

TRAUMATIC EFFECTS OF SUICIDE ON FAMILIES: PASTORAL PERSPECTIVE

BY

VICTOR MASWAZI MADALA

STUDENT NO: 10674153

DISSERTATION

SUBMITTED IN FULFILMENT FOR

THE DEGREE

M.A. (THEOLOGY) PRACTICAL THEOLOGY

UNIVERSITY OF PRETORIA

SUPERVISOR: PROF M.J.MASANGO

APRIL 2016

DECLARATION

I, the undersigned, hereby declare that the work contained in this dissertation

THE TRAUMATIC EFFECTS OF SUICIDE ON FAMILIES: PASTORAL PERSPECTIVE

Is my own original work and that all sources I have used or quoted have been indicated and acknowledged by means of complete references. Furthermore, I have not previously submitted part or whole of it to any University for a degree.

Student:

Date:

Supervisor:

Date:

DEDICATION

This work is dedicated to some long departed Priests of the Church of the Province of Southern Africa who had ministered at St Cuthbert's Parish, Tsolo, in the Diocese of Mthatha for their dedication to their priestly calling. These will include, inter alia, the Fathers of the Society of St John the Evangelist (S.S.J.E.) and especially the late Canon Gideon Velile Bashe for their spiritual influence and guidance on the author's life. Also to my departed parents, John Mncedi , my father and Nomhle Nomjikelo Madala for their unfailing love and spiritual guidance.

ACKNOWLEDGEMENTS

This work would not have been possible without some special people I would like to acknowledge:

1. A special thanks to my lovely wife, Nokwanda (Kanina) for all her endless support especially her technological 'know how.' What a lady.

2. To Prof. Maake Masango for being just that, a PROFESSOR, a mentor and a care giver to students.

3. To colleagues, both M.A. and PhD students for being colleagues to the letter. Special mention goes to Mr Victor Letuka, for his prowess in class Captain.

4 I also want to thank Doctors who completed the program, and continue to journey with us. Dr G Palmer, Baloyi G T, M Mariri, R Munthali

5. To Archdeacon George Palmer for accommodating us all these years.

6. To all respondents who have partaken in this research, 'may you all be richly blessed by God.'

7. To St Bernard Parish for allowing me to take time away from them in pursuit of this research.

ABSTRACT

There would be few nations, if any, the world over who do not understand the word Suicide. It is a dreadful word. It is when one plans and executes his own death. Suicide is not likely to occur accidentally. It has been established that it is a world-wide phenomenon. It is dreadful. However, the focus of this study is about the trauma that suicide causes to members of families that are left behind to grieve. Trauma has been defined as an injury exerted on the human body by outside forces. This injury is, however, emotional/psychological and never physical. The author's community has been greatly affected by this trauma, hence the research. The aim of this study was to epitomise its dreadful effects on families, the community and the church.

GLOSSARY

CHURCH - A building where Christians come together to worship or a group of people coming together for a common purpose of Christian worship.

GENERAL DEALER'S LICENCE - This is an olden day version of what is now the Supermarket. The customers would, however, buy their goods over the counter and not pick up goods by themselves. It was licensed to sell almost every commodity. It was mostly found in rural areas.

HEALING – An emotional healing for those that have been injured by the trauma of suicide.

LEADERSHIP –Refers to the leadership of the church; the Priest and the Church Wardens.

PATENT MEDICINE- Refers to non-prescribed medicine sold by General Dealers over the counter.

PRIEST- A contemporary of a Pastor, but would be distinct from a Pastor by a Priestly attire which is a white collar around the neck, and a cassock.

POLICE- Refer to Law enforcement agencies.

RATTEX PILLS – Small greenish poisonous tablets used to exterminate rats, rodents and mice that destroy mealie-crop stored in galvanised tanks.

SUICIDE – An act of killing oneself.

TRAUMA –An emotional condition of the body produced by emotional shock.

