financially, she had provided herself and her family with security and internally she felt more emotionally settled. Through her pre-marital counselling, she served her need to thoroughly explore the differences amongst couples that may destroy their marriages in the future, always trying to prevent her situation from reoccurring in other people's lives. But, the search for control concealed her need to be taken care of, and kept her in a position of supposed strength. So although she wanted to be taken care of, she simultaneously rejected support.

Mr Silenced sought out control in various ways following the death of his clients. Firstly, he kept thorough copies of documents, and certain personal objects of clients (such as the razor blades) that pertained to the therapies. He would often re-read these notes and replay the therapies in his mind, ultimately reaching the conclusion that he acted in the co-creation of meaning with his clients, but the ultimate choices of how they wished to live their lives, remained with them. His control lay in his feeling of power over having shared the experience of creating opportunities for his clients, from which they ultimately decided as to their direction. Secondly, Mr Silenced maintained control over the events of client suicides, by portraying exactly this, an image of being in control. By doing this, he received the respect of his colleagues as they saw and perceived him to be in a position of coping, and this was the image that he wished to depict. But, contradictorily, he also wished that his colleagues would see beyond his portrayal of himself as being in control, and that he actually needed their support and shared thoughts about suicide. Instead, he was left with a feeling of uncertainty as to what his colleagues were thinking, and he began to attempt to make sense of the deaths on his own. In this way, the need to be in control following the suicides isolated him from possible support systems. Thirdly, Mr Silenced attained control by changing the context in which he was working as a psychotherapist. He initially removed himself from psychiatric settings, preferring to work under better defined circumstances (a neurological and spinal rehabilitation facility) with regards to his role as a

psychotherapist. His last move to date was to obtain a lectureship position in a foreign country, further removing himself from the domain of therapy, and the personal responsibility a therapist assumes when dealing with the emotional pain of clients. Mr Silenced's need to achieve control furthered his distancing from the professional domain of therapy. The complementary position of being in control, that is, of being out of control, appeared to be evident in his withdrawal from a profession he had worked very hard to be a part of. The pivotal point of not being in control over his clients' decisions to end their lives was justified by Mr Silenced, thereby maintaining control, by asserting that he was a co-author of their decisions to commit suicide.

Pervasive Silence

Mr Bad-Boy experienced silence following the death of his father and sister. He was only informed about the nature of his father's death several days following the funeral. The silence surrounding his father's death was further maintained by his admission to a children's psychiatric hospital, for reasons that remain unclear to him. His knowledge of his father's death and the circumstances that surround it are limited, made obvious to the researcher by his lack of information regarding details of his father's death. Following the death of his sister, Mr Bad-Boy was sent for psychotherapy, and once again, silence was propagated. He has not had a conversation with his mother about the family deaths, and he claimed that she was too emotionally fragile to discuss such matters. His father, framed as the 'black sheep' of the family for choosing suicide, thereby negating the religious conventions, was hardly spoken about. Mr Bad-Boy's search for answers and healing, is conveyed through this silence. He remains unguided and forever questioning the reasons for his father's choice. His mother remains unaware of the trouble that he is in with the schooling system, and he has no need to inform her of his misdemeanours. Silence, for Mr Bad-Boy is a way of being and communicating. He does not believe in sharing personal information (as evident in the often 'thin' descriptions that the researcher received). For many, he maintained the image of being crafty and deceptive, and silenced the loving, caring, and giving aspects of himself.

Mrs Strong offered a description of the silence following her husband's death. She perceived this silence to be a hindering factor in her mourning process. The silence brought about feelings of rejection and a sense of taboo. The silence that followed her husband's death made her feel as if she had been ear-marked by her community as being different. As suicide was a relatively uncommon means of death, she felt misunderstood. Her mother-in-law, never knowing the real cause of her son's death, served to silence their relationship. Mrs Strong never felt that she could communicate with her mother-in-law as the facts of her husband's death were being denied. Further, Mrs Strong's marital affair remained a secret from her family, denying the expression of the interpersonal problems that both she and her husband were experiencing. The suicide note that her husband left behind, is only known to Mrs Strong, and it is kept securely in a safety deposit box, hidden away from her children. The silencing rituals that followed the death of her husband left Mrs Strong in a position where she had such an intricate and complicated story to share with the researcher. She appreciated the opportunity to tell her story and utilised the tasks given by the researcher for her own personal understanding. She then included the new meanings into her renegotiated story, and shifted from a position of silence to more of an encouraged position whereby she could express herself more openly, including previously hidden facets of her story.

Mr Silenced embodied the theme of silence, hence the naming of him as Mr Silenced. His dominant story for explaining relationships that continue after suicides was framed in an undiscovered light. He believed that the research context was the first time that he had told the complete stories of the client deaths. He claimed to have carried the silence of suicide with him for close on two years. He felt that being able to give expression to his hurt and pain, was a healing experience. The fears of professional repercussions maintained his silence following the suicides, and served to further his fears of rejection and isolation, and possibly even the reoccurrence of client suicides. Mr Silenced had experienced the suicides of personal friends (information revealed in a post-interview discussion) and then again in the therapy domain. His unvoiced fears of suicide following him, prevented him from creating contexts of shared meanings and understandings with colleagues, peers, supervisors, and even friends. The research context shifted this meaning of

maintaining silence, and he was able to more openly express his fears, having articulated his thoughts thoroughly in a domain of research.

Disconnection and Aloofness

Mr Bad-Boy chose a style of communicating that could be described as aloof. Mr Bad-Boy, being consistent with his mask, described himself as being distant from other people and became hardened following his father's death. His dominant story of distance and disconnection is maintained through the 'bad-boy' way of being. He disconnected with most people around him, and simultaneously he professed to be seeking connection. In the research context, he often reacted with an 'I don't care' attitude, and left the researcher feeling frustrated. He negated many interpretations made by the researcher, and also made a mockery of comments shared with his psychotherapist. He would rebut any effort that people made to connect with him, and in this way, he maintained a control over whom he chose to be associated with and with whom he wished to dissociate from. The masculine discourse present in Mr Bad-Boy's time of healing was that he should be the man of the house following his father's death. He was nine years old at the time. This proved too large a task of Mr Bad-Boy and he subsequently withdrew from family members, rejecting their support. His marginalised voices of needing to be cared for, and a need to give and show love, were not given space. He therefore created other contexts where he could be heard, such as with his friends whom society frowned upon because of their unruly behaviours.

Mrs Strong often commented that she did not need anyone in her life, as she was complete with the company of her children. She felt that the social discourse of claiming that she could cope after the death of her husband, promoted her need to disconnect from people. This evolved because she felt misunderstood by her support systems and wider community. For Mrs Strong, a way of showing that she had overcome the loss of her husband, was to show disconnection, further implying that she could cope. Contradictorily, through disconnecting from people, Mrs Strong had a need to connect in relationships with other people. The untangling of her story revealed this contradiction, and she could openly see where she was standing on a continuum of disconnection and connection, and therefore decide for herself where

she needed to be. The prevailing feminine discourse of her time, dictated that she mourn, be sad, and overcome the loss of her husband. She rejected this proposition by throwing herself into work to create a future for her children, and she also became more involved in secretive relationships, unbeknown to her community. In this way, she felt a sense of not belonging in her community, and ultimately disconnected by moving to another, larger city.

Mr Silenced preferred to present himself as a competent, capable and independent psychotherapist. This was his way of being prior to the deaths of his clients. This 'perfect' image served to disconnect him from the possible resources he had available after the deaths. His support system was limited to his personal life, as the professional domain assumed that he was in control, distant and not in need of assistance. He believed that the medical discourse (psychiatrists and psychologists) supported the ideology of maintaining silence following a suicide. His disconnection from this dominant ideology furthered his isolation. He became aware of an inherent contradiction in the field of the helping professions and his own voice was lost and not heard. The dominant discourse of masculinity whereby a male remains independent and an achiever furthered his loss of voice, and created a perception of him being distant and aloof. The research context allowed for his marginalised voices of caring and a need to be understood, and comforted, to be heard.

Confusion of Time-line Activities

Mr Bad-Boy could not offer a description of the sequence of events, and his story was generally told in a chaotic fashion. He would jump from one event, such as the death of his sister, back to the death of his father, and then his failure at school. He did not have all the information regarding the events that had so drastically changed his life. Just as his understanding of his past was vague, so was his vision for the future. Mr Bad-Boy could offer information about the negative events in his life, but he lacked description of the positive accounts. As Mr Bad-Boy developed meaning from events through shared language, one can only assume that his relationships with those around him, such as his mother, a sister, and larger extended family networks, are unsupportive. Mr Bad-Boy's family interactions were reflected through the research interviews, in the way that he relayed his stories. The

confusion around his role in the face of his father's death, his sister's death, and with his mother at present, were all haphazardly described. The implications of his unclear sense of self for future relationships were somewhat alarming. Mr Bad-Boy had been in psychotherapy for two years at the time of the interviews, and he found it extremely difficult to share his story with another person. Contradictorily, he was very supportive of the researcher and he believed that the research could help with his understanding of himself. The sequential punctuations that the researcher requested, confused Mr Bad-Boy, and together, they re-authored his story in as much time-line detail as possible.

Mrs Strong could not remember exact times or dates about the details surrounding the death of her husband, initially. She attributed this to the passage of time that had passed. She told the story in an unsystematic way, and the researcher had to frequently ask for events to be placed in phases before and after the deaths. The researcher spent much time untangling the events and placing them in an ordered sequence, according to time and place. In this process, Mrs Strong remembered details that she had left out in her original story shared with the researcher. The telling and re-telling of her story resulted in a more complete and ordered narrative. From this foundation, the contradictions that peppered her story became apparent, and could be confronted. Her need for a nurturing relationship evolved and became part of the story she told of the death of her husband. This was an expanded version compared to when the focus was only on what an irresponsible, lazy and selfish person her husband was. Mrs Strong's consistent anger and blaming position, was widened to include diversity of her needs and desires. This storyline was more tangible for her, and offered her more scope for her future ambitions in relationships.

