

# Developing Experiential Knowledge of Self-Help Groups under the Influence of Professional and Indigenous Knowledges

Tomofumi Oka, PhD, Sophia University, Tokyo

## Summary

“Experiential knowledge” (Borkman, 1974) is a key concept when researching self-help groups. Discussion of the experiential knowledge of self-help groups has compared it to professional and indigenous knowledges. This paper explores the development of the experiential knowledge of self-help groups for family survivors of suicide in Japan, which has, and continues to be, influenced by both these kinds of knowledge.

Methods: An ethnographic study was conducted on self-help groups for family survivors of suicide in Japan. I have been involved with these groups since 2008, and conducted conversational and semi-structured interviews with group members, as well as participatory observations at their gatherings. I also collected and analyzed booklets and newsletters published by the groups. In addition, I reviewed the textbooks and guidebooks used for training bereavement professionals and volunteers in Japan, and surveyed the literature on traditional Japanese perspectives on death and bereavement.

Findings and Discussion: The family survivors’ experiential knowledge came to the fore as they began to doubt the effectiveness of group interventions by bereavement professionals. Survivors also rejected the various “stage models of recovery from grief” advocated by these experts as not matching their own experience, and began to consider their grief as something that would stay with them in some form for the rest of their lives. Consequently, their experiential knowledge served as an antidote to the pathologisation of grief, which is a salient feature of the professional knowledge on bereavement prevalent in Japan. On the other hand, their experiential knowledge included concepts of professional knowledge such as trauma, and those of indigenous knowledge such as “time medicine”— the notion that time is a good medicine for alleviating grief. Their experiential knowledge has thus developed not only from their experiences, but also from concepts drawn from both professional and indigenous knowledges.

## 1 Literature review

Experiential knowledge, an important concept in the study of self-help groups, was first proposed by Borkman (1974), who defines it as “truth learned from personal experience with a phenomenon rather than truth acquired by discursive reasoning, observation, or reflection on information provided by others.” The concept of experiential knowledge is still attractive to many scholars, although their discussion has “little in the way of unanimity” (Blume, 2017). This study aimed to locate the experiential knowledge of self-help groups for family survivors of suicide in Japan, and to explore the relationship between that knowledge and both professional knowledge and indigenous knowledge in the country.

## 3 Experiential knowledge and indigenous knowledge: Mixture and conflicts

Japanese indigenous knowledge interacts with experiential knowledge in a number of ways. A good example is the indigenous concept of “time medicine,” which is the equivalent of “time will heal all wounds.” Many family survivors of suicide say, “Our recovery is impossible, because the dead won’t come to life again,” and deny the effect of time medicine.

However, at the same time many admitted that time would change their state of mind.

The self-help groups often have separate meetings for the newly bereaved and veteran survivors and clearly are making efforts to integrate indigenous concepts with survivors’ experiential knowledge.

## 5 Indigenous knowledge and professional knowledge: Conflicts

In bereavement therapy, professional knowledge is built on notions of death, which vary across cultures. Therefore, the professional knowledge developed by Western scholars does not necessarily fit Japanese family survivors of suicide. For example, while in Western societies the living and the dead are separated, in Japanese society the two remain linked for Buddhists. However, Japanese professionals largely depend on Western knowledge, and thus their treatments are not attuned to many Japanese survivors’ experience. Indigenous knowledge – in this case Buddhism – helps many survivors who are distressed by Western professional knowledge relating to grief.

## References

Blume, Stuart. (2017). “In search of experiential knowledge.” *Innovation: The European Journal of Social Science Research* 30(1): 91-103.  
Borkman, Thomasina. (1976). “Experiential knowledge: A new concept for the analysis of self-help groups.” *Social Service Review* 50(3), 445-56.  
Borkman, Thomasina. (1999). *Understanding self-help/mutual aid: Experiential learning in the commons*. New Brunswick, NJ: Rutgers University Press.  
Kaga, Makiko, Tadashi Takeshima, and Toshihiko Matsumoto. (2009). “Suicide and its prevention in Japan.” *Legal Medicine* 11, Supplement 1: S18-S21.

## A Case Study of Self-Help Groups for Family Survivors of Suicide

### Experiential knowledge

“Grief is love.”  
“We live with grief.”  
“Grief is ours.”  
(Oka, 2013)

“Time medicine: time is a good medicine for alleviating grief.”

### Indigenous knowledge

Religions and cultures

“Stage models of recovery from grief,” “Trauma”

### Popular psychology

Medicalization  
[Pathologization of grief]

### Professional knowledge

## 2 Experiential knowledge

The experiential knowledge of the family survivors of suicide I researched can be summarized in the following three phrases: “Grief is love”; “We live with grief”; and “Grief is ours.” Their experiential knowledge emerged as an antidote to professional knowledge, especially the pathologization of grief and stage models of recovery from grief, which survivors were confronted with in group therapy and bereavement booklets. Grief, rather than being something pathological that needs to be “cured”, was considered the most important aspect of their experience and equal to love. After their grief was normalized, the survivors continued to live with it. Many felt they owned their grief and rejected the unasked interventions of professionals.

## 4 Experiential knowledge and popular psychology: Mixture and conflicts

The survivors’ experiential knowledge collided with professional knowledge frequently. Since 2006, when the Basic Act on Suicide Countermeasures came into force (Kaga, et al., 2009), local governments have been obliged to psychologically support family survivors of suicide. In 2011, the Great East Japan Earthquake and tsunami took lives of about 20,000 people and led to a great of attention being focused on grief and bereavement care in Japan. Over the last decade, popular psychology has increasingly influenced bereavement care. Stage models of recovery from grief, which are considered obsolete in other parts of the world, now dominate Japanese grief intervention. The self-help groups I studied emerged in reaction to the use of these models by many professional and volunteer bereavement carers. At the same time, however, a number of popular psychology concepts are incorporated into survivors’ experiential knowledge; terms like “trauma” and “psychological wounds” are commonly used in the self-help groups.

## 6 Conclusions and implications

The trichotomy of knowledge – experiential, professional, indigenous – is widely studied by Borkman (1999) and others but many Western scholars overlook the fact people clearly accumulate their experience through their unique indigenous or cultural perspectives. This study shows that these three types of knowledge are

intricately mingled in the case of self-help groups for family survivors of suicide in Japan. Just as professional and indigenous knowledge can fail to meet the needs of all survivors of suicide, experiential knowledge too has its limitations. Further research is needed on how these self-help groups develop and/or revise their experiential knowledge to be of greater assistance to their members.

## Acknowledgments and Contact

This research was supported by Grant-in-Aid for Scientific Research (C) # 16K04184 from the Japan Society for the Promotion of Science.

Contact: Tomofumi Oka, t-oka@sophia.ac.jp  
<https://sophia.academia.edu/TomofumiOka>