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CHAPTER ONE

1.1 BACKGROUND

Suicide is the subject of discussion the world over. The reasons thereof vary from place to place. However, the subject of this research will be its traumatic effect on families, the church, and the general community. The Oxford Dictionary describes suicide as an act of “*committing self-murder.*” (Hornby A.S., 1975: 881) Indeed suicide is death, a self-imposed death. It is a criminal offence in South Africa, and in most countries, because no one has a legal or moral right of terminating anybody’s life, including his/hers. But death itself, however, is a natural occurrence. In our lifetime each and every one of us is going to go through that experience. William Shakespeare once described death as, “the necessary end which will come when it will come.” Christianity has a strong belief that death was created in Biblical times by the Lord God Almighty himself in the Garden of Eden (Gen 3:19). The question to ask is what is making death ‘special’ though is how it comes about; through natural causes, suicide or accident. Death that comes through suicide, most often creates a tremendous amount of anxiety, grief, and trauma to the families concerned. The community at large and also the church become affected. The families and communities become traumatised by suicide action which leaves them with many questions. The author believes that death, in fact, is in itself traumatic and that trauma is aggravated if death comes through suicide. Suicide death is horrific and unbearable to most people. People or families transfer that horror, through words and deeds to the affected individuals; thus making their lives miserable. The author as a pastoral caregiver/priest has to do ministry within the family and to bury the dead. As a result is in touch with the issue of death all the time.

Ministers, Priests and Pastors are exposed to different kinds of challenges in the course of their ministry. This kind of ministry exposes the author thereby enabling entering into the world of those who remain after the death of a loved one through suicide. The feeling of trauma, the anxiety, emptiness, loneliness, aloneness, and a feeling of abandonment abounds. This kind of feeling is expressed by Kreis and Pattie when they say, *“Imagine yourself suddenly alone in an alien world. Your body is weary, your emotions raw. Your heartache is a real physical ache and you are sure your life is destroyed. You do not know how to think, how to stop feeling, how to start feeling, where to go, where not to go, what to do, what not to do. Your emotions are a mixture of childish anger that ‘this should happen to me’ and a mature awareness that the one you loved is gone. And yet paradoxically, for a while you do not believe that he is really dead. You feel trapped, betrayed, and frightened. You feel guilt, anger, self-pity, and you long to share all these contradictory feelings with someone who understands, but you are afraid. All the conflicting emotions sink deep inside you. You wonder if you are going insane because you do not know if anyone else ever felt as you feel. Then you, like your friends, play the game called ‘Count your blessings.’ It is a hide-and-seek game. You hide your real feelings and seek approval from your friends by your strength in accepting grief with such good grace.”*(Kreis B and Pattie A.:1982:2).

Kreis and Pattie, in their work, express the sentiments that are realized by members of the bereaved family. The anxiety, the anger, and the frustrations they go through at that moment. The feeling of failure that somehow there is something one could have done to prevent this. Furthermore, that feeling is comprehended by the fact that, in our communities a suicide death is accompanied by stigmatization. As the cause of a suicidal death is most often unknown, the family is subjected to all kinds of speculation. The family has to go through that episode as well. The

horror that is experienced as a result of such an episode does not subside or is it nor is it obliterated quickly from those left behind. They carry it around with them like an “Albatross” around their necks. Some go through nightmares and sleepless nights after having experienced suicide in the family. Some even find it difficult to cope with the daily routines of their lives. Others even experience difficulties in their relationships with spouses, families and friends, as a result thereof. This concept will be explored in Chapter Three. Squabbles, misunderstandings, and suspicions sometimes arise within the family. Accusations and counter accusations become the order of the day. Pointing of fingers arose; blaming of one by the other becomes the order of the day. Confusion reigns supreme. In some instances other members of the family may tragically follow the same route.

To the author this research was triggered by a member of the congregation. The story to follow will share some of the above problems. Twenty five years ago Thandi (not her real name), lost a brother through suicide. Presently she is a family woman of forty years. She has her own family that consists of a husband and three lovely children. One of their children, she reckons, strongly resembles her late brother. She approached the author and shared her sad story of that unforgettable day. That is, the day her brother committed suicide. She narrated the story meticulously, with all the extremely touching details that are encountered in suicide incidents. The horrific details came out fluently as if it had happened the previous day. As she was talking it became abundantly clear to the author that those gory pictures of her dead brother were still vivid in her mind after all these years. She apparently had a photographic memory of the events.