Mr Silenced, on the other hand, listed the exact times and dates of the events surrounding the deaths of his clients. He had been replaying the incidents in his mind, over and over again. The recent nature of the suicides, spanning over the previous eighteen months, may account for this. What was confused, were the details for each suicide. The stitching together of the three suicides, resulted in the overlapping of information. Mr Silenced leapt from the details of one story, back to another, and then brought that link in for the first story. He could not tell the events

as three separate stories, especially when reflecting on his role in each situation. The researcher had to frequently ask for clarity about whom he was referring to. The events in his private life were intermingled in the same disordered style. The untangling of the three situations, allowed for a compartmentalisation of the suicides. Following this, each story could be richly unpacked and this allowed for the inherent contradictions to emerge, which were further deconstructed and placed in the context of Mr Silenced's professional life. The time lines stood more arranged in this way and Mr Silenced was left with a more complete understanding of his actions in relation to the deaths of his clients. Having the contradictions revealed, deconstructed and reconstructed in a domain of shared consensus, served to legitimise the role of Mr Silenced. According to Mr Silenced, this was the first opportunity that he had had to gain clarification about the events which he had kept to himself for so long.

Contradictions

Each of the three participants' stories were riddled with contradictions. These were evident in the content of what they were discussing, or in commentaries offered about surrounding dominant discourses, or both. It therefore appears that a suicide survivor's story is marked by contradictions and paradoxes. The process of raising these incongruencies through the deconstruction, and subsequent, construction of shared meanings and conversations, provided a realm of difference, further allowing, for new meanings to emerge.

Mr Bad-Boy's most apparent contradiction arose from his presentation of himself as a rebel. The ensuing title of 'Mr Bad-Boy' was given to him, as it best described the way that his story was narrated to the researcher. As the story was unravelled, and a wider lens of Mr Bad-Boy and his immediate contexts were scrutinised by both him and the researcher, a binary opposition arose. The schism came to be exposed through Mr Bad-Boy's subtle comments on needing to be a considerate and giving person. This marginalised position, and the more dominant stance of acting out as a bad-boy, placed him in a predicament. His healing process, following the death of his father, was marked by rebellion and disobedience, and the muted voices of compliance and caring, were marginalised. As he moved forward in

relationships, and failed to find what he so desperately needed, the more deviant he became. The revealing of the non-dominant voices compressed the contradiction, as he could no longer be in a rebellious position, nor could he keep the compassionate expression unheard. The balance of the two positions had been re-authored as part of his story, and his feelings about himself had been normalised by the researcher. The effects of the exposure of this contradiction on his family and other relationships, was unfortunately not known, as he did not reciprocate the researcher's attempts at further contact.

Mrs Strong presented many contradictions in the narration of her story. As with Mr Bad-Boy, the designation of her as 'Mrs Strong' revealed the most obvious contradiction. The title of 'Mrs Strong' is only a representation of one half of a coin. The complementary position to this perception, was that of being 'weak'. For her, it was a weakness to show dependence, care for others, and a nurturing attitude. These were society's prescriptions for the way that she should have behaved following the death of her husband, and this is exactly what she chose to silence. When interviewing her, it became apparent to the researcher, that one of her many marginalised voices was that of a needy woman. She longed to be cared for, and to be taken care of, emotionally and financially. The only means of her communicating this desire was to express anger at her dead husband. That was acceptable to her community, and it became a face that they became familiar with. She doubted their ability to cope with any difference that she presented. The researcher normalised this difference for her. But, within this contradiction, lay another. She revealed to the researcher that she had been having a marital affair at the time that she was married to her husband. Her religious community, work colleagues, friends and family alike, would have probably scorned her because of this affair. In all likelihood, her husband, and possibly even her own family, would have disowned Mrs Strong as an affair was a taboo action, at that time. The contradiction revealed here was two-fold, firstly she did not consider that her behaviour was less than exemplary within her marriage, and secondly, that she was berating her husband for his actions, yet hers were also not proper. In presenting her story to the researcher, she had ignored the fact that she was unhappily married prior to her husband's death. Through a careful untangling of her story, the contradiction was made explicit. She initially laughed at the clarity of the contradiction, and then it seemed to perturb her greatly. After much

self-reflection and discussion with the researcher, she incorporated her shifted understandings and new meanings, into the way that she chose to form relationships following the interviews. She wrote to the researcher and expressed how she was able to search for relationships that fulfilled her needs, satisfying both 'Mrs Strong' and the alternative, previously silenced voices.

The greatest inconsistency, for the researcher, was the way that **Mrs Strong** would cry uncontrollably, and comment that it was anger that she was feeling. She had denied herself the experience of pain and loss. The research context allowed her to articulate this demise, and she expressed her feelings through letter writing, and not verbal commitment. In this, she acknowledged her feelings and balanced the anger that was very real, with the pain that was also prevailing. This exposure of a contradiction, impacted on her presentation of herself as a 'strong' woman, and she shifted to include a more encompassing picture of herself, which approved of her previously unspoken needs.

The ripple effects of revealing the contradictions in her narratives were also evident in the way that **Mrs Strong** no longer needed to disconnect from people around her, and also in the way that she blamed other people less. Her feeling of being unloved, was contextualised so that she could account for her own actions in her relationships, and recognise the important role she had to play in the construction of more productive, future relationships.

Mr Silenced's stories revealed contradictions in the discourse of psychotherapy. Part of his role in society is to preserve life, and not to promote death. But, in the therapeutic relationship that exists between the client and therapist, all alternatives are explored, including the possible reasons that one feels the client needs to end his or her life. Therapy, directed towards the emancipation of individual free will, and revival of personal agency, leaves the clients in a position whereby they can decide for themselves what the best options are. The discourse surrounding the client choice is paradoxical, as revealed by Mr Silenced. On the one hand, the therapist works with seriously suicidal people to show them alternatives to death, and ultimately the decision lies with the client, yet this is not allowed. The dominant discourse, then propagates a position whereby the clients can make their

own choices in life, as long as it is not a choice of death. This impossibility of pleasing both the clients, and the governing boards of Psychology, leaves psychotherapists silenced and isolated. In the eyes of the treating system, the psychotherapist may have 'failed' to convince the client of opting for life. And at the same time, the client, being forced to live a life of unhappiness, has undeniably been failed by the therapist. The solution does not lie in one position being more right than the other, but in coming to terms with the contradiction, and sharing ideas about what can be done, instead of silencing either the client, the therapist, or the dominant institutions.

In the personal story of **Mr Silenced**, one of the contradictions that were made overt, was his need to respect his clients, yet simultaneously disrespect the community within which he worked. He made no attempt to seek out support and supervision, and he clearly aligned with the clients and their story line of being misunderstood and unheard. He made no effort to marry the differing perspectives, and he often went against requests and used his personal judgement as he saw fit. He then complained of being shunned by his colleagues, yet he had made no attempt to reach out to them either.

Perpetuating Patterns

Mr Bad-Boy's life evolved from the story he shared with many people, one of them being the researcher. His main story line was about how badly he had been perceived by his family, school, and community. If there was someone to blame for an incident, he was normally the first to be accused. His belief in himself as a shady person, selfish, and lazy, and a person with an epileptic condition, served to further other people's misconceptions about him. But, he had made no attempt to rectify this position, because his father had understood him to be kind and caring. The loss of his father, was incorporated into his life by continuing to be resilient and a survivor of other people's accusations. At the time of the interviews, he was facing the possibility of suspension from his college. The fact that his money from his inheritance was paying for his education was brushed off as meaning very little to him. He showed little concern about his future, and had no desire to mend family relationships. Even after revealing the non-dominant story line of being caring, and

considerate of other people's feelings, he negated the process by commenting that he had learnt very little about himself. Indeed, he may have learnt very little about the 'bad-boy' mask, his dominant voice, and more about his non-dominant voices, which were not fitting with him at that time. One can hope that the re-authoring of his story will have included a more encompassing view of himself for future relationships.

Mrs Strong avoided dealing with the death of her husband by throwing herself into doomed relationships. This pattern may have kept her in a position where she could not be happy. She built up much of her adult life on the premise that she had been wronged by her husband's suicide. She felt that she was not deserving of meaningful relationships with men, and she continued to find herself involved in abusive relationships. But, as her story was unravelled, and her extra-marital affair was exposed, she could no longer continue to tell the same story. Her husband may have been all the things that she had called him, but she was also not perfect, and had gone against her marital vows, in secret. The fact that her family was totally oblivious to her affair, served to perpetuate her unhappiness. She could not tell anyone because of the fear of scandal and people may have questioned her relationship with her husband. For some fifteen years, she had been supported by her community in that they all looked down upon the act of suicide. She needed this support and by admitting that she had been having an affair at the time of her marriage, she may have been shunned. She made the choice of rather keeping her affair quiet, and focusing her anger toward the husband 'who raped her of a normal life'. But, this choice only perpetuated more lies and deceit. She came to see that the person that she had lied to the most over the years was indeed herself. She had incorrectly believed that her husband was solely responsible for her unhappiness, when in fact she had experienced unhappiness at a very early stage in their marriage. At the closing of the interviews, she admitted to herself that she had married because of her husband's wealth, and she had expected a different lifestyle for herself. In conclusion of the conversations she recognised that she had to deal with her disappointment, and face her unmet needs, needs that could not be met through financial gain, as she had once hoped. She had challenged her own perpetuating patterns, with the guidance of the researcher, and her relationships that follow in her future will hopefully be more aligned with her needs.

Mr Silenced's always presented himself in a knowledgeable way, professing to understand the workings of therapy, his role, and the fit between what he expected and what was expected of him. He did not allow much room in his life for personal failure, and he had the ability to reframe any failure in more positive terms of success. He accomplished this by commenting more about surrounding discourses, dominant ideologies, and shied away from challenging his personal responsibility. His shift in areas of work, moving from a psychiatric setting, to a rehabilitation unit, on towards a lectureship, showed his need to remain in control over events such as suicide occurrence. His own struggle with having friends and close companions threaten or commit suicide, served to push him away from confronting his position about suicide. He needed to remain in control of all situations, and he presented himself in this way. The tragedy of this, was that he only gave voice to how he had been shunned by other people following a suicide, and in this, he failed to recognise how he had co-created this perception. Making this pattern overt in the research context, left room for thought and renegotiation of personal beliefs. In a follow-up conversation, Mr Silenced revealed how frustrated he felt when not having control over other people's choices to commit suicide. This frustration led him to remain in a certain position, where he could maintain control.

