Narratives of Self-Help Groups for Family Survivors of Suicide

Tomofumi Oka, PhD, Sophia University, Tokyo, Japan

Grief Conference, on April 20-21, 2023 at the University of Tampere, Finland

Hi, everybody. My name is Tomofumi Oka.

Narratives of Self-Help Groups for Family Survivors of Suicide

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I'm a professor of social work at Sophia University, Tokyo, Japan.

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To begin with, I would like to say "thank you" to . . .

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Dr Nur Atikah Mohamed Hussin and her colleagues for this wonderful opportunity...

Narratives of Self-Help Groups for Family Survivors of Suicide

Tomofumi Oka, PhD, Sophia University, Tokyo, Japan

Grief Conference, on April 20-21, 2023 at the University of Tampere, Finland

to speak at this important conference on grief.

Narratives of Self-Help Groups for Family Survivors of Suicide



Today I will talk about "grief and culture in Japan," . . .

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and then focus on the "narratives of self-help groups for family survivors of suicide."

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Before discussing this topic, let me introduce myself.

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I will tell you about my work with these self-help groups.

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As a community social worker, ...

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I have been interested in self-help groups for many years.

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These have included self-help groups for alcoholics, . . .

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people with physical or mental disabilities, single fathers, and parents of sick children.

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One day in 2008, about 15 years ago, . . .

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a woman, Ms Tanaka, who had lost her son to suicide, wrote a letter to me.

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She had started a self-help group for family survivors of suicide.

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However, because there were almost no self-help groups for these family survivors in Japan at that time, . . .

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she felt that professionals lacked sympathy for their group.

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These professionals did *not believe* that family survivors could independently lead their self-help groups.

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She knew that I was an expert in self-help groups, . . .

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so she wanted me to help her group obtain social legitimacy.

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However, I had little knowledge about grief and suicide, . . .

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so I suggested that she ask for help from "grief care professionals."

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Back then, there was a growing number of these professionals in Japan, . . .

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following enactment of the Basic Act on Suicide Prevention in 2006.

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Through this Act, ...

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more and more professionals were getting financial support from local governments, . . .

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and they became supporters of people who had lost family members to suicide.

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Surprisingly, however, Ms Tanaka said that these supporters were *not helping* her group.

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Rather, that they were *hurting* family survivors of suicide.

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I was wondering, "Do supporters hurt people? Is that possible?"

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She said that indeed they could.

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She pointed out various things, . . .

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including their discriminatory attitudes towards family survivors of suicide and their superficial kindness.

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But the most relevant issue to this conference is ...

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that these family survivors *detest* the conceptual or theoretical frameworks used by professionals.

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Ms Tanaka is now a charismatic leader of family survivors of suicide in Japan.

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She conveys this strong negative feeling by saying "Grief care is evil."

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Why does a woman who lost her son to suicide *detest* bereavement interventions?

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I should stress that she represents many family survivors of suicide in Japan.

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Many family survivors of suicide I met agree with her.

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So, why do they *reject* bereavement care?

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I want to answer this question in my talk today.

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My answer is that this is a *cultural* matter.

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Japanese professionals invoke strong negative feelings in family survivors, . . .

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because they are *not aware* of cultural factors in bereavement intervention.

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In this presentation,

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I will summarize the narratives of these family survivors into *three main voices*.



First, "The dead are alive."



The relationships between the living and the dead vary in different cultures.



Many traditional Japanese families have **Buddhist altars** in their homes.



This is Ms Tanaka's Buddhist altar.



You can see many flowers.

And some fruits and sweets.



This photo was *not taken* on a special occasion.



It captures an ordinary moment in life.



The Buddhist altar is *a spiritual channel* between the living and the dead in the family.



The living greet the dead at the altar every morning and offer a bowl of rice.



Some ask the deceased to protect them from bad luck . . .



when, for example, they or their family members travel or take exams.



When they receive gifts of food from visitors to the house, . . .



they often put them on the family altar before eating them.



From the viewpoint of grief care professionals, . . .



the dead are gone. They no longer exist.



The professionals do not talk about those who are not alive any longer.



Professionals focus on the person's inner experiences, . . .



whereas the family survivors think of their *relationships* with the deceased.



Talking about the bereaved *person's experience* is different from . . .



thinking about the family's *relationships* with the person in heaven.



The second voice is "Grief is love."



The family survivors notice that from the professionals' viewpoint, . . .



their grief is considered to be a kind of *poisoned state* of mind in the disease model of grief.



So, for example, in Japan, when grief therapists tell family survivors to express their grief in group therapy, . . .



they often use the phrase "vomit your sadness and recover your mental health," . . .



as if *grief is a poison* to be eliminated from their mind.



In Japanese culture, it is not desirable to express one's feelings directly, . . .



so I guess this is why we often use the phrase "to *vomit emotions*."