She got exposed again to the horrible scene of the tragedy, as she shared the story. She was still relatively young then, a teenager. The scene became too much for her tender age to master. She relived the pain and shock she experienced as severe

today as it was those twenty five years ago. The image of her brother in that horrible state is as vivid today as if it were yesterday. Death had come instantly as a result of a gunshot wound through his head. As if that was not enough, the discovery of the weapon used to inflict death revealed that it was their father's licensed firearm. The firearm was meant to protect them and not to destroy them. This also called for the involvement of the Police. In most cases the presence of the Police amongst the people, indicate that something is not right. In this community it is not common to socialize with the Police officers. Their mere presence denotes that all is not well. Their presence in tragic situations is not easily erased. From the manner in which she expressed herself, the author was left with the impression that the lady never found closure. She was still traumatised by that event, especially when she saw her own child who looks like her own brother.

It became apparent to the author that there must be plenty of people out there who are suffering silently in the midst of the communities we are assigned to as Pastoral Caregivers. Some of whom may be suffering from that trauma for the rest of their lives. This raised some questions to the author as to what role the Pastoral Caregivers should play in such situations.

Because of her confusion, she said that the initial reaction was to blame her father. Why was his gun not where it was supposed to be? She accused him of having been careless with his dangerous weapon. It was his gun and, therefore, his responsibility to safeguard it. The fact that it could be accessible to someone else means that he is not fit to possess one. The result of that carelessness was his brother's death. (It was later established that there was in fact no foul play. Her father was actually not to blame. There was nothing he could have done under the circumstances. He also had no knowledge of its disappearance.)

However, there were also other factors that perpetuated the situation in Xhosa tradition, such as:

- The haphazard manner in which the funeral service of his brother was conducted by the Minister.
- Certain Christian rituals, common in every family funeral, were averted. The reason thereof was obvious. It was suicide.
- The stigmatization of the whole episode by the larger community exerted a lot of pressure on the family.
- Pressure and clamour that such funerals should have a separate graveyard away from their forefathers' graves for fear of desecration.
- The conspicuous absence of prominent friends and close relatives of the family and of the deceased due to the nature of his death.

All of these factors and a host of others were still vivid in her mind. She had been rewinding them over and over again in her mind. They had left a deep internal and emotional scar that had traumatized her all these years. For a forty year old woman to be still hurting twenty five years down the line, implied to the author that the lady never got closure. Something had to be done about this, the author contemplated as he heard the story shared as if it happened yesterday. Though she now has her own family, it is evident that she never got over the trauma of losing her brother so tragically with all the horror accompanying it. The author struggled to pastorally care for her as a result. Several questions that came to mind to the author then were;

- Why is the lady still in such a state of mind?

- What happened or did not happen all these years?
- What was happening inside her now?
- Did the church have a pastoral contribution?
- If so, was it positive or negative?
- What was the contribution of the community in this regard?

All these issues needed to be addressed, the author contemplated. This brought a thought to the author that there may be others out there who also suffer as the lady was suffering. This brought a challenge to the author that this may not be an isolated case. There could obviously be an existence of a bigger challenge out there. This lady could not be an isolated case. There may also be a host of others out there who may also be suffering in the same way. This lady was a cry out for help for herself, but unknowingly for others too. In this endeavor the author is taking up the challenge to research the trauma that affects families and individuals in the face of suicide. All those who suffer out there need to have Pastoral Care. Pastoral Caregivers need to locate them and journey with them on the road to recovery. That kind of recovery will assist them to find closure to the death of their loved ones. Only then will trauma become a thing of the past. Hence the research topic: The Traumatic Effects of Suicide on Families: Pastoral Perspective.

1.2. PROBLEM STATEMENT

As intimated above, Priests, Ministers and Pastors are in all probabilities the closest to the people in the communities. They minister and care for people in the community. They have personal contacts and encounters with them almost on a daily basis. They bury their dead and thus enter directly into their world of pain

and share in the experiences of their miseries, disillusionment and joy. These questions then arose after the above experience:

(i) How do Pastoral Caregivers, or Ministers who are Caregivers, respond in cases of suicide? Our communities are always apprehensive towards suicide. Suicide is always surrounded by a stigma. This brings a lot of uneasiness to the affected family. As Pastoral Caregivers we have a vital role to play in the circumstances. What is that role during this time of bereavement?

(ii) What message does a preacher carry across to the mourners and the community at the funeral service of a suicide victim? In every funeral it is incumbent upon the Minister/Pastor to deliver words of comfort to the family and friends of the deceased. How will it be possible to deliver such a message under such circumstances?

(iii) How does the Minister perform the Holy rituals of the church in such funerals? Each Church denomination has its own rituals pertinent to that church/denomination. These rituals carry with them a lot of meaning to the congregants. They have a special significance to them. Failure to uphold them can lead to serious consequences for the church. In such situations the role of the Minister/Pastor becomes precarious. What can one do?