Uncertainty

Both Mr Bad-Boy and Mrs Strong came from religious backgrounds which condemned suicide as sinful. Neither of them could gain a religious understanding about the deaths. This paved the way toward having an uncertain understanding and interpretation of suicide.

Mr Bad-Boy could not justify the familial deaths as logical consequences of their lives. He was left without clarity about the suicides, and this opened up avenues of his own self-questioning and uncertainty. He was unsure about the direction his life was taking, his possibilities for a future career, and his needs from, and for relationships. He was still searching for an understanding of his father's death and he felt that until he reached the answers, his own life would remain indeterminate.

Mrs Strong, presented her story in a haphazard manner, jumping around from topic to topic. She did not know how to relate her experiences to the researcher, and she attempted to just say everything, whether relevant or not. At first, she told her story without a structure, but she showed a belief in her understanding of suicide. As the story emerged and was broadened through shared conversations, her uncertainty entered. Her story became less clear-cut for her, and she began to doubt her previously held fixed beliefs. She questioned her way of bringing up her children, her well-kept secrets, and the effects of her 'strength' on silencing other aspects of herself. She concluded by not having a clear explanation about her own mourning process, and she expressed confusion about completing the mourning process versus the ongoing symptoms of depression. She did not reach a firm conclusion, but she appeared to be more comfortable with the uncertainty that she experienced.

Mr Silenced expressed his story in a cyclical way. He began with certainty, reciting the events and conclusions of each client story. He then dipped into uncertainty when being questioned about the role that he played in those events. This continued in the 'making sense of suicide' conversations that transpired between him and the co-researcher. In the follow-up conversation with the researcher, he had reassumed a certain position having read through the transcript of the interview. He had attained control again, and questioned the researcher more about her experiences following the interview, than his own. The researcher had asked him to reflect on his thoughts following the interview, and instead, he reflected on the process of the interview, also highlighting spelling errors that the researcher had made. He also pointed out the researcher's style of questioning and wondered what information she was looking for, as he had found that he did not obtain the information he wished to gather from his own research endeavour. The researcher could not challenge him further and respected his need to remain certain in situations that provoke uncertainty.

Evident from the three unique accounts of suicide survivors is the perturbation of not being certain about the deaths of others. The uncertainty appeared to be an unwelcome feature in their stories, and each person made attempts to justify away the uncertainty and thereby attain healing. It should be noted that an element of

uncertainty may always exist following suicide, and healing may be achieved in the accepting of this. This process observation by the researcher is important when trying to interpret the stories following suicides, and understanding the effects of suicide on these persons' future relationships. The impact of suicide has devastating consequences on the stories that become silenced due to societal, cultural and professional taboos. Accepting uncertainty as uncomfortable and unsettling seemed to allow the expression of marginalised or sub-stories to occur, as is in the case with Mrs Strong.

The proposed research question of the nature of relationships following suicide, leads to more questions than perhaps it does answers, as the process involves deconstructing the events of suicide, and subsequently reconstructing the stories, without the involvement of all parties (even those who committed suicide) that participated in the authoring of the initial story. As such, there will always remain unanswered questions, with many hypotheses and inferred possible suggestions, but few concrete 'truths'.

The Research Relationships

Each research relationship was constructed according to the way that each person presented his or her story and background history. The themes that emerged have been discussed above as being similar, yet there are differences in how the themes emerged. The researcher accounts for these differences by discussing the way each relationship was constructed. The researcher makes use of metaphors to describe each relationship, highlighting the differences and similarities.

A Fisherman and a Crab

A metaphoric description of the interview process with **Mr Bad-Boy** could be depicted as that of a fisherman and a crab. The researcher felt that she was chasing the research participant throughout the process, and Mr Bad-Boy would often scurry away from a question or a thought, just as a crab would in a threatening situation. This often left the researcher feeling frustrated as there was rarely a chance to 'catch' the crab, and the position arose where the researcher realised that the

purpose lay not in as much as the catch, as it did in the chase. The positive side of this image is that just as a fisherman and a crab exist in a similar ecology of nature, so did the researcher and Mr Bad-Boy. Both had experienced loss of loved ones to suicide, and both were battling to understand the meanings attributed to healing. The crab in this case, helped the fisherman to understand more about the terrain of the beach, by having to chase him for many miles. Mr Bad-Boy's unique account of suicide and the effects of this act on his relationships, helped the researcher to articulate her own story by giving voice to the 'bad-girl' masks of her own experience. She too could express anger and resilience, as legitimised by Mr Bad-Boy. Mr Bad-Boy did not offer intricately spun details of the suicides in his family, but he offered as much as the researcher allowed, and invited. Somehow, the battle between the two did not reveal much content detail, but was rather anchored in non-verbal and process language, requiring the researcher's interpretation.

A Little Plane Flying in a Turbulent Storm

A metaphoric description of the interviewing process with **Mrs Strong** will be likened to that of a small plane (depicting the researcher) flying in a thunderstorm (Mrs Strong), being pelted with rain, and being bumped amongst the clouds. For the researcher, Mrs Strong narrated her story in a bombarding way, filled with emotions and content. As a pilot, trying to overcome the challenge of a storm, many resources came into play. The researcher had to carefully monitor the terrain of flight therefore avoiding crashing into any unforeseen objects, running out of fuel, or stalling the plane mid-flight. Mrs Strong's story was so rich in content, and allowed the researcher to explore many avenues of curiosity. She welcomed the researcher's curiosity, and flourished in her own self-exploration. Mrs Strong's outbursts of feelings and emotions, going from extremes of anger to shedding tears, often threw the researcher off track, and instead of ignoring these responses, the researcher included them into the reconstruction of her suicide stories. As with a storm, one cannot be certain of where the plane will land up, just as the researcher was not quite certain as to where Mrs Strong's story would. But, Mrs Strong allowed the expression of a multiplicity of her voices, and the journey through the storm evolved into many differing landscapes, moving from storms to thick jungles, deserts, and finally a safe landing. Mrs Strong allowed the researcher to challenge her own beliefs

and assumptions about being a good mother, providing for a family, and ultimately, being honest with oneself.

Tango in the Dark

The research relationship that was constructed between the researcher and **Mr Silenced** could be likened to that of a dance. However, this rhythmic dance happened in the dark. The only certainty was grounded in the fact that both parties knew the steps to the dance and were familiar with the sound of the music. The darkness allowed for the informal expression of creativity to occur. The information shared by Mr Silenced was spoken in a language that was mutually understood by the researcher. This allowed the researcher to explore the territory of suicide and therapy in a non-threatening way. The researcher's curiosity was well entertained by Mr Silenced as he was more inquisitive about the researcher's intentions than his own story depictions. No one party was more the lead dancer at any time, yet the two allowed a shared leading and following form of dance to emerge. In this, the researcher could explore the provocations that emerged for her, and simultaneously integrate these experiences into her way of working as a psychotherapist.

Conclusion

From the reconstruction of the stories that the participants shared with the researcher, relationships following a suicide are believed to be co-determined by context markers before and after the death. The individual characteristics of each survivor of suicide shaped the way that the nature of the relationship was constructed prior to the death, and the development of relationships after the death. These individual characteristics are shaped by and mutually shape, the dominant discourses in the survivor's life world. The narratives of the survivors, gave way for revealing the multitude of contradictions that punctuate the stories following suicide. The process of retelling the old suicide stories was seen to allow for more encompassing, context bound, alternative meanings to emerge. Each story emphasised the confusion and uncertainty that survivors carry over into new forms of relationship, be it with family, friends, or relationships of intimacy. The contextualising process co-created with each participant, re-storied the events before

and after the deaths. This provided richer descriptions of feelings and emotions following suicide, allowing the more non-dominant voices to have expression, and ultimately created a context in which the resources of each participant came to be highlighted.

The researcher placed emphasis on the differences involved in each story reconstruction, through the use of metaphoric descriptions. A meta-theme of this research has undoubtedly been the impossibility of generalising assumptions about the people involved, the feelings and emotions experienced, and the divergent outcomes. No two situations emerged the same, although similarities are common, the differences remain paramount. The attraction of suicide stories, for the researcher, lies in the multitude of opportunities that face other researchers, psychotherapists, or even survivors of suicide. Nothing about suicide is a fixed notion. The realm of uncertainty abounds with suicide, providing chaos and simultaneously clarity for all those connected to the construct of suicide.

CHAPTER 9

COMPARATIVE ANALYSIS AND SYNTHESIS

Introduction

In this chapter the researcher provides a comparative analysis between the themes that emerged from this study, and the literature on suicide with a focus on the development of relationships after suicide. This discussion will follow from the previous chapter in which emergent themes were highlighted and discussed. These very same themes will now be discussed in terms of what has been found in previous research, highlighting similarities, and unique differences.

The common themes that emerged among the three participants' stories as discussed in the previous chapter were the following

- The theme of idiosyncratic personal assumptions
- Theme of blame and anger: reactions to suicide
- Theme of seeking control: efforts to gain power
- The theme of pervasive silence
- The theme of disconnection and aloofness
- Theme of confusion of time-line activities
- The theme of contradictions
- The theme of perpetuating patterns
- The theme of uncertainty

Each theme will be discussed in relation to the existing body of research as outlined in the literature review (chapter 2). The themes are intricately connected to each other and they have only been separated for purposes of analysis and discussion. Therefore, reference is also made to the links between the themes. As the themes emerge into punctuations of importance and difference, the reader gathers a glimpse of the complex nature of suicide stories, and the difficulties encountered when establishing relationships after suicide.

The Theme of Idiosyncratic Personal Assumptions

Each research participant uniquely described his or her story of suicide encounters which reflected the meanings that he or she attached to the death, and the effects of this type of death on his or her present and future relationships. Each of the three descriptions obtained from the co-researchers were clearly marked by the unique way the world was viewed, the way that meaning was attached to events, and also in the way that each story was shared with the researcher, according to a preferred style of communication.