In Japan, the "process model of recovery from grief" is well known.



It is used by many professionals who want to help family survivors of suicide.



However, many leaders of self-help groups for family survivors say . . .



that the process model of recovery from grief is *harmful* to them because . . .



in this model, grief is treated as an illness that they must recover from.



I know that the disease model of grief is obsolete among current bereavement therapists.



However, in Japan, where bereavement therapy is not common, . . .



professionals tend to treat grief as *pathological*.



Local government bureaucrats are influenced by such professionals...



And they often view family survivors as *psychologically* unwell.



So, although bereaved families are ready to actively participate in policy-making,



local government officials are wary of them, seeing them as potentially having mental health issues.



They do not invite them to join committees or other forums discussing social policies.



In these circumstances,



self-help groups for family survivors of suicide assert...



that *grief is love*, an essential part of their feelings and existence.



Ms Tanaka said grief is "an essential part of her body."



Her notion is the *opposite* of the pathological model of grief.



For the bereaved who spend every day in grief,



this voice affirms their way of being and enhances their sense of self-esteem.



To fully understand this way of thinking, . . .



we need to understand Japan's culture of accepting grief in a positive light.



The third voice is "Live with grief."



Another reason why family survivors reject the process model of recovery from grief is

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they believe recovery is impossible.



A man told me that he lost his daughter to suicide, and she was his only child.



He says he simply cannot recover.



He could only recover if his daughter were to come back to this world.



So, recovery is impossible, but they will *live with grief*.



This idea might sound very pessimistic and full of despair.



However, it agrees with Buddhist teachings deeply ingrained in Japanese culture.



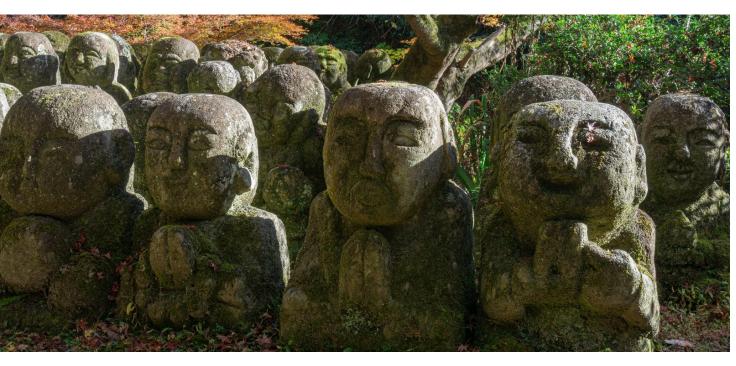
In Buddhism, *suffering*, including grief, is fundamental to human existence.



People can lead meaningful lives by accepting that suffering is an inevitable part of life.



In addition, grief has been considered essential in Japanese culture.



The greatest philosopher in modern times in Japan, Dr Kitaro Nishida, left us the following words: . . .



"The beginning of philosophy is *grief in life.*"

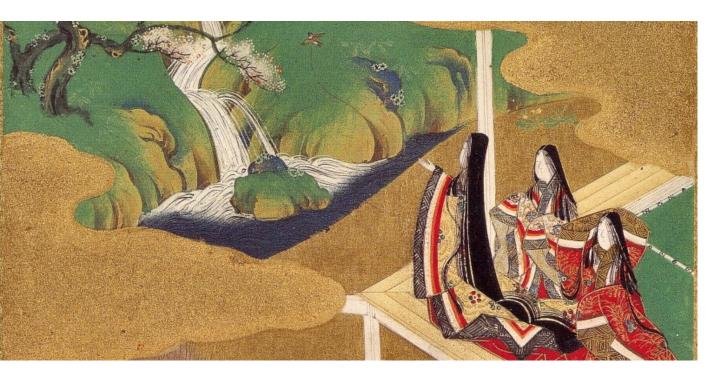
Dr Nishida: "The beginning of philosophy is *grief in life*."

The famous philosophical phrase in the West is different: "the beginning of philosophy is *a wonder*."

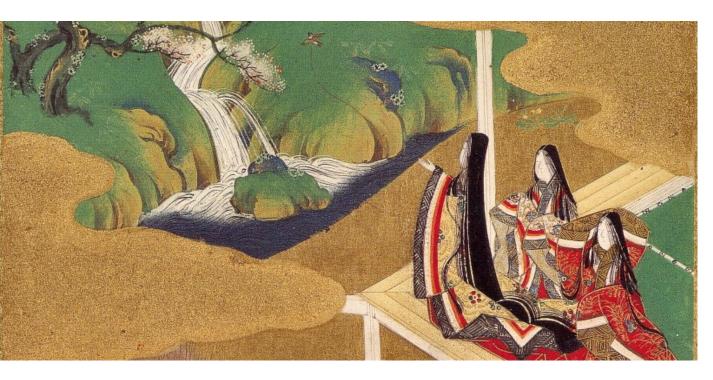
Dr Nishida: "The beginning of philosophy is *grief in life*."