(iv) At what stage do Pastoral Caregivers begin to give therapy to those who remain? Should this be carried out before or after the funeral? At some stage the minister has to minister to his/her flock. The bereaved family needs prayers, comforting and counseling. How is it going to be possible for the Minister to do his/her pastoral duties when there is tension all around?

(v) What is the pattern to be followed in such funerals? Will the Parish/church freely provide the amenities of the church to the family to make

use of during the funeral service? Will there be a funeral service at all because other churches see suicide as a curse? All community church denominations have their own way of conducting services which may vary vastly from one to the other. There are some regulations that restrict the utilization of Church amenities. Anything that may be regarded as ‘sinful,’ like suicide, may not be entertained inside the church hall.

(vi) Some logistics may come to play regarding whether the deceased was baptized and, therefore, a full member of the church. Baptism is very important to the Christian faith as it is regarded as an entry point to Christianity. If one is not baptized there might be no funeral in the church. What will be the position of the Pastor at that time?

(vii) What are the African cultural implications that will inhibit or hinder the healing of the family? Some of our cultural heritage refuses to accept such a funeral as normal. Such a funeral may be treated differently.

(viii) How will those who remain behind find closure? The Minister has to help and guide the family towards that closure. How is that going to be possible?

This research is aimed at addressing these questions. The family is in a precarious situation. On one side they have a funeral to arrange. On the other side they have a hostile environment that surrounds them, especially at the time when they need pastoral care. What is of interest is that the whole situation was not of their making. They are also victims.

As pastoral caregivers we have to be of assistance to the communities we serve. The difficult situations in which they sometimes find themselves, has to be addressed by their respective pastoral caregivers. Their congregants look up to

them to give guidance, comfort and support in calamity that they find themselves in. The Pastor has to be of help to those people who remain behind, to even help them on the way to normality and self-worth.

1.3. AIM OF STUDY

The aim of this study is, firstly, to explore the effects of trauma that befall family members who are left behind by their loved ones who have committed suicide. It is also important to understand, through dialogue with them, the turmoil, pain and anguish that they go through.

Secondly, to pastorally endeavor to soothe whatever pain or anxiety they might exhibit. Enabling them to face their predicament head-on, and empower them to bounce back to their original state of mind.

The author has not found any liturgy to assist pastoral caregivers in such situations. It is, therefore, the aim of the author that at the conclusion of this research a liturgy will be composed that will guide clergy or caregivers in the conducting of worship services. That liturgy will hopefully empower the pastoral caregivers in their work during such bereavements. The study, therefore, aims

- To enter into the world of the bereaved to understand the pain and trauma that they went through during the time of crisis.
- To help them out of their predicament by encouraging them to come out voluntarily, and so journey with them towards finding closure and peace.
- To explore how pastoral caregivers should respond to challenges that pertain to the trauma faced by families of suicide cases.

- To enlist the help and support of survivors in order to help others in similar situations.
- To create a liturgy that will empower pastoral caregivers in their work when dealing with families in distress because of suicide, in their midst

1.4 RESEARCH GAP

On researching the topic the author found no work has been done relevant to this topic. Some scholars have, however, dealt with a pastoral response to suicide. Some have dealt with the needs of Clergy in providing pastoral care. Others dealt with grief and traumatic stress through suicide; or a loved one searching for comfort and answers. Nonetheless, very little work has been done on the traumatic effects of suicide on families from the theological pastoral care perspective.

This research will, therefore, fill the gap that is left from the theological pastoral perspective on the traumatic effects of suicide on families. This will deal mostly with their survival during and after their escapade; and thereafter to journey with them on the road to recovery through pastoral care and shepherding. The researcher hopes to restore dignity to those families whose dignity has been violated by the effects of suicide.

1.5. SIGNIFICANCE OF STUDY

This research is conducted in and around the city of Mthatha in the Eastern Cape, South Africa. The city of Mthatha is in itself an urban community. But it is engulfed by a vast tract of rural communities on all directions. One is tempted to say that Mthatha owes its existence to the surrounding rural community. Without them the City would barely survive. The bulk of its commercial trade, economy and labor force comes from outside the Municipal boundaries of the city. This is

evidenced mainly by the enormous traffic volume that moves in and out of the city, from the rural areas, throughout every morning, noon, and sunset. To the author the City of Mthatha can, therefore, be classified as both rural and urban. That is a typical South African situation of two economies in one country. There are those who are extremely rich and live affluently, yet at the doorstep of the mansions there are those who do not know where their next meal will come from. They live in utter squalor. This situation of squalor has become fertile ground for violence, crime, and diseases.