Bultema (1994) suggested that the unique experiences, beliefs, values and cultures should be accounted for when attempting to understand the grieving process and the subsequent acceptance of the loss of life. Any recommended plan or model proposed for mourning should be uniquely adapted for each person thereby allowing for idiosyncrasies to be addressed (Bultema, 1994). The research process for this study, was uniquely formulated for each participant, allowing alternative stories of suicides to emerge. In this way each participant could be understood within his or her context and relationships, and alternate meanings could be born out of this process. This perspective coincides with an ecosystemic lens which proposes

... observing the person as a part of his or her total life situation. Person and situation are a whole in which each part is interrelated to all other parts, in a complex way through a complex process, in which each element is both cause and effect (Compton & Galaway, 1989, p. 123).

Mr Bad-Boy constructed his story of suicide under the premise of cause and effect principles. He had a strong belief in the reversal of events in his history, which would have supposedly changed the way he lived his life in the present. His grieving process was expressed through his rebellious behaviour, silencing his other voices of caring and compassion. But, this truant behaviour was fitting within his family, society and culture. He was identified by his family as a problem child, following in the footsteps of his father. The dominant discourse of dictating 'right' and 'wrong' behaviours, limited Mr Bad-Boy to find expression only in 'wrong' behaviours. He

reached a personal impasse where he did not believe that his father's suicide was 'wrong', and rather chose to see his family as being wrong for shunning his father in his time of need. At the time of the interviews, Mr Bad-Boy was renegotiating what was to be considered socially wrong and right behaviours. It was within this frame of uncertainty and confusion, that Mr Bad-Boy told his story of suicide, and shared the meanings that he attached to this type of death.

Mrs Strong's grieving process was couched in the prescriptive social and religious norms following a death. She did not follow the expected mourning process, and went totally against the prescribed rituals, not acknowledging the loss of her husband's life, in a traditional religious sense. Her difficulty emerged from the dominant religious discourse which rejected people who committed suicide. The taboo nature of suicide, encouraged the silencing of her story. Her husband was meant to be buried in a separate part of the cemetery, in a place that stood out emphasising those that have sinned. Her begging of the governing body of the cemetery resulted in her husband being buried in the 'normal' section where people were not stigmatised. But the community was aware of how he died. For Mrs Strong to face her friends and family, she took on a dominant voice of hardness and strength, silencing her voices of fear and neediness. Her grieving process was therefore punctuated by reactions (anger and blame) consistent with the dominant ideology which rejected sinful behaviour. Unfortunately this resulted in her own needs being ignored, which in turn spurred on her anger.

Mr Silenced had a good understanding of the sheltering dominant discourses that were present in the field of Psychology. It is within these dominant ideologies that he experienced his own grief. He felt that there was no room to show weakness and pain, and instead he moved towards positions of control and self-assurance. He had helped his clients on their journey of reaching a decision of suicide, and he could not acknowledge the role he played because of the surrounding belief in life preservation. His own personal history shaped the sense that he made of the suicides. He had been exposed to friends that had committed suicide, and his understanding was couched in a direct, clear-cut, and knowledgeable manner. The suicides of his clients were different, because he now had to assume responsibility

for being part of their decisions, and further, he felt that he could not voice this for fear of being shunned by the community of Psychology.

Theme of Blame and Anger: Reactions to Suicide

The theme of blame and anger was prevalent in all three of the participant's stories. These feelings that still remained years after the deaths had occurred, contradicted the model proposed by stage theorist Kubler-Ross (1969). She believed that these feelings would and should dissipate over time. The suicide survivors interviewed in this study, all continued to express anger, resentment and blame, even extending over a time frame of fifteen years following the death. This could be attributed to the fact that the survivors' stories lacked integration and coherence. Through the co-created conversations between the researcher and the co-researchers, integration was achieved, and the anger and blame assumed a background position.

This was most prevalent with Mrs Strong who began her story in an angered tone. This continued for much of the interviewing process, and slowly decreased toward closure. The angered mask gave way to the unacknowledged pain, hurt and betrayal that she had felt for many years.

Lukas and Seiden (1987) suggest that survivors often feel anger at the unnecessary loss of human life. They refer to a process where the initial anger that the survivor experiences, gathers with feelings of guilt and powerlessness. This anger then turns inward and self-blame emerges (Lukas & Seiden, 1987). They conclude that the result is depression. This depression is deemed to be long lasting and deep, serving to distance the survivors from other relationships. The distance arises because the survivors cannot form new relationships due to their low self-esteem. The encompassing belief becomes, "...if one person rejects them, so will everyone else" (Lukas & Seiden, 1987, p. 39).

Mr Bad-Boy travelled a similar path to this one, and his behaviour at the time of the interviews, could be an expression of depression from his unresolved grief and anger. His contemplation of his own suicide also fits, as his anger turned inward had

found no alternative expression other than suicidal ideation. The research endeavour of contextualising his feelings of anger towards himself and other people, allowed alternate actions to suicide to emerge, such as being able to share his pain in words, in a relatively safe environment where his feelings of intense anger could be legitimised. Mr Bad-Boy also expressed his fear of entering relationships because of the assumption that he would be hurt. His pattern of behaviour then became 'reject others before they have the opportunity to reject you'. These factors indicated his difficulty in accepting the suicides in his family, and the repercussions of this on his present way of relating to other people. Conversely, his difficulty in having relationships could be seen to stem from his unresolved pain, anger and hurt, and in this way he remains trapped in a pattern that endorses his unhappiness and discomfort in relationships.

Mrs Strong felt a consuming anger towards her husband, and remained in control of her life by doing so. But, she still experienced feelings of depression, as the anger burned deeply within her. This was expressed through the story she told. As with Mr Bad-Boy, the anger she felt, and the form of expression of anger, that being depression, served to maintain her pattern of distance from people. Both the anger and depression kept her in a place where neither could be resolved. The re-authoring of her story involved her acceptance of responsibility for her actions at the time of her husband's death, and in this, she was able to lift the burden of anger that she had felt for her husband for so many years.

Hendin et al. (2000) found that the psychotherapist is often blamed for the death of the client, as evident in Mr Bad-Boy's view of the treating professionals for his father. The flip-side of this expression of blame toward the professional is that it is also experienced by the psychotherapist following a suicide. The difference is that the psychotherapist does not express the feeling of blame toward the client, but rather toward the self of the therapist. Hendin et al. (2000) advocates that the therapist establishes connection with the survivors of suicide, such as the family members, in an effort to understand the blame and anger that may abound at that time. In Mr Silenced's situations, he felt that the families and friends would have held him responsible for the deaths of his clients, and he never initiated this form of

contact. This pattern served to silence the emotions of despair and confusion that he experienced after the suicides.

Theme of Seeking Control: Efforts to Gain Power

Mrs Strong exhibited a need to gain control over the events that undoubtedly changed her life. A sense of control was attained through the prescribed task of writing. In accordance with Lockridge (1995) and Wertheimer (1991), the use of writing to express feelings after the death, is extremely cathartic and healing for the survivor. With reference to writing, Storr (1989, p. 129), makes the following comment, "(i)t is a coping mechanism, a way of exercising control as well as a way of expressing emotion". Through the task of writing, Mrs Strong was able to reorganise the event of suicide, and incorporate an understanding of her role in the events that both preceded and followed the suicide. The ritual that perhaps anchored the task of writing as a cathartic experience for Mrs Strong, was the researcher's request that Mrs Strong read it out aloud to her. This was then followed by a discussion of the meanings around what Mrs Strong had written. This ritual served to give Mrs Strong the control she so desperately required as a part of her renegotiation of her understanding of suicide and the relationships that follow.

According to Goldstein et al. (1984), the psychotherapist's self-worth and therapeutic ability is brought into question following a client suicide, and this may render the therapist feeling powerless and helpless. Goldstein et al. (1984) therefore encourage the therapist to endure a process of assimilation and integration of beliefs in therapy. Through this reprocessing it is believed that the psychotherapist will attain a sense of control (Goldstein et al., 1984). The researcher experienced Mr Silenced to have moved through this process over the course of the research conversations. When the initial dialogue occurred, Mr Silenced placed little confidence in his ability to understand his clients, yet at the follow-up interview, he had regained control, and focused solely on the researcher's points of provocation. The sharing of the stories of his client suicides, in a safe enough and 'holding' context, afforded him the opportunity to regain and re-author his therapeutic abilities and beliefs. This alternative story included his previous experiences and no longer silenced the stories of suicide.

The authors Chemtob et al. (1989) validated Mr Silenced's migration within the domain of Psychology (from therapy to rehabilitation towards lecturing). They suggest that therapists be warned of the occupational hazards of suicide, and do all in their power to counter the occurrence of possible suicide. However, Mr Silenced's efforts at securing his environment from the possibility of suicide was a pattern that he was unaware of, until it was pointed out by the researcher. Nonetheless, Mr Silenced did regain a sense of control by changing his working environment. Further, he was able to conceptualise the loss of his clients as a part of his therapeutic repertoire, and carry his experiences forward with him.

The Theme of Pervasive Silence

Jamison's (2000) research showed that suicide deaths are often denied, lied about, or distorted, adding confusion for the survivor. Mr Bad-Boy was affected by the silence and lies that followed his father's death, in the way that he continued to tell a story incomplete with facts. Mrs Strong held the secret about her pre-marital affair, and never shared the intricacies of her marital relationship with anyone. Mr Silenced simply never spoke about the deaths of his clients. Each of these people felt stigmatised following the suicides, and they also felt unsupported by their surrounding family and friends. These factors contributed to their sense making process as the feelings of anger and blame were mostly internalised and rarely shared, which furthered the silence following the suicide. Engaging in new relationships implied silencing the old story of suicide, negating the emotions they had experienced, and silencing the fears they carried forth.

