CHAPTER 1
ORIENTATION TO THE STUDY

This thesis is essentially about death and life, in that specific order. The “death” component refers to a significant other’s suicide, while the “life” component is that of the family and friends who remain behind after the event. The suffering of survivors is acute after any death, but the grief inflicted by suicide may be the hardest of all to bear (Colt, 1987:4; Dunne, McIntosh & Dunne-Maxim, 1987:xvii).

“... compare the act of suicide to that of a stone tossed into a pond. The splash may be large or small. It always sends ripples in every direction, in a concentric washing of every floating leave, twig, and waterbug. The stone sinks out of sight, but its impact is felt by the widening ripples which touch distant, unfamiliar territory. We are startled, tossed about; without control, we hang on and ride the dizzying waves. If we choose not to stay afloat, we too might sink” (Bolton, 1987b:90-91).

1.1 RATIONALE AND JUSTIFICATION

Suicide - the taking of one’s own life - is an inexplicable, irreversible, tragic, mysterious and hidden act that often leaves people baffled, confused and stigmatised. Those who have completed their suicide attempts can no longer be probed about their motives, frame of mind and emotional state leading to the eventual act. Immediately after the suicide, people’s thoughts usually turn to the individual who have completed the suicide. Yet, the real victims of this tragedy are those individuals (family and friends) who are left behind to cope with the emotional trauma to loose a loved one, as well as to struggle with many unanswered questions, self-blaming and an inability to move on with their lives. The
situation is often made more complex by a society who doesn’t sanction an open discussion of the suicide and the associated negative emotions towards the victim. So much so, that in some cases it even appears like a “conspiracy of silence”. The mere fact that suicide is rated among the top ten causes of death in the industrialised world, further highlights the extend of its impact on a relatively large part of the population. Conservatively measured, there is an estimated six survivors for each suicide (McIntosh, 1996:148; Reed & Greenwald, 1991:388; Seeber, 2002:32; Sue, Sue & Sue, 1994:393, 405-406).

A significant other’s death by suicide is a traumatic event for most survivors. It elicits complex physical, psychological and social reactions. These reactions tend to overwhelm the ordinary human adaptations to life, especially those that provide a sense of control, connection and meaning (Dunne-Maxim, Dunne & Hauser, 1987:235 Grant Kalischuk & Davies, 2001; Hauser, 1987:57; Van der Wal, 1989-90:149).

The initial impetus for this project came from the research results in an epidemiological study of traumatic events that I conducted amongst undergraduate students at a South African tertiary institution (Hoffmann, 2002). In that study I found that a high number of students, especially females, had experienced significant traumatic events during the course of one year. More than 40% of the total sample reported the death of a loved one (family and/or friend). Surprisingly, suicide was the second most common cause of death (6.1% of the total sample); only being surpassed by motor vehicle accidents. The intensity of their experiences are evident in the following three quotations from their brief written reports regarding the circumstances of the traumatic events:

- “She committed a suicide. She burned herself with paraffin. I don’t know the cause of her death. All I know is that she desperately wanted to see me before. Unfortunately she did not until she died”;
- “Grandpa started to suffer from depression after grandma died two years ago. He was a very strong and positive man, but we were all shocked when he took an overdose pills and died”; and
- “She suffered from heart and lung problems. Frequently she was in and out of
hospital. She waited for a transplant. She lost hope and then committed suicide”.

A subsequent review of suicide research literature that deals with suicide survivors revealed that many issues, particularly regarding adolescent suicide survivors, are currently poorly understood, primarily because only limited research has been conducted in these areas. Well-designed quantitative and qualitative studies are needed that consider the broad range of coping strategies and reactions to the completed suicide of a loved one, including the varied emotional responses and the factors that shape them. Divergent methodologies, research instruments and data sources may yield rich data regarding crucial survivor aspects. The results from such studies may then be used to guide psycho-educational interventions for suicide survivors (AFSP/NIMH Workshop, 2002; McIntosh, 1987a:266-267, 272).