The author has observed that the scourge of suicide is prevalent in both the rural and the urban communities, in and around Mthatha. There are a lot of deaths that are “talked about” as suicide deaths. However, it is difficult to get the facts as they are shrouded in secrecy. As Lourens Schlebusch says; “*Reported suicide is a ‘rare phenomenon’* (Schlebusch Lourens: 1988: 8). Schlebusch goes on to say that, “*In 1986, 1604 suicides were reported in South Africa. This figure probably an underestimate with studies suggesting that the real figure is three times as high because of attempts by those concerned to avoid recognizing that death was due to suicide.*” (Schlebusch Lourens: 1988: 8). What Schlebusch contends is true. The communities conform to this theory and shy away from suicide deaths, and will often not report it as such. There is a strong perception of “the less said about it, the better.” This adds further to the difficulty of collecting accurate statistics about suicide deaths. To the author, this is compounded further by the stigma that is always attached to suicide, in our communities. Furthermore, there is also a rumour, whether it is true or not, that the Insurance Companies also shy away from meeting their obligations in cases of suicide death. This further promotes the secrecy.

Notably, the effect of suicide goes beyond the affected family. It snowballs into the community at large and also to the church. Some of the affected families are fellow worshippers. The trauma, anxiety, anguish and stress the family endures go beyond them and affects the larger community and the church as well.

To the author this research is an attempt to help, pastorally, the families of those affected by the trauma of suicide. There are notable cases of trauma in families that have been affected. On top of that, this is also an attempt to empower the church to be able to help itself and the broader society as to how to deal with the trauma due to suicide, effectively. As stated before, the research will enable the researcher to develop a liturgy to enable the church to help those in distress. The author believes that, that will go a long way towards giving relief to the trauma in affected families and individuals. At present there is no indication that the scourge of suicide will abate any time soon. Hopefully, this research will help us to circumvent the trauma of suicide in families, from swallowing them as well as the community.

Secondly, this endeavour will hopefully assist the victims of trauma inflicted by suicide in reclaiming their self-worth, dignity and normal lives. Those were the lives that were lost to trauma, vilification, and slander due to suicide.

1.6 RESEARCH METHODOLOGY

The author is going to employ the Qualitative method. This research is underpinning the study of the traumatic effects of suicide in families in and around the city of Mthatha. The research, as previously mentioned, was triggered by a sad story of a lady in the congregation. She has been traumatised for the better part of her life. Her beloved brother died of suicide. Nick Pollard's method of positive deconstruction will be used in order to deconstruct positively whatever has been embedded in the mind, as he says "*The process is 'deconstruction' because I am*

helping people to deconstruct (that is take apart) what they believe in order to look carefully at the belief and analyse it. The process is ‘positive’ because this deconstruction is done in a positive way-in order to replace it with something better.” (Nick Pollard: 1998:44).

This will enable the author to help those that are traumatically affected by suicide to deconstruct, that is, move away positively from the trauma they experienced. Though every death is traumatic suicide takes the cake. Positive deconstruction is like opening up the inside. When that happens, the author will engage with Gerkin’s method of shepherding. According to the Oxford dictionary, shepherd literary means a “*man who takes care of sheep.*” (Hornby A.S.:1975:803) It follows, therefore, that shepherding is looking after sheep. In using Gerkin’s method of shepherding the author will persuasively ‘collect’ that which Nick Pollard had deconstructed and journey with the traumatised families into shepherding mode. Thus he says, “*Nevertheless, the New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep has painted a meaningful, normative portrait of the pastor of God’s people. Reflection on the action and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those immediately within our care*” (Gerkin 1997:80).

As in the beautiful art of collecting sheep into a pen, it will assist the author into collecting those who have thrown away their miseries/trauma, or positively deconstructed, into reclaiming their dignity through Gerkin’s shepherding. This will enable the author to journey along with them on the road to recovery and thus claiming back their human dignity.