According to Lukas and Seiden (1987), and Jamison (2000), the silence following the suicide can damage later relationships in the child's life if information has been hidden in efforts to supposedly protect the child. According to these authors, the child is denied the healing aspects of the normal mourning process and further, the real story of the suicide becomes obscured. They found that children are the most vulnerable survivors of suicide, and the ones most harmed by silence. For them, children need to be heard, reassured, and talked with. From their research projects, they recommend that children should be allowed to grieve openly, express

their feelings about the dead person, and be able to discuss their feelings about themselves. For this to be done, they advocate that the family's natural tendency to be silent must be overcome. This correlates with Mr Bad-Boy's experiences and inability to form meaningful relationships in his young adulthood.

The psychotherapist and author, Jones Jr (1987), proposed that speaking about the deaths of clients would be an opportunity for growth as the experience of loss is incorporated into the personal and professional life of the therapist. Mr Silenced frequently commented that he had lacked the opportunity to share his story. From this, the researcher sensed that he had failed to realise the potential for growth. The research context created a circumstance of legitimisation for Mr Silenced and the researcher found that his losses were re-storied to include the opportunity that was afforded him, even though the suicides were traumatic and disturbing experiences for him.

The Theme of Disconnection and Aloofness

This theme was prevalent among all research participants, especially in the way that they chose to conduct themselves in present day relationships. They were all finding difficulty in connecting with people around them, and their needs were mostly dominated by the desire to show healing and acceptance of the deaths of those who had committed suicide.

According to Wroblewski (1984-85) and Van der Wal (1989-90), a sign or indicator that healing has occurred, is evident when a survivor is able to disconnect his or her emotional ties with the dead, and reconnect with the living. For these aforementioned authors, the relationship that existed with the deceased should be maintained in the form of memories. In this study, the researcher observed that disconnection had occurred with the living, and not as much with the dead, as if the memories were serving to haunt the present form of unsuccessful relationships. Through retelling of the stories, the participants were able to disconnect from the dead by possibly having their story told, questioned and accepted.

The new meanings that emerged from this process were evident in the way that **Mrs Strong** came to seek connection with people that were not dead. She had begun disconnecting from her husband in the way that she shifted her anger from blaming her husband for her life outcome, toward a position of accepting responsibility. The research with survivors of suicide, showed how difficult the process of disconnecting with the dead is, as evident in the way that each respondent still held so many emotions and thoughts about the deceased, regardless of the time that had passed since the deaths.

Lukas and Seiden (1987) suggest that survivors of suicide suffer a wide range of psychological and psychosomatic (physical) problems, including a tendency toward suicide itself. Further, Jamison (2000), found that relationships at the time of suicide are fraught with conflict. It is interesting to observe that survivors contemplating their own suicides, also find themselves in downward spiralling relationships. With Mr Bad-Boy and Mrs Strong, both had toyed with the idea of suicide, and shelved it temporarily. Both participants also experienced psychological problems following the suicides, and both found themselves in unsatisfactory relationships with family members, and also with more intimate relationships. Mr Silenced became more and more isolated following each successive client suicide. At the time of the client suicides, Mr Silenced was also experiencing interpersonal difficulties in his personal relationships. His disconnection from people in both his professional and personal lives synchronised in keeping him more distant from others. The context of research that occurred within two years of the client suicides, may have helped in preventing Mr Silenced's own suicide as he was afforded the opportunity to articulate his struggle.

Goldstein et al. (1984) proposed that following a client's suicide, the psychotherapist should connect the loss of the client experience within his or her personal and professional life. This would require a review of overarching therapeutic and personal assumptions. From this place of connection, disconnection should naturally occur. This was not the pattern that Mr Silenced followed. His disconnection remained prominent in both his professional and personal life. By ruminating over his dead clients, he remained connected with them, and maintained a silent position with the people who continued to live.

Theme of Confusion of Time-line Activities

According to Grad and Zavasnik (1999), the reactions of survivors to the suicide deaths are dependent upon the mode of death, the age of the deceased and the survivor, the length and nature of the relationship, the personality structure of the survivor, and the social and cultural demands required following the death.

With all three of the research participants, these categories were intermingled and not clearly articulated to the researcher. The researcher chose to elicit information in a way that was consistent with the outline above, and this provided a structured framework in which the participants could tell their stories. This structure helped the co-researchers order the proceedings according to the sequential critical events in the relationships they shared with the deceased. Each participant showed confusion about the death, noted in the way that he or she shared the haphazardly constructed stories. Through a contextualising process, the story was retold in a style that was more conducive to their understanding of the relationship with the deceased, and also the nature of relationships that followed the death. Each story told, understood in a multidimensional way, encouraged a holistic understanding of how the survivor came to share his or her story, the sense made of that story, and the emergence of new meanings.

The Theme of Contradictions

The contradictions emerged largely from the disparities between what were held as fixed beliefs, and what were transitional or fluid beliefs, in terms of the sense made of the event of suicide.

Contradictions emerged in the way that each of the research participants experienced their bereavement process. Bowlby's (1969) proposed stage theory highlights the mayhem involved when making sense of the deaths. According to Bowlby (1969), the bereaved go through the phases of protest, despair and detachment (as discussed in chapter 2). The researcher found that the participants vacillated between all three stages in the telling of their stories. This revealed the

inherent contradictions in the way that the event had been processed in each person's life. The need to heal themselves from the sudden suicide deaths, was strongly contrasted with their misconceptions about suicide, and their misunderstandings about themselves in relation to the outcome of suicide, and also in the relationships that follow after suicide.

Jamison's (2000) observation about the nature of the relationship at the time of death, being fraught with conflict and interpersonal disruption, also served to highlight the contradictions in the suicide stories. This conflict was not mentioned in any of the stories initially related to the researcher. Through the unravelling and untangling of the stories, it emerged that the relationships prior to death were in fact destructive, draining, and very worrisome. The articulation of this appeared to be cathartic for all of the participants. They were able to recognise and admit that the relationships were not as successful and satisfactory as they had portrayed them to be. The emergent, more realistic description, acknowledged the pain and humiliation experienced at the time of the suicides. In exposing this contradiction, more satisfying relationships were sought after, instead of constant comparison to previous relationships that were being perceived out of context.

The Theme of Perpetuating Patterns

According to Shapiro (1996), grief is expressed according to the survivor's social constructions of grief and the encompassing societal values. This refers to the dominant and non-dominant discourses that shape and are shaped by our meaning making processes. Each of the participants framed their stories in the light of the dominant discourses. The non-dominant voices that emerged from the interviewing process, challenged the patterns that had perpetuated their behaviours since the time of the deaths, and allowed for new meanings to emerge, or at least, a reshaping of old stories that had been told previously.

According to Jamison (2000), psychotherapy can be helpful in reorganising the experiences preceding and following the suicide, much in the same way that the research conversations occurred in this study. The benefit of having therapy following the suicide is to accomplish the integration phase of the bereavement

process as outlined by Van der Wal (1989-90) and Bowlby (1969). In the investigation carried forth here, none of the participants had found psychotherapy to be of any use to their grieving process. This negates the research carried out previously. Although, one should consider that the therapy (some contexts were not defined as therapy, such as self-help groups, or supervision) each participant had received was co-determined by both the therapist and the client. The therapist's epistemological premises would mutually shape the therapeutic relationship, and as such the therapy may not have addressed the needs of the client. Harrari and Wolowelsky (1995) recommend that any psychotherapy be adjusted to the social, cultural and religious demands that each unique client presents with.

Lukas and Seiden (1987) referred to husbands and wives that chose relationships following the suicide of their spouse, where equally unhealthy personality traits are exhibited, such as an alcoholic, a wife beater, or even another suicide. Mrs Strong found that much of her frustration arose from consistently finding herself in emotionally abusive relationships. This pattern was discussed with Mrs Strong and she felt that it made sense for her. Her emergent outcome was an awareness of this pattern, and this allowed her to seek relationships that were more satisfying of her needs.

The Theme of Uncertainty

According to Hendin et al. (2000), the lack of information following suicide sets the context for misinformation and uncertainty to arise. The integration of the suicide into personal and professional lives following a suicide, can be hindered because of the lack of information. The above mentioned themes, especially that of pervasive silence, culminate in the uncertainty experienced by the participants in this study. This uncertainty is carried forth into future relationships and may have devastating consequences, such as social isolation and the furthering of symptomatic behaviour into the frame of depression. Mr Bad-Boy was not told that his father had committed suicide until a later stage, and he felt this excluded him from his family. He did not have a clear understanding of his father's death, and remained uncertain of his role in the suicide.

Lukas and Seiden (1987) found that families often break up over suicide. They claim that at the time of a suicide, families should be brought closer together as it is a time of crisis. Unfortunately, they found that their research showed the opposite occurring. The shock of the suicide killed off the love and respect that the families had for each other, replacing these feelings with bitterness and anger, divorce and even demands for reparations. Mrs Strong felt abandoned and unsupported by her husband's family following his death. She believed that she had to keep her family unit together, at the expense of her own needs, and held anger towards her husband's family for deserting her. Lukas and Seiden (1987) observed that some of the family break-ups and relationship difficulties turned out to be "survivors' bargains" (Lukas & Seiden, 1987, p. 94). This means that suicide is perceived to be the ultimate rejection, and to prevent being rejected again, the survivors do the rejecting. The paradox is that the survivors do not profit from the bargain, because they end up being alone anyhow, and feeling rejected too. This was apparent with Mr Bad-Boy where he constantly rejected his girlfriends and then commented on how alone he felt.

The Relationships that Continue after Suicide

According to White (1995), stories elicit dual levels of understanding. Firstly, there is a **landscape of action**, which is made up of experiences of events linked together through time and according to specific plots or themes. The landscape of action is seen to provide the basic structure of the story. It is necessary to have the elements of experience, time, and plots, to make up a story. The story of suicide as offered by each research participant is seen to shape the landscape of action, including the experiences, times and plots involved in each situation. This is the dominant story.

The **landscape of meaning**, involves the interpretations that are made through reflection of the events that unfold in the landscape of action. The meaning landscape is defined in this study by the way each of the research participants indicated what they thought about the suicide, the person who completed the suicide, the motives and desires of both the person who died and themselves, and

also their perceptions of people in their social networks. Both landscapes are recursively connected and mutually shape each other (White, 1995).

