

Action research for developing a worldview of self-help groups for the family survivors of suicide

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Introduction

This presentation discusses my action research on the development of a worldview of self-help groups for the family survivors of suicide. Social workers support such groups by serving as consultants, advocates, mediators, and so on. However, they can also play the important, often ignored, role of helping self-help groups develop a comprehensive perspective from which to view the world.

Such a worldview encompasses a set of beliefs, values, and teachings to assist their members cope with and overcome difficult situations in their lives (Borkman, 1999). Many researchers have studied the worldviews of self-help groups, but very few have considered the role of social workers in facilitating their development.

At the same time, as a result of medicalisation, many human problems are likely to be “defined in medical terms, described using medical language, understood through the adoption of a medical framework, or ‘treated’ with a medical intervention” (Conrad, 2007). Consequently, the social aspects of problems are often neglected, and those dealing with the problems are regarded as “vulnerable” patients who need professional treatment. This view can lead to the disempowerment of people by ignoring their strengths.

Through this participatory action research with self-help groups, I have attempted to change the discourse on and to empower the family survivors of suicide by helping them develop a new worldview.

Backgrounds

Since 1998, more than 30,000 people have committed suicide annually in Japan. Consequently, in 2006, the Japanese Government began implementing the Basic Act on Suicide Countermeasures and financially supporting various non-profit organisations for the prevention of suicide (Takeshima et al., 2008). In these circumstances, many non-profit organisations started to provide professional-led support group services for family survivors of suicide. These survivors, who had been socially isolated for a long time, began to come together for the first time. However, many group members were deeply disappointed with the functioning of these groups, and they decided to establish their own peer-led, self-help groups. Today, a national association of family survivors of suicide exists, with about 30 self-help groups in many places in Japan. The numbers of these assemblages is still growing, and their leaders have realised that the approaches of self-help groups and professional-led support groups greatly differ.

The self-help groups warn that professional approaches can hurt and disempower family survivors of suicide and address nothing but mental health issues.

Methods

In 2008, two leaders of self-help groups for family survivors of suicide requested me to make their groups the subject of my research. Although they initially hoped that I would deny the validity of professional help, I did not accede to their request because it was not my area of expertise. I proposed to organise the members’ voices to form a discourse or comprehensive perspective, and they agreed. To this end, I conducted conversational interviews with the peer leaders and joined in their informal gatherings so that I could talk to family survivors. I condensed their sentiments into several statements, which I then examined with the leaders.

References

Conrad, P. (2007). *The medicalization of society: On the transformation of human conditions into treatable disorders*. Baltimore: Johns Hopkins University Press.

Borkman, T. (1999). *Understanding self-help/mutual aid: Experiential learning in the commons*. New Brunswick, N.J.: Rutgers University Press.

Takeshima, T. et al. (2008). *Japan’s suicide prevention strategy and the role of the Centre for Suicide Prevention*. Presented at the 13th Pacific Rim College of Psychiatrists Scientific Meeting, Tokyo. Retrieved from: <http://www.ncnp.go.jp/>



Results

The criticism of family survivors was directed at “the grief recovery process or stages.” By suggesting that survivors step up the grief recovery process, professionals made them feel uncomfortable, since the professionals treated grief as it were a disease or a disorder. In contradistinction, the family survivors considered their grief as “part of their bodies,” as something that can never be eliminated. They also stated that when diagnosed as still being in the first or second stages of grief, they felt as if they should not accept their feelings. Additionally, the attitudes of professionals toward the grief offended the family survivors: As a cancer doctor talks about cancer, so the grief professionals spoke about grief. Their theoretical and empirical knowledge and their clinical experiences persuade the professionals of their expertise in matters of mourning and loss. However, the family survivors wondered why these specialists would know more about grief than those who were actually living with it.

Two statements capture the core of this criticism. First, the survivors expressed the sentiment, “the grief is ours,” meaning that the family survivors of suicide have a better understanding of their anguish than the professionals do. The family survivors valued experimental and not bookish knowledge. Therefore, they felt that their grief belongs to and is understood by them. They also thought that their grief cannot be separated from the rest of their selves. They did not wish to “recover from the grief” but to live with it.

Second, the survivors maintained that “grieving is loving.” In poetic Japanese, “grief” and “love” are written with the same characters. Drawing on this literary fact, I coined the phrase “grieving is loving.” I came to believe that this expression would form an attractive part of their worldview, since it assured them that grieving was a normal process. A mother who had lost her son said, “That phrase released us from the pain. [By the professionals] we were repeatedly told that we should recover from grief. However, we felt we could not recover. We could recover from the grief only when the deceased returned to life. Then we felt we were no good. However, we have realised that there is no problem with us experiencing great grief. We have grief because we have love. It’s very natural.” Thus, this little sentence has saved the family survivors from continuous self-denial.

Discussion

We must notice that self-help groups do not dispute scientific or universal facts on grief with professionals. They do not want the professionals to say to their clients, “The grief is yours,” because they admit that some family survivors of suicide need professional assistance and that not everyone can benefit from self-help groups. The statements above are to be what Borkman (1999) refers to as “a liberating meaning perspective” that the self-help groups creates. According to Borkman, “people with stigmatized conditions need a liberating meaning perspective that can free them of self-hate, a negative self-identity, and assumptions that they are inadequate. They need to redefine their humanity. Moreover, they need a constructive way of dealing with their problem” (p. 115). The statement “the grief is ours” helped the family survivors empower themselves individually and in their self-help groups.

In conclusion, social work researchers can help self-help groups obtain “a liberating meaning perspective” or a new worldview that releases their members from both the dominant discourse on the group members and the medicalisation of their problems. They can do it through PAR (participatory action research), which they carry out with the full participation of self-help groups. The social work profession is not a medical one; rather, it aims at the empowerment of people. In the era of medicalisation, people have high expectations of those who work in this field.