The qualitative research method will also entail interviews. These will be conducted with individual members of families in order to get an insight into how

they were individually affected by the ordeal. The interviews will take the following questions into mind:

- (i) When did the incident occur? (Time frame).
- (ii) Relationship to the deceased?
- (iii) How do you feel now? How did you feel at that time? Could you share now?
- (iv) What was the reaction of close family and friends?
- (v) What was the role, if any, that was played by the Church?
- (vi) What was the role, if any, that was played by the community?
- (vii) In your opinion what could have been done differently?
- (viii) What would be your advice to people in the same predicament?

Furthermore, this study is supported by three pillars, that is, trauma, suicide and family. The author will research the three pillars individually and separately in order to grasp the full meaning of each pillar in relation to the research topic. This will enhance the aims and objectives of this research.

1:7. VALUE OF STUDY

At the completion of this study the author is hoping to be able to;

1. Assist families experiencing the predicament of having a suicide death in their midst. It is anticipated that the study will assist in reducing, or eliminating altogether, trauma in families as a result of suicide death.
2. To establish a liturgy that will hopefully go a long way in empowering pastoral caregivers on how to deal with suicide cases.
3. The author is hoping that the results of this study will assist the pastoral caregivers to minimize the traumatic effect of suicide in families. The interaction of the author with affected individuals will most certainly give us a clue on what to expect at these sad moments. Presently pastoral caregivers

locally have no standard procedure on how to deal with such cases. At the same time suicide is continuing unabated. Families and communities fall victim to it, and pastoral caregivers are caught unaware. This research will at the end of it assist the author to be able to create a liturgy that will hopefully be of great assistance to pastoral caregivers in the predicament. This will hopefully empower Pastors to deal effectively with the predicament when faced with it. The Church will, therefore, also be empowered.

1.8: OUTLINE OF CHAPTERS

CHAPTER 1: deals with the Background, Problem statement, Aim of study, Research gap, Significance of study, Research methodology, Definition of terms and Value of study

CHAPTER 2: will be methodology. The author will engage Nick Pollard's theory of positive deconstruction, to enable those affected to deconstruct and take out their inhibitions, frustrations and anger. Then apply Gerkin's theory of shepherding to help them on the road to recovery and healing. Finally, I will be dealing with qualitative method of dealing with interviews.

CHAPTER 3: The author will explore trauma, suicide, family and their respective contribution to the research topic and to the lives of those left behind.

CHAPTER 4: Interviews will be conducted with selected members of the affected families. The objective will be to establish the effect of suicide in their lives, and analyze the interviews.

CHAPTER 5: Findings, reflections, recommendations and conclusion.

1.10 PRELIMINARY CONCLUSION

In the next chapter the author will make an attempt to show the methodology of the study. The qualitative and quantitative method that will be employed as data collection for the study will be discussed. The methodologies of Gerkin's and Pollard will be explored in chapter two. This methodology will be an instrument employed to enter into the world of the traumatized families as a consequence of suicide, which will help to research the problem further.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1 INTRODUCTION

The research methodology is a critical part of any research. It guides us as to how the research is to be conducted. The topic of this research being: “The traumatic effects of suicide on families.” It is a research study about the effects of suicide in a community in and around the City of Mthatha in the Eastern Cape, South Africa. People are dying with what is believed to be suicide. This is what drew the attention of the author. People are suffering and traumatised. The study is about pastoral intervention as the author ministers in this community. The methodology of this study will follow Pollard’s (1997) method of positive deconstruction and Gerkin’s (1997) method of shepherding. This model of positive deconstruction will assist the author in bringing out the hurt, grief, and frustrations that has engulfed the wounded families. Gerkin’s model will also pastorally assist them towards healing.

In any project it is critical to have a layout outlining the ways that will be followed to address the situation. In this study the layout is about the trauma that is experienced by families in the event of a suicide death in the family. Suicide is having ramifications for the community of Mthatha and its immediate surroundings. It is affecting the community in a negative manner. The use of qualitative and quantitative methods and their theoretical basis of Gerkin’s shepherding model, Pollard’s positive deconstruction and Wemberly’s restoring dignity will be used to empower community and the grieving families. This chapter deals with methodology whereby the author is going to explore the issues

of suicide and its traumatic effects on families concerned. This research methodology is defined by the following process:

1. Design
2. Epistemology
3. Method
4. Interviews
5. Data collection
6. Data Analysis
7. Data Interpretation

The methodology of this study will follow Gerkin (1997) and Pollard (1997) theories which will be relevant to this study. This chapter will address the theological methodologies of the chosen authors and the methodological process.