The researcher conducted her investigation with a focus on inviting the participants to enter both landscapes, in a mutually influencing manner. The retelling of the story of suicide for each participant, revealed the elements of the landscape of action, in that experiences, time and plots were discussed. The interpretations of the landscape led to the making sense process that follows a suicide. Relationships in the present are thus formed according to the integration of the beliefs, values, and assumptions, with the actual events of suicide, as they occurred.

The stories of suicide survivors were haphazardly and confusingly shared with the researcher. By demarcating the stories in a past, present and future timeline, the participants were able to reintegrate their stories in ways that made more sense, and offered more opportunity for closure of the events.

The themes that were discussed above, shed light on the difficulties that survivors experience in relationships after a suicide has occurred. The idiosyncratic personal assumptions shaped each participant's story. They all had differing backgrounds, social demands, cultural expectations, and personal values. The reactions to the suicides were understood by the researcher to be part of the healing process following death by suicide, and were seen to be fluid, changing and shifting with time and a continuous re-authoring of the stories told. The suddenness of the suicides, was believed to throw the participants into positions of uncertainty and confusion. To assert control implied that they were coping with the deaths. This way of coping was deemed acceptable by the various communities in which they were participating. The shift in relationships from before the deaths to after the deaths was marked by disconnection and rejecting other people for their offering of possible support. The unspoken fear of failure that resulted in the deaths, carried forward as an inadequacy to engage in other relationships. The pattern of rejection, felt by themselves, and directed towards others, was pervasive. The unravelling of the suicide stories gave voice to the confusion, contradictions, and uncertainty that the survivors experienced. These elements of relationships that follow suicide, are

believed to be maintained by perpetuating patterns of behaviour, couched within surrounding discourses, which further maintain the unsatisfying relationships.

Conclusion

The themes that were identified as common to all three participant stories emerged from the co-created conversations between the researcher and the participants. The themes that were illuminated by the researcher, are reflective of the way that she chose to frame her world, and as such, they are context bound to this research project. Each theme was discussed separately for the purpose of clarification, but the interconnectedness of the themes is apparent. The reconstruction of the suicide stories exemplified the unique way that each person experienced suicide, and the impact of this on their current relationships. Therefore, generalisation of the patterns that emerged in this study, to larger populations, is nullified. A psychotherapist, researcher or survivor of suicide, should rather be attuned to the idiosyncratic way that each person will experience suicide, and be aware of the way that people relate prior to the death, and after the death. The dominant discourses that shape the stories of survivors of suicide should not be viewed as fixed and unchangeable, as evident in this domain of research. The renegotiation of meanings and experiences can occur at any stage following the death, as shown in this study. Lifting the silence following a suicide, requires the therapist to be context driven and curious about the differences that emerge from the telling of a suicide story.

CHAPTER 10

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter will provide an evaluation of the research project. Strengths and limitations of the dissertation will be explicated, and attention will be given to recommendations for future research.

Evaluation of the Study

This research focused on the stories of relationships that evolve in people's lives after a suicide. The format of this research investigation was conversational, illuminating the unique and varied constructions of suicide as told by those left behind, commonly named the 'survivors' of suicide. The researcher chose to name the people interviewed in line with the 'masks' that they presented with, when conversing about suicide. This gave life to the research participants' subsequent evolvment as Mr Bad-Boy, Mrs Strong, and Mr Silenced. Each mask was carefully deconstructed taking into account the person's historical, social, political, economic, personal, religious, and familial backgrounds. This process of 'unpacking' narratives yielded much information about the unheard 'voices' that survivors often choose to 'mask' after a suicide. This research emphasised context, focusing on both the dominant and non-dominant stories that emerged in conversations. Challenges for the researcher abounded in this process, and they were documented in each of the chapters that shared the reconstructed stories.

The implications of this research for the psychotherapy domain are far reaching. The elements that constitute a therapeutic relationship were all brought into question as each discourse was challenged, and also by not challenging certain discourses. Firstly, the researcher made her therapeutic assumptions overt for the reader. These were framed as being consistent with her chosen research approach. This implied that the researcher defined herself as being the 'non-expert' on the co-

researchers' lives, and yet simultaneously as being the 'expert' in creating therapeutic contexts (Cecchin, 1992). The way that a person comes to conceptualise and articulate ideas about suicide, and the relationships that follow, provide more information about the way the world is viewed than about the construct of suicide. However, the opportunity of researching suicide allowed for differences to emerge. In the careful co-creation of suicide stories, alternative positions to the dominant masks were given 'voice' to. Therefore, the importance lay not so much in discovering what people think and say about suicide, but in understanding the way that they come to tell their stories about suicide, and from this, the sense that is made of such an event. This process opens up avenues for the opportunity of change.

The aura of taboo that notoriously surrounds suicide was challenged in this research, and the researcher was as much affected by what was shared, as were the participants. The researcher invited three people to join in her struggle of articulating both uncertainties and rewards that emerge in relationships after suicide. These people all embarked on a journey with the researcher, in the hope of furthering understanding for people wishing to appreciate the impact of suicide on the lives of survivors of suicide.

The vigilant approach of the researcher generated a multiplicity of thematic punctuations from the stories that were shared with her. But, these should not be viewed as all inclusive. They are merely fractional reflections of the researcher, and as such, other themes could have been depicted as important. The **research process** involved the following 'method'

- Approaching each individual and obtaining his or her consent to participate in the study.
- Setting up appointments for interviews which were spaced at least two weeks apart, and an additional follow-up session.
- Each interview was recorded, transcribed, and read over several times. Important recurrent themes and ideas were highlighted in this process.
- Each interview was carefully constructed, deconstructed, and reconstructed, in a manner that revealed as much information about the participants, as it did about the researcher.

- The writing up of case material which had a contextual focus. This implies that each story was placed in historical, social, cultural and familial frames. These frames were then offered as foundations from which the stories came to be understood. This was considered to be a reciprocal process, in which the information about participants' backgrounds yielded further information about the sense they made of suicide, and relationships that follow suicide, which in turn, re-shaped their views of background information.
- The researcher made her assumptions, beliefs, and values explicit in each case scenario, and this furthered the attainment of 'rich', culturally specific, and sensitive descriptions.
- From the wealth of information that was explored and clarified, the researcher then deconstructed the process even further, focusing on the common emerging themes amongst suicide survivors. This process now included background data and foreground data, and the integration of the two positions gave way for a contextual description to emerge.
- These common themes were then compared with the existing body of literature, exposing similarities and differences.

The **common themes** that emerged from the stories as told by the three research participants, were punctuated as the following:

- Idiosyncratic personal assumptions
- Blame and anger: reactions to suicide
- Seeking control: efforts to gain power
- Pervasive silence
- Disconnection and aloofness
- Confusion of time line activities
- Contradictions
- Perpetuating patterns
- Uncertainty

Each theme was carefully explored, explained, and understood, within the diverse and the specified context of each individual participant. This is deemed to be

a potentially central and productive activity in narrative analysis (Holstein & Gubrium, 1997).

The **researcher's provocations** were outlined to be the following:

- Containing the emotions
- Influence of self-disclosure
- Focus, attention, and exploring emotion
- Excavating thoughts about suicide that evolved in conversation
- Meeting the language of the participant
- Staying within the boundaries of research
- Creating a follow-up context
- Listening to the dominant and exploring the non-dominant stories that emerge

Exposing the researcher's perturbations made the research ethic apparent (Holstein & Gubrium, 1997). Each of the participant's dominant and non-dominant 'voices' were richly contextualised from the researcher's understandings and conceptualisations. Therefore, any comment offered by the researcher about their lives, revealed as much information about her, as it did the co-researchers. There was a mutual, and reciprocal influence within, and amongst, the whole research system. For example, when Mrs Strong had her emotional outbursts, the researcher redirected her questions and shifted her position to more of a compassionate role. This in turn shifted the emotional nature of Mrs Strong's story telling process, and widened the researcher's questioning approach.

There were minimal shifts in the researcher's **motivations** throughout the research. Her aims remained consistent with focusing on the stories that emerge after a suicide, actualised through maintaining a curious position toward how these stories come to take shape and unfold. However, the researcher perceived a **shift in the meanings** that she attributed to the survivors of suicide. Through the many conversations that occurred around the relationships that emerge after suicide, she came to understand that survivors of suicide are extremely resourceful and resilient in nature. This shifted the researcher's lens to include the possibility that a death brought about by suicide, may in fact provide opportunity for healing, growth, and a

greater sense of self-awareness. The researcher, with hindsight, had created a community of survivors, and she thoroughly enjoyed the diversity of ideas within this sub-group of society. The **isolation** that had surrounded suicide for her, for many years, was given a platform for 'voice', and in the context of shared conversations, realities became multiple and co-created. The most **provocative shift** for the researcher came about through the empowerment of taking ownership for a personal story of a relationship formed after suicide. Suicide need not be covered up and silenced, and the lifting of the 'ban' of suicide stories brought about a feeling of triumph, for the researcher and the co-researchers alike.

In the **therapeutic domain**, the researcher observed several shifts in her assumptions. She acknowledged the requirements of openness and self-disclosure as elements of stories about suicide. The domain of suicide is much wider than the researcher had initially anticipated, including a multiplicity of discourses which shape the stories people share. For example, the gender discourse around suicide, shifted according to the time frame, and what was condoned behaviour in one era, came to be considered as unacceptable behaviour in another. This discourse was further shaped within a religious frame, one which had its own limitations and explanations, which in turn, shaped the gender discourse. Therefore, the actualised concepts of reflexivity, context, and circularity, continue to guide the researcher into the domain of therapy.

To provide a thorough evaluation of this research design, the strengths and limitations will be outlined.

Strengths of the Study

The theoretical departure of this dissertation was from that of an ecosystemic and social constructionist position. The information that was yielded from the interviews was then assimilated together as thematic punctuations. This continuous process of reflexive folding and unfolding, culminated in the concluding remarks, suggestions, and recommendations for this research study. This platform does not have the final say, as recommendations will be made for future research, which will serve to re-question this researcher's findings.