Psycho-educational programmes are interventions that aim to assist individuals and groups to cope with the challenges of daily living, including existential crises - it facilitates mental health. Generally, it focuses on the training and development of human potential rather than therapeutic outcomes. Such programmes involve the empowerment of individuals and groups in skills, insights, awareness and competencies to more effectively deal with life’s problems and to make their lives more meaningful and purposeful. In short, it promotes health, prevents problems and reduces the magnitude and severity of the problems’ consequences (D’Onofrio, 2001:164; Lewis & Lewis, 1989:12; Poggenpoel & Myburgh, 2003; Roos & Taljaard, n.d.:1-2, 27).

The general focus and approach of a psycho-educational programme can usually be typified as primary, secondary or tertiary prevention:

• Primary prevention refers to intervention programmes that aim to reduce the number of new dysfunctional or sub-optimal cases through the modification of broad social, economic and/or biological conditions. These programmes facilitate and promote environmental changes rather than to focus on the individual at risk (Maris, 2002:321);

• Secondary prevention refers to intervention programmes that focus on the early detection and treatment of at-risk individuals (Maris, 2002:324-325); and
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• Tertiary prevention refers to intervention programmes that focus on the treatment of symptoms associated with serious personal impairment, dysfunction or disability (Maris, 2002:321, 324-325).

Psycho-educational programmes mostly focus on secondary and tertiary prevention approaches. In the case of secondary prevention, such programmes often take the form of crisis intervention with groups and individuals at high risk either at the time of need or shortly thereafter. Postvention is similar to tertiary prevention. It refers to those activities that serve to reduce the long-term effects of traumatic events in the lives of the survivors. The general purpose of suicide survivor postvention is to promote the mental health of survivors by facilitating the mourning process, by helping them to relate to the suicide in an acceptable way, and by reducing the utilisation of ineffective coping patterns (Lukas & Seiden, 1987:209; Rando, 1993:333; Roos & Taljaard, n.d.:2; Rudestam & Agnelli, 1987:212; Shneidman, 1981:350; Webb, 1986:477).

1.2 PROBLEM STATEMENT

Although much information regarding the demographics, causes, risk factors, treatment and experiences of suicide completers’ and suicide attempters’ suicidal behaviour have been revealed over the past four decades, only a few studies have focussed on the experiences of suicide survivors. As a result, mental health professionals and other caregivers have limited access to clear information and guidelines to meet the needs of suicide survivors (AFSP/NIMH Workshop, 2002; Bailley, Kral & Dunham, 1999:256; Barrett & Scott, 1990:1-2; Dunne, McIntosh & Dunne-Maxim, 1987:276-277; Grant Kalischuk & Davies, 2001; Lukas & Seiden, 1987:4-5; McIntosh, 1987b:27-29, 1996:148-149; Raphael, 1984:147; Seeber, 2002:32; Wertheimer, 1991:14, 16).

The above situation has lead to the identification of two urgent and very pertinent research problems to be studied. Firstly, little is known regarding the qualitative aspects of adolescent suicide survivors’ emotional experiences, meaning-making and coping behaviour. Secondly, formal and informal caregivers have a need for psycho-educational
resources to support suicide survivor groups and individuals during postvention.

1.3 STUDY OBJECTIVES

The following specific study objectives were formulated to provide a conceptual and methodological framework in which the identified research problems could be effectively addressed, namely:

- To conduct a situation analysis of late adolescent suicide survivor experiences. A phenomenological approach will be used for the exploration and description of the adolescents’ experiences, meaning-making and coping patterns;
- To explore the use of collage-facilitated narratives for the collection of rich phenomenological interview data; and
- To develop a psycho-educational programme as a postvention resource for adolescent suicide survivors and social supporters of adolescent suicide survivors.