In the West: "The beginning of philosophy is a wonder."

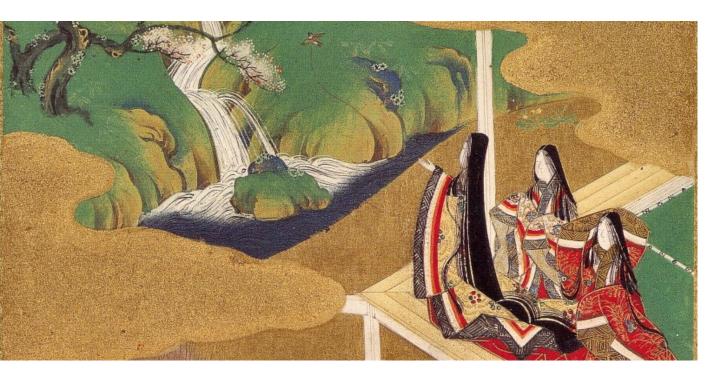
Nishida's words came from the anguish of losing his daughters to illness.



Ancient Japanese literature also shows the value of grief.



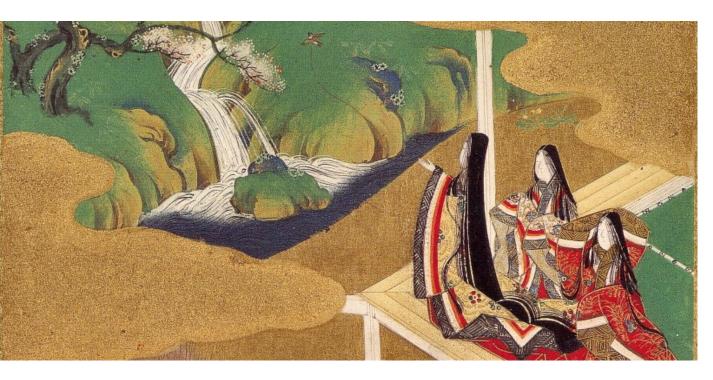
An archaic word, *kanashi*, means "grief" and "love" simultaneously.



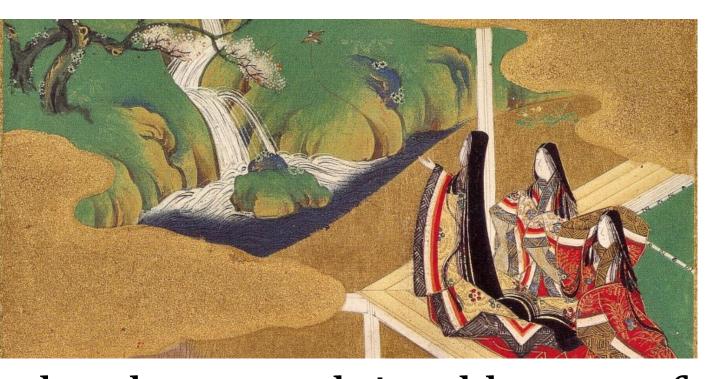
It means ancient Japanese considered "grief" and "love" inseparable.



How was this possible?



This overlap between the two concepts one thousand years ago . . .

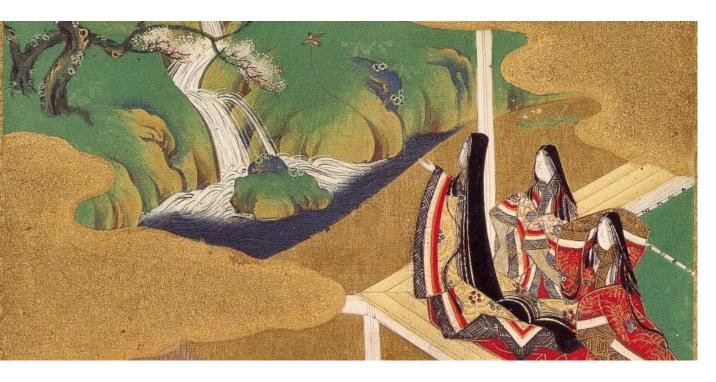


has been explained by a professor of Japanese literature, Dr Seiichi Takeuchi, as follows:

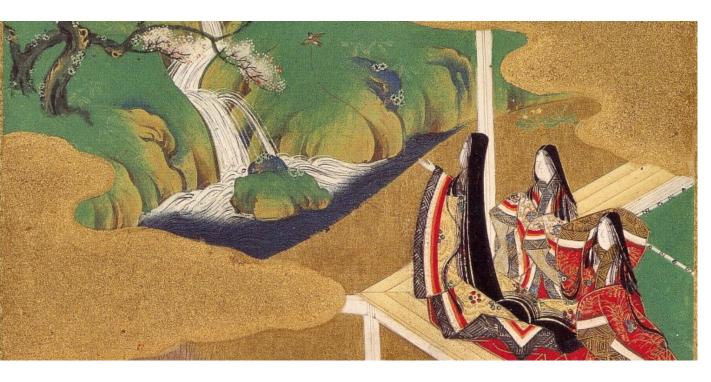


If you love someone so deeply, you cannot do enough for them, however much you do.