Suicide, and more specifically, the relationships that follow a suicide, were investigated from a social constructionist position, implying that people are **meaning generating beings**, and meaning is attained through the stories people share with each other. Any meaning inferred by the researcher, is a reflection of the research conversations that transpired between the researcher and co-researcher (Paget, 1983). Thus, the researcher embarked on a journey which invited the multiple realities that are shared, through the medium of language, amongst a group of people known as suicide survivors. The unique context of each individual was accounted for, and each story of the relationships that follow after a suicide, were viewed from a narrative perspective (Mishler, 1986). There was no attempt made to find the 'truth' behind each story, as a founding belief of social constructionist and ecosystemic principles is that of multiple realities, inviting diversity and complexity (Paget, 1983).

Each of the research participants, in his or her own way, had told old stories of hurt, pain, abandonment, and relentless anger. These stories were riddled with a-contextualised perceptions, and focused mostly on the after-effects of a spouse/client/parent that had committed suicide. None of the participants that were interviewed had explored the disconnected nature of the relationship that existed prior to the suicide, yet they had all made assumptions regarding the outcome of suicide on their lives. **Contextualising the event of suicide**, allowed for new stories to emerge. The shifted narratives included a focus on the participants' marginalised 'voices', and space was created in which they could express their previously unspoken needs and wants, within their specified contexts, as shaped by their surrounding discourses. The relationships that existed after suicide were peppered with mistrust, disconnection, fears of further abandonment, independence, and isolating strength. Each of these elements of relationship were deconstructed in the research domains, and alternative components were allowed to emerge. The impact of old stories of suicide and new meanings about suicide were noted by Mrs Strong and Mr Silenced. Mr Bad-Boy, declined further contact with the researcher, and one can only assume that 'news of difference' had entered his ecology of relationships.

This researcher adhered to her proposed methodology, and where necessary she shifted the predefined procedures to be more fitting with the environment of research. For example, beginning with set time frames in which to interview the participants did not pan out to be so simple. The researcher, had to account for other influences on her life, such as work and family demands, which prevented her from staying within such a predefined structured framework.

A qualitative approach to research allowed for the researcher's **creativity** to be expressed (Hoshmand, 1989). Qualitative research, advocating an emergent design allowing for unique outcomes, was deemed to be the most fitting approach for researching relationships that follow after suicide. Diversity emerged from the research participants themselves, all having different backgrounds, careers, family make-up, choices in life-partners, and also in the methods that people close to them chose to kill themselves. The similarity that remained was that of race, as all three participants and the researcher herself, could all be defined as being of the same race. The diversity within this form of classification was clearly outlined and underlined through each story reconstruction.

Reliability, referred to in this domain, is the ability of the researcher to convey contextually grounded meanings so that the reader can gain understanding at any given moment of reading the study (Stiles, 1993). This was obtained in the following way

- The researcher **disclosed** her intentions of research to each of the participants, and obtained their consent for the research. In this, she explained her reasons for wanting to investigate relationships after suicide, her expectations, and her theoretical orientation.
- The **cultural and social contexts** of both the researcher and the participants were explicated. The researcher accounted for her academic and other motivating factors for suicide research throughout the dissertation.
- **Self-reflections** of the researcher were demarcated throughout the story reconstructions that were offered. The reader obtained a more informed position on the researcher's intentions through understanding these reflections.

- **Immersion** occurred naturally in this domain of research. The researcher immersed herself in the various research contexts (interviews, discussions with her supervisor, and peer conversations). The researcher also made efforts to remain in contact with the participants following the interviews through face-to-face meetings, telephonic conversations, and also with the use of electronic mail.
- **Iteration** was achieved to a relative extent. Observations and interpretations were checked with the participants on an ongoing basis throughout the interviewing process. The participants were given the opportunity to read through the transcripts, and offer their opinions on the content of the interviews, followed by their reflections of the subject matter. This information was included in the documented stories and thematic punctuations.
- **Grounding of interpretations** was achieved by making the researcher's lens overt, highlighting the provocations and challenges that emerged for her from each set of interviews, and also in accounting for her contextual influences on the process of research.

Following the suggestions of Stiles (1993), 'reliability' under the banner of qualitative research was achieved. By doing so, the research ethic of participation was acknowledged. This research is therefore considered to be ethical and responsible for all those who participated in this study.

Validity, understood in this context to refer to the meaning generating ability of the researcher as understood within a contextual domain (Stiles, 1993), was attained through the following processes

- **Dialoguing and multi-loguing** was achieved by staying in constant contact with the participants, the supervisor, extended literature, and the 'voice' of the readers of this dissertation.
- **Triangulation** was accomplished by seeking information from multiple data sources, multiple methods, reference to pre-existing bodies of knowledge about suicide and also theoretical paradigms, and addressing the comparative analysis and synthesis of information gathered from this research, with that which had previously been documented.

- **Coherence** was hopefully realised throughout this dissertation. This was a proverbial thorn in the researcher's side, as it involved articulating her thoughts and ideas in ways that others could read, interpret, understand, and question. The researcher deems her theoretical disposition to have been congruent with her formulated choice of research design, which was perceived to be consistent with the way that she analysed, described and contextualised her research.
- The **motivations** of the researcher were made evident to the readers or consumers of this research from the outset. Any personal understandings that may have shifted in this process of research were accounted for.
- **Testimonial validity** was partly achieved. Only two of the co-researchers offered their feelings, thoughts, and changes in meaning that they had experienced following the interviews. During the interviews, testimonial validity was attained naturally as the therapeutic style of this researcher involved a checking and re-checking of any interpretations made.
- **Catalytic validity** was adhered to by remaining aware of the implications of having discussions about suicide, considered by some to be a taboo topic. The provocations for both the researcher and the co-researchers were addressed wherever possible. Mr Silenced's fear of being identified by the community of Psychologists was a constant concern throughout the interviews. Mrs Strong's emotional lability was openly addressed during the interviews and also in follow-up conversations. Mr Bad-Boy, unfortunately, declined further contact, but the researcher was aware of his non-verbal feedback throughout the process of interviewing.
- **Reflexive validity** was referred to where necessary. The shifts in the researcher's way of thinking were most clearly explicated in her own personal story that was offered.

The study on the relationships that follow a suicide is considered to be ethically sound and trustworthy. Legitimation was achieved by the communal sharing of ideas amongst participants of the research, the consumers of the research, and with the researcher dialoguing with all of the people involved in her research ecology. The researcher adhered to her proposed design and methodology

framework, and she placed emphasis on acknowledging context, reciprocity, self-reflection and epistemological idiosyncrasies.

Limitations of the Study

The understanding and application of this research for the wider population of South Africa, requires contextual description. As such, a limiting factor could be the time intensive nature required for understanding people after a suicide has occurred. Very few assumptions can be made about survivors of suicide, and their unique forms of grieving. One thing is for certain, that the pervasive silence surrounding suicide serves to limit the understanding of human behaviour, regardless of a stipulated theoretical or research paradigm. Practically speaking, a limitation that the researcher encountered was that of maintaining all of the participants vested **interest** in the research. This was most apparent with Mr Bad-Boy who negated the researcher's efforts to remain in contact after the interviews.

The notion of multiple realities could be seen to create **chaos and confusion** for those seeking clear-cut assertions and generalisations. This is a limitation of qualitative research as proposed from a quantitative, positivistic paradigm. The clarity and simplicity of a quantitative approach could be most effective as a starting point for research in this area of human behaviour, from which more distinctions could be drawn inviting higher processes of understanding which was achieved in this study (Keeney, 1983).

The qualitative researcher, influenced by the assumptions of social constructionism, could not maintain a position of **objectivity and neutrality**. This could be a limitation in that each interview was approached differently, accounting for context, and co-created research relationships. This would make it incredibly difficult for another researcher to replicate the same research of this nature, in the same manner. Efforts were made to make as much of the research process explicit, so that one can realise the near impossibility of replication (Sargent, 1997).

The limitation of an **uncontrolled environment** in which the interviews occurred, could be viewed as having a negative effect on the research outcomes. By

each interviewing context providing difference, and requiring the researcher to be different, a **causal approach** to suicide was nullified. One cannot ascertain which were the causes of conflict laden relationships following a suicide, and which factors were effects. Instead, from this qualitative research approach, the development of relationships after suicide were influenced by the simultaneous notion of cause and effect. For example, mistrust developed as a consequence and even a cause of suicidal acts (Gergen, 1999).

Another possible restriction of qualitative research is that no attempt was made to **reduce** the information from the interviews into numerals, as is commonly the way with quantitative research. If anything, the research observations and information was broadened to widen the scope of descriptions after suicide, and this was consistent with the epistemological framework. In this way, the possibilities of generalising these research findings to the masses is inappropriate and non-sensical (Keeney, 1983; Sarbin & Kitsuse, 1994).

Having discussed the strengths and the limitations of this study, recommendations for future research studies will be made. These recommendations are based upon the researcher's impressions from conducting research in a qualitative vein. The recommendations follow from the researcher's epistemology, and therefore take a contextual perspective.

Recommendations for Future Research

Due to increased social pressures, family break-ups, violence in the home, work stress, and a violent crime ridden environment, Psychology as a health profession should take more cognisance of the devastating effects of suicide on those that remain. The silence surrounding suicide, whether it be because of religious, cultural, or family laws, should be lifted, and this research was just one attempt to do so. The world of the Psychologist should be widened to appreciate the stories survivors have to share about their life struggles following a suicide, so that opportunities are recognised, re-storied, and included as part of the survivors' lives. This opening up of conversational domains may in itself prevent further suicides

among survivors, as reality becomes co-constructed and shifts in meanings can occur.

More research should be done among the diverse population groups in South Africa, as this may cultivate helpful information for those who deal with loss and grief on a daily basis in this context.

Social constructionist research should be more widely utilised as an approach to investigating human behaviour, within the multiple cultural spheres of South Africa, as it appears to be fitting when considering the multiple realities and ecologies that we exist in today.

This research study considered the relationships of the parent-child system, the marital system, the sibling system and the client-therapist system. Perhaps research, of this nature, could be done in the area of therapist suicide from the surviving client's perspective, the work place environment, and also the parent whose child commits suicide.

