"We Don't Need Grief Care," Say Some Family Survivors of Suicide[1]

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Some grief is impossible to be taken care of

How would you, as a public health nurse, react if you heard that some family members who have lost a loved one to suicide think "We don't need grief care"?

Would you think "That's a problem. Those people are actually the ones who need to be taken care of"? Maybe you would regard those who refuse any support as "more challenging cases." Or maybe you would assume that they gave themselves up to despair with feelings of self-abandonment.

The bereaved family members that I (Oka) have met who said they didn't need grief care were not at all the "challenging cases" described above. They were among the people who gather in self-help groups for family survivors of suicide who were willing to "share" their experiences—but only with others who had gone through exactly the same experiences. I believe it was the opportunity for them to meet together that gave them the strength to declare "We don't need grief care."

These family survivors must have been enormously courageous to refuse "grief care" in the midst of recent trends where many professionals overtly assert that family survivors need to receive grief care services. You can imagine how tough it would be for those who are not professionals—and particularly those who are inevitably labeled as "socially vulnerable by professionals—to express their refusal and say "No" to professionals who have the support of national and local governments. At the same time, family survivors have to cope with the deep sorrow in their daily lives.

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[1] *Chiiki Hoken* [Community Health], 41(3), 21-25, 2010.

Do you think that those who are grieving are to be pitied?

The fact that family survivors who gather in self-help groups refuse grief care does not necessarily mean they are seeking "better grief care." In other words, they are not saying, "We do not need heartless grief care," or "We do not want to receive grief care from untrained people." The reason why they reject "grief care" of any kind is very clear. They simply believe that their grief is impossible to be taken care of. Their grief is too deep to be treated. Family survivors think that in any attempts to ameliorate their pain, even if making use of every professional skill available, people who have not had the same experience would never understand the depth of their grief.

You might think that it is so sad that their grief will never be taken care of. But you have to accept this if that is the way it is. The family survivors, who are determined to face the serious truth as it is, gather in self-help groups to help themselves.

I (Oka) truly respect people who make this kind of serious decision. If there are any professionals who still assert that family survivors of suicide who refuse grief care are the ones who actually need care, I would ask them: "Do you think that those who are grieving are to be pitied?" If they think so, they are very arrogant. How many of us have confronted the serious truth that family survivors are currently facing?

Family survivors are not "sick"

One of the reasons why family survivors resent "grief care professionals" is that professionals often treat them as "the sick in need of care." "The sick" are those who suffer from disease, who hope the "disease" will be cured and that they will recuperate from the "disease." For this reason "the sick" seek aid from someone with professional skills. This is because professionals such as physicians are usually more knowledgeable about medical treatment than the sick themselves.

However, is the "grief" of family survivors really a "disease"? It is natural for humans to feel grief when losing a beloved son or daughter. If the person does not grieve, that *is* "sick." How could a parent who lost a 5-, 10-, or 20-year-old child recover from the grief in just a couple of years? When their grief is regarded as a "disease," family survivors feel like they are being forced by professionals to abandon their grief (professionals call the abandonment "recovery"), even though the grief is

intimately connected with their memory of the lost family member. Despite the fact that this grief therefore means a lot to each family member, professionals regard it as something they know how to deal with, and generalize it to offer "prescriptions" to "fix" it. In this procedure, the "grief recovery process" theory described in the following section is frequently used.

"Grief recovery process" theory denies the emotions of family survivors

The "grief recovery process" theory is probably the central pillar of "grief care." This is true at least from the perspective of family survivors of suicide who are "subjects" of grief care. For professionals, "taking them to recovery" might be the point, so they can show off their skills. If they fail to make the family survivors recover, nothing is treated, which means they failed in their professionalism. Professionals will definitely try to avoid such a situation where they could lose all respect.

For professionals, who regard "recovery" as optimal, those who remain grieving are "sick," "troubled," and "challenging cases," meaning they are "left in an undesirable condition." In the scope of the "grief recovery process" theory, those who remain in lower developmental stages are "unfortunate persons" or "persons who cannot move on." This way of thinking denies the family survivors' belief that their grief can never be treated. Some family survivors say, "The only time we could recover is the time when our children live again." These persons would be labeled as "pathologically ill" according to "grief recovery process" theorists because this remark sounds like they are rejecting the "recovery" that professionals believe everyone is seeking.

There is no "recovery" from "love"

One of the theoretical mistakes of the "grief recovery process" is neglecting the self-evident truth that family survivors' grief is united with their love for the loved one they have lost. Just like there is no "recovery from love," there will be no recovery from the grief of a family survivor.

In the "grief recovery process" theory, grief is described as a "vice" that individuals should avoid. This is because the longer the process continues, the more

distant they become from their grief, leading them to becoming happier. In this sense, grief is harmful and the cause of heartbreak, which is completely different from how the family survivors think of grief, as being so tied together with their love.

Family survivors of suicide assert that "Grief is a part of myself." For them, grief is not like a "disease" they expect to be treated by others, such as professionals and volunteers. Just like part of the physical body, grief is not something that can be removed. Moreover, "my grief" exists with "me." "I" am the one who knows about it best, and no-one, including a professional, is allowed to say that he or she knows about "my grief" better than "me."

The Japanese characters "愛しい" could be read as either "かなしい" [kanashii meaning "sad"] or "いとしい" [itoshii meaning "loving"]. Japanese people in earlier times may have realized that "love" and "grief" are one and the same thing. The Japanese tradition of holding Buddhist memorial services for the deceased 3, 7, 13, and continuing up to 50 years after someone's death could be proof of our ancestors' wisdom that we are living with the deceased.

What we hope for public health nurses

While the necessity of "grief care" has been discussed as a national concern in recent years, for public health nurses it is our hope that you will remember that there are family survivors who have been inadvertently hurt by "grief care." Please be aware that based on a highly skilled professionalism that psychiatrists are proud of, "grief care" is offered with a good-will volunteer spirit that is endorsed and encouraged by political authorities at both national and local government levels. Under such circumstances, "grief care" might be offered with such enormous pressure that any refusal is not made easy for family survivors. If you remember this, you can now understand why family survivors are simply not able to express their "reduced grief" in numbers written on evaluation sheets that professionals ask them to fill in after as short as a few hour-long sessions. (A meeting only has a small number of participants too, so how can they dare to give negative feedback?). This whole approach upsets and bitterly disappoints them, leading them to determine that they will never attend any such sessions again. You should also now understand why

family survivors do not want to come to this kind of a "place of healing" sponsored by governments: even if they attend once, they may well not return.

Although efforts to prevent suicides are of course important, some suicides must have been inevitable. Please do not treat all family survivors of suicide as "the sick" or "the troubled." They are deciding to bear the heavy burden that was the result of the inevitable. We would like you to treat such people with respect.

Needless to say, not all family survivors of suicide are in the same situation as those I have met. Some people actively do want and seek "grief care," and others with serious symptoms of mental illness such as depression need to be treated as "the sick." However, we believe the underlying notion is, in any case, the same. That is, you have a responsibility to listen carefully to what family survivors say and to respect their will.