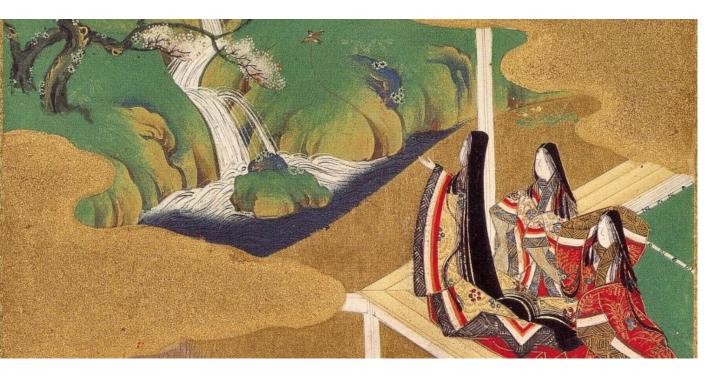
Therefore, whenever you love, you have sadness or grief. Love and grief cannot be separated.



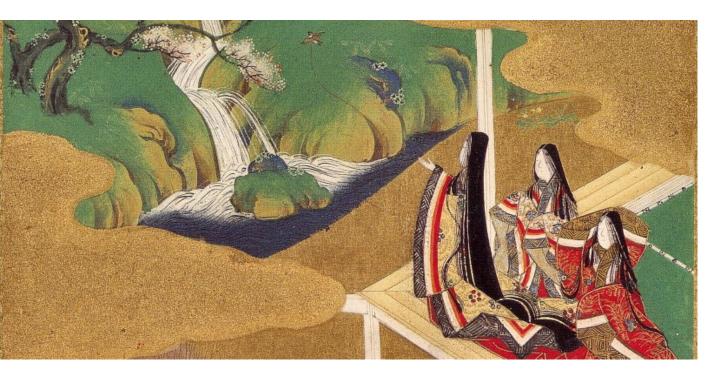
My point here is that grief varies in different cultures.



According to some cultural and religious values, . . .



people appreciate *suffering* as a fundamental human experience.



We should respect the diversity of perspectives on grief in life.



So today, I have talked about the voices about the grief of family survivors of suicide in self-help groups.



In their viewpoint, the dead are alive, grief is love, and we should live with grief.



I am not saying that all Japanese family survivors share these voices.



This presentation focuses on self-help groups for family survivors of suicide, . . .



and I present their voices only.



However, self-help groups are excellent representatives of Japanese family survivors

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because they are independent of professionals.



They don't need to compromise with professionals and conform to their opinions.



So, although Japanese professionals tend to follow Western support methods without considering cultural differences, . . .



Japanese self-help groups are developing their paths through trial and error.



I'd like to end with an example of a group therapy technique, which uses a "talking stick."



In the group session, a stick or something lightweight is passed around, . . .



and nobody but the member holding the stick is allowed to speak.



A group facilitator uses the stick to encourage the group members to listen to the speaker...



and prevent others from interrupting.



However, this is useful in a culture, where people want to talk rather than listen.



In Japan, many people are reserved.



They are often too shy to talk in a group of strangers.



Family survivors who experienced group therapy with a "talking stick" often say . . .



the "stick" makes them nervous and uncomfortable.



They felt group pressure to talk in the group even though they were not ready to do so.



This example shows that . . .



even one therapy technique can function differently in different cultures.



Also, each culture views life, death, and relationships with the deceased uniquely.



Considering the cultural diversity around bereavement, . . .



we cannot expect to develop a universal approach to use in all cultures.



Yet, in Japan, many professionals seem to rush to establish ways to support family survivors of suicide.



They learn a lot from English literature and hastily introduce many theories and practices from overseas.



They hold training sessions for public employees to spread these theories and practices nationwide.



Unfortunately, these theories are often simplified so that people accept them.



This causes conflicts between professionals and self-help groups for family survivors of suicide . . .



because their thoughts on grief are very different.



To conclude, we should respect *cultural diversity* among people suffering grief.



Japanese self-help groups for family survivors of suicide have different values on grief to Japanese professionals.



Their voices include: "the dead are alive," "grief is love," and "live with grief."



Considering these as alternative viewpoints will help *enrich* the bereavement interventions offered.