2.2. WHAT IS THE RESEARCH DESIGN?

Research design according to Buffel, is comparable to the glue that holds a research project together. It is thought of as the structure of the research that shares how elements of research can fit together. Research design was identified with qualitative research based on a historical approach. The qualitative approach is using the grounded theories based on inductive reasoning.

2.3. WHAT IS EPISTEMOLOGY?

Epistemology in this study is defined as the study of scientific knowledge directed to the realities of social life. Without epistemology, practical theology could not work. By understanding epistemology the reader will be able to search for the

truth which will lead the researcher to share his pastoral methodology of caring. The postmodern world was using an epistemological framework. The author in this study adopted a narrative hermeneutical emancipator relationship approach to the trauma that affects families after a suicide death.

The aim of this research is to empower the church to therapeutically care for families who are victims of suicidal death. Secondly, it is to therapeutically assist the community members in order for them to face life by transiting from their traumatic experience of suicide towards healing. This will be done through the methodology of pastoral care, which will take the traumatized people and their experiences seriously.

2.4. WHAT IS RESEARCH METHOD?

In dealing with the research the author will make use of the Qualitative Research. This will enable the author to tease out from the interviewees the concepts and insights about the subject. This will be achieved partly by conducting interviews with four affected persons. Asking questions and probing for answers which will help develop a therapeutic healing method. The author will then have an insight and understanding of the interviewees' inner feelings and behavior. This will hopefully bring to the fore their anxieties, miseries and concerns. The types of questions to be asked are attached as annexure "A". The author will engage with Nick Pollard's theory of positive deconstruction to help them "*to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyze it*". (Nick Pollard: 1997: 44). There is a concern that the people affected have

their fears and anxieties locked up inside them. The application of Nick Pollard's positive deconstruction will hopefully enable them to open up positively. To enable them to feel at ease in order to share whatever grief or sorrow that has been locked inside. Thereafter to help them deconstruct whatever negative feelings they may be exhibiting in this process.

Pollard believes in what the Bible says: *suffering has come into the world because the world and everything in it have become mucked up. We live in a world which has, collectively, turned its back on God. Consequently, the world is now full of suffering, pain and death. This is not God's intention, nor is it his capricious judgment on us. Rather, it is the inevitable consequence of our rejection of God. If I decide not to follow the manufacturer's instructions, and fill my car with water instead of petrol, I should not be surprised when it won't function properly. This consequence isn't what the manufacturer wanted, nor is it his judgment on me. It is simply what happens when I decide to reject the car's creator.*" (Nick Pollard: 1997: 141). When people are suffering, for whatever reason, they sometimes blame God for being unkind to them. To the author the reality is that God is not unkind, but it is humankind, his creation, that turned against him. Nick Pollard says that it is the inevitable consequence of our rejection of God. Humankind has turned against God; hence all the suffering we experience.

People who are suffering, especially those who lost loved ones through suicide, must be shepherded towards accepting this reality. That in actual fact they had done nothing untoward to the deceased, or to anybody for that matter. Therefore, they should feel no guilt or shame just because one of them has committed suicide. All of humanity is at fault for going against the will of God. This may help them realize that they took no part in the decision to commit suicide.

Secondly Gerkin's theory of shepherding will be applied, thus enabling the author to enter into the world of the suffering. Gerkin's says: "*The Middle Ages also left us the imagistic legacy of the pastor as the physician of the soul. That image conveys to us that it is not enough for our care simply to express a superficial goodwill toward others. It is not enough simply to wish our parishioners well or to express our desire that they "have a good day."* No, from some of our medieval priestly ancestors we learn that to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care deeply and intimately for them." (Gerkin: 1997: 82)

Gerkin makes it plain that a pastor's work is not only to feel sympathetic towards his/her suffering flock, but to take an intimate interest in their suffering. The imperial aim is to reduce or eliminate the traumatic effect of suicide in families, the community, and also the church. The author is of the opinion that a priest/pastor's

intimate interest in times of sorrow and time of need will help the sufferers feel much better, as his/her pastor has shown that he cares. Priests and pastors should display the qualities of the Lord that they purport to represent. This could be displayed during the period of suicidal death.