This study limited the number of participants to three. They were diverse in their ages, stage of life, and in many other facets. However, there cannot be generalisations made from this small sample, and if one wanted to make the findings applicable to the general population, then a larger sample is advocated.

Conclusion

This research project on the relationships that develop after a suicide, is believed to have enriching benefits for the participants of the research, the researcher herself, the consumers of the research, professionals such as Psychologists, and also for the lay person. This research is applicable to anyone who has experienced the loss of someone who committed suicide, and also for those people who wish to gain a better understanding of the life-worlds of those who survive. This applicability was attained through the researcher making the processes and intricacies of research overt and open to dialogue. There have been key terms that have been used throughout and these have pivotal importance, such as context,

relationship, co-creation, creativity, recursion, reflexivity, and dialogue. These concepts formed the backbone of this research and it is within this framework that constructions of suicide relationships emerged. The qualitative, reflexive approach to research was beneficial for both the researcher and the co-researchers. Although it was a time consuming and thought intensive process, it is still believed to be the most appropriate choice in providing 'thick', contextual descriptions. Future recommendations that were made have important reference to the social, political and historical contexts within which we live. Suggestions were also made to conduct research focusing on different research populations (ages, cultural, and religious backgrounds), as well as a hope that more social constructionist research will be taken up so that its applicability in a South African context can be ascertained.

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APPENDIX A

Letter of consent

Dear

Thank you for choosing to participate in my Master's research study. The focus of the study is on the relationships that develop after suicide. In order to attain information that is relevant, I would like to explore the relationships that you held with the deceased and also the nature of relationships that you have now. I am interested in your perspective of the healing process as you see it. Through your participation as a co-researcher, I hope to understand the essence of the phenomenon as it reveals itself in your experience.

Your participation in this research endeavour entails two interviews, lasting approximately two hours each. Each interview will be digitally recorded, and transcribed. You will be given the opportunity to read the transcripts and offer your input and feedback.

Please note that:

1. You are under no financial obligation or commitment.
2. All information will be treated with strict confidence. Your name will not be reflected in the dissertation, nor will I discuss your name with any person not directly involved in the study.
3. You can withdraw from the study at any time that you choose. Although, it is hoped that you will find the conversations beneficial to your understanding of suicide. Your story will also be of benefit to other people who have been exposed to suicide.
4. I cannot guarantee that you will derive any benefits from participating in this project.

Thank you again for agreeing to participate.

Name: _____ Date: _____

Physical address: _____

E-Mail address: _____

Signature: _____

APPENDIX B

THE PERSONAL AND PROFESSIONAL PROVOCATIONS OF A THERAPIST AFTER SUICIDE: MY STORY

I have experienced many people in my world taking their own lives. Each person died at different points in my life, and therefore one could write a very long story about the nature of each death and what that means to me. But one particular suicide remains close to me as an individual, therapist and researcher. This is the story of me and my Uncle Lionel...

Uncle Lionel is my mother's brother who left South Africa for London at a very young age. I did not know him very well when I was growing up, except for the times when my grandparents died and he came for the funerals. I remember him at these times presenting himself as a rich English gentleman – always holding a glass of vodka. Although I visited my uncle on two occasions, I have no warm memories [*tone very matter of fact*].

In 1989 my Uncle's son overdosed on heroin at the age of 27. There was no family contact at that time. In 1993 I went with my Mom to visit her sister in Greece. Uncle Lionel came to join us from Spain. He was apparently drying up from the alcohol and appeared to me as a defeated man. I spent five weeks talking with him, allowing him to teach me how not to make a mess of my life as he claims he did with his. In our long conversations (especially at nights as he could not sleep) [*smiles!*] he spoke of his suicide and how he needed to die as he had nothing to live for. At this point in time his other son had rejected him and his wife was estranged [*picks up a cigarette – deep sigh*].

Lionel made me so angry in the way that he spoke to my mother with such disrespect and jealousy at the fact the fact that she had made something of her life and was so happy, without millions of pounds, that I actually wished that he would take his own life. At moments like these Lionel was rude, inconsiderate, dogmatic, self-centred and pitiful. We ended the five weeks by having a huge fight where I told

him that he was “a worthless piece of shit” [*giggles nervously!*]. With my Mom and Aunt as peacekeepers, Lionel and I put our differences aside and spoke as little as possible to each other.

At the airport when we were leaving Athens, it was time to say goodbye. Lionel put his hands on my shoulders and said, “It has been an absolute pleasure getting to know you and I know that you will be a success in what you do” [*tearful and thoughtful*] and he told me that he loved me. I never knew what to say or how to reply, so I left. When we got on the plane my Mom turned to me with tears in her eyes and said, “that is the last time I will ever see my brother alive”. Three months later we received the phone call to say that my Uncle had jumped from his penthouse apartment in Majorca, Spain. We were told that on his way down he had had a heart attack [*smiled!*]. I was twenty years old at that time.

My first thought on hearing this was that his wife had pushed him, and it is still a theory that I hold close to my heart today... why? Perhaps it is easier for me to believe that he did not take his own life. Perhaps it is easier for me to need to believe this. But then I think back to our conversations about the meaning of life and recognise that he found no meaning.

As I could not attend the funeral – nor wanted to because of my own sense of guilt, I went to the Synagogue and prayed for his soul to rest in peace and for him to find comfort with his son as he had blamed himself for his son’s overdose.

Following Lionel’s death, something deep inside of me began to burn – why could I not have saved him? Why did I not ask the right questions? Why did I not offer him the love and compassion he so desperately needed and wanted? Why could he not see that he was worth living? Why had he drunk himself into oblivion so many times in his life? And why could he not find meaning in life?

A year and a half after Lionel’s death I started my own non-profit organisation called Crisis Intervention where I made myself available 24 hours a day to those in crisis. In hindsight this was a desperate attempt to prevent the same situation from occurring for others – and it was successful to a large degree. I managed to provide

connection for those who were in deep pain, but in this I was not confronting my feelings and myself. It was always about others and their feelings.

This pattern continued for four years until entering the UNISA Clinical Psychology Masters Training Program where the focus was on the use of self as therapist. This must have been my greatest challenge in life as I had much to run away from. In my first year of training, I hid away from myself as much as possible – too afraid to show myself as I might not be good enough to save the Uncle Lionels of the world. At the end of the first year, a client in our clinic, a young boy, took his own life after attending therapy once a week for several months of the year. I watched this boy from behind the one way mirror for most of these weeks and when he shot himself in the head, my dissertation came to life. I realised in some small and unspoken way that I could never stop suicide – that was not where my healing lay. At this point I realised that there is another side to suicide ... those that are left behind and the greatest challenge to me would be to finally confront myself as one of these people who are left behind.

As I moved forward in the training course, I spent a lot of time and energy focusing on how my personal assumptions on life and death informed the way of how I do therapy, the contexts that I create with clients, and the places and conversations I am afraid of going to – having relationship after suicide was one of them. Uncle Lionel did commit suicide and I have learned to listen to his voice to find my own healing. What I hear and what I think is that for a very long time I took Lionel's death upon me as a sense of failure – mine and his.

My search led me to being curious and wanting to hear other people's stories concerning the nature of the relationship that they have with people who have completed suicide. I cannot understand why Uncle Lionel took his own life, but I can give my own meaning to it – to understand how suicide affects me, the way I think, the way I work and the healing spaces that I create for myself and others. My way of understanding Lionel's death has developed from an understanding of my life – who I am, what I believe, how I come to believing what I believe.

A way of me defining my epistemology, that is the way of knowing what I know, is through self-examination of my history, culture, family upbringing, religious beliefs and understandings of healing and pain.

I come from a small family where I am the youngest of two children. My father is Portuguese and Catholic by religion and my mother is a South African Jewess. Ours is a proud family and self-respect and respect for others is the overt family rule and the covert family rule is loyalty to each other at all costs [*more relaxed and focused*].

Suicide is something that has prevailed in my family roots for several generations – this being on both sides of the family. ‘Depression’; ‘manic depression’; ‘nervous breakdowns’; alcoholism; drug addiction; attempted suicide; suicide completion; ‘schizophrenia’; mixed marriages; and violence – cultural tapestries are the essence of each family generation.

I am the product of a long line of social taboos, secrets, institutionalised cousins, millionaires, [*smiles*] poor people, and fond supporters of the therapeutic system [*giggles and smiles*]. I am the first university educated family member and I am considered by my family to be an expert with all the answers. I am commonly referred to as a ‘shrink’; an ‘analyst’; someone who should have all the answers because I have studied this; a healer; and a doctor of the mind [*laughs about her grandfather who calls her that*]. I am none of these, and I am all of these. I make no claim to understand and explain Lionel’s choice of death, but I do make a claim to know and understand my story by investigating my relationship with Lionel and the sense that I make of that relationship is my own. It is through understanding of where I come from as to how I fit into society and my belief system of life and death, that I am able to explore the nature of my relationship with Uncle Lionel.

I feel that the essences of this relationship makes for a sad story – but I now see and understand that there is so much more. The way I sit with clients in therapy [*deep in thought – focused*] is in a gentle yet provocative way. I have a great fear of exploring the taboo of suicide yet at the same time I want and need to push my clients and myself into the ‘un-said’ of suicide. This is the provocation.

Lionel, you are a constant thorn in my side – always making me think about the depths of emotional pain that a person could be experiencing. I respect your decision in taking your own life as it was yours to take. I remain feeling a sense of guilt in not assisting you in life – your death is no secret in my life and I speak about you often in helping myself and in trying to help others. You are one of my beacons of constant provocation in my thoughts, behaviour and action. Funnily enough it actually seems after writing this that you provoke me as much in death as you do in life [*smiles...peacefully*]. I still question the same as I did in conversation with you and you will always unsettle my sense of certainty about myself and others.

A comment: My relationship with my Uncle Lionel is centred on a level of continuous questioning... I find myself thinking about the conversations we shared, and the helplessness that I felt, and I wonder if he is at peace with himself. His suicide was a pivotal turning point in my life, and I question whether or not I will find the answers that I seek. A place to start, I suppose, is by defining the questions that I ask!