1.4 OUTLINE OF THE STUDY

Figure 1.1 provides a diagrammatical single-page overview of the key aspects, activities and considerations of this study. Each of these components is extensively dealt with in the rest of this thesis (see section 1.6 for a formal “Outline of the thesis”).

1.5 CONCEPT CLARIFICATION

Suicide

Complete suicide / Commit suicide
The term “complete suicide” will be used instead of “commit suicide”. The former is preferred over the latter since it attempts to remove the associations of historical criminality and guilt that the word “commit” implies (Dunne, McIntosh & Dunne-Maxim, 1987:xii; Helen, 2002:7; Jackson, 2003:1).
Figure 1.1: An overview of the key aspects, activities and considerations of this study.
Suicide victims / Victims
The terms “suicide victims” and “victims” are used interchangeably to refer to those individuals who have died as a result of conscious suicidal behaviour.

Suicide survivors / Survivors
The terms “suicide survivor” and “survivor” are formally used in suicidology literature to refer to those individuals who have experienced the death by suicide of someone that they care about. It includes family relations (immediate and extended family) and non-family relationships (friends, fellow students). Please note that the concept “survivor” does not refer to an individual who has attempted suicide without actually dying in the process - the appropriate concept in such a case will be “suicide attempter” (Bailley, Kral & Dunham, 1999:257; Hamilton & Masecar, 2001:7; McIntosh, 1987a:264).

1.6 OUTLINE OF THE THESIS
This section provides a systematic chapter-by-chapter outline of the various aspects addressed during the course of the research project.

Chapter 2: Ideological stance: Theoretical and philosophical assumptions
This chapter discusses the theoretical and philosophical assumptions that I have chosen as the ideological context for this study. The following three specific ideological themes are addressed:
- Qualitative research (see section 2.2);
- Phenomenological approach (see section 2.3);
- Narratives (see section 2.4); and
- Arts-based research (see section 2.5).

Chapter 3: Research methodology
This chapter describes and discusses the various methodological issues and activities that I have engaged into during the course of the study:
- Research design (see section 3.2);
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- Research participants: Sample selection and recruitment (see section 3.3);
- Data collection: Methods and procedures (see section 3.4);
- Data analysis and synthesis: Phenomenological method and skills (see section 3.5);
- Verification (see section 3.6); and
- Ethical principles (see section 3.7).

Chapter 4: “Being a suicide survivor”
This chapter presents the results of the situation analysis. It consists of phenomenological descriptions of the research participants’ lived experiences on being a suicide survivor:
- Participants’ context stories (see section 4.1);
- Peri-suicide experiences: Lived experiences around the suicide events; verbatim quotations and theoretical discussions (see section 4.2); and
- Post-suicide experiences: Lived experiences since the suicide events; verbatim quotations and theoretical discussions (see section 4.3).

Chapter 5: “Being a collagist”
This chapter presents the results of the exploration into the use of collage-facilitated narratives for the collection of rich phenomenological interview data. It is addressed under the following themes:
- The research participants’ experiences of creating a collage as a narrative facilitator (see section 5.1);
- The collage-making process (see section 5.2); and
- Researcher’s notes regarding the use of collages as a research and/or counselling instrument (see section 5.3).

Chapter 6: Programme development
This chapter focuses on the development of a web-based psycho-educational programme. The first section illustrates the need for suicide survivor postvention programmes (see section 6.1). The second section describes the conceptual framework for the web-based programme (programme focus, programme presentation and programme content) (see section 6.2).
Chapter 7: Conclusion

This chapter concludes the thesis with some final remarks regarding the following issues:

- What is research supposed to achieve? (see section 7.1);
- What is it like to be a suicide survivor? (a summary of the research results) (see section 7.2);
- Strengths of the study (see section 7.3);
- Limitations of the study (see section 7.4); and
- Implications and suggestions for further research (see section 7.5).

The next chapter will discuss the theoretical and philosophical assumptions that I have chosen as the ideological context for this study.