Gerkin continues to say: *“For the pastor involved in day-to-day relationships with persons at all levels of social life, at least two observational capacities are of crucial importance, each of which has been emphasized by one or the other approach---concern for the individual or concern for the community---during the twentieth century. The first is the art of listening. It is this, above all else, what the twentieth-century clinical pastoral care movement has taught pastors. Listening involves more than simply hearing the words that people say. It means being attentive to the emotional communication that accompanies the words. It means listening to the nuances that may give clues to the particular, private meanings that governs a person’s inner life. It means listening for hidden conflicts, unspoken desires, unspeakable fears, and faint hopes.”* (Gerkin: 1997: 91)

Based on the interaction with the flock the author postulates that people in pain can sometimes act indecisively and abnormally. They are sometimes capable of saying statements that they cannot pronounce under normal circumstances, because of pain. At the same time they may pronounce, with their statements, valuable clues

for the priest/pastor to get into grips with the person's deep inner feelings. The pastor should have good listening skills at the time of sorrow and pain. These good listening skills will assist the pastor in rehabilitating or shepherding those that are traumatized by the effects of suicide in their families or communities. Because it is during those moments that they need a sympathetic ear and a firm helping hand that will assist them to deal with trauma.

The author will also conduct interviews with those that are directly involved with suicide. The author has identified five individuals to conduct interviews with to establish how they cope with their situations. To establish whether they had found any closure thereafter, and to ask what advice, if any, they could offer to others. Questions to be asked are attached in Annexure A.

The research method of the study was inductive method based on qualitative research methodology. This is described as a research which *“is a process of careful, rigorous inquiry into aspects of the social world. It produces formal statements or conceptual frameworks that provide new ways of understanding the world, and therefore comprises knowledge that is practically useful for those who work with issues around learning and adjustment to the pressures and demands of the social world”*(McLeod: 2001:3). This includes literature review of important publications such as secondary books and primary periodicals. Observation of these books, interview questions, and observation of outcomes, analysis and

interpretation of data collected. According to McMillan & Schumacher, “*Research methods and process, in qualitative studies, there is a great flexibility, in both methods and research process: Typically, a qualitative researcher uses an emergent design and makes decisions about the data collection strategies during the study.*” (McMillan & Schumacher: 1993: 14-15)

The qualitative method will be used as this method will assist the author to tease out the trauma experienced by the community, the church, and the bereaved family. It will focus on how the ordeal affected them, and how the author will be of assistance in counseling them. To enable the author to enter deeply into their space, interviews with some of the bereaved family members will be conducted. These interviews will hopefully enable the participants to narrate their ordeals. This will elucidate the extent of damage the trauma exerted on the families, the larger community, and the church.

2.5. WHAT IS DATA COLLECTION?

Data collection answers the questions of whether suicide causes trauma, and what effect that trauma has on members of the family left behind after suicidal death. Data collection will also be based on literature and interviews conducted, as a means to achieve it. The above is captured well by McMillan & Schumacher: “*Data collection is to answer the research question (s).*” (McMillan & Schumacher: 1993: 157)

2.6. WHAT IS DATA ANALYSIS?

About data analysis Swinton & Mowat says: *“This analysis is the process of breaking down the data and thermalizing it in ways that draw out the meaning hidden within the text.”* (Swinton & Mowat: 2006: 57). Data analysis is a process of breaking down the text into groupings. Then comparing their similarities and differences and then contrast them. Finally, summarizing and analyzing the groupings on the basis of their similarities in addition to differences.

2.7. WHAT IS THE METHOD OF DATA INTERPRETATION?

In this study, the method of data interpretation is reasoning from data summaries, and comparisons. In other words, interpretation of data summaries means extracting the meaning from data. The writer would summarize what was found in important publications and the interactions with participants. Draw up a summary of findings about the significance and importance for practical theology compared to other studies and would relate findings to the research problem. For Seaman “Interpretation of data summaries means extracting the meaning from the data: The method of interpretation is reasoning from data summaries, tables, graphs, tests, and comparisons. The researcher summarizes what was found, draws conclusion about the significance and importance of the data for nursing, compares findings to other studies; and relates findings to the research problem, assumptions, hypotheses or existing theory” (Seaman:1986:355).

This research is about the trauma that affects suicide as a result of suicide. The following chapter will focus on the three pillars of this study; the trauma, suicide and family. The author will endeavor to espouse their meanings, separately, and their collective significance to the study.

2.8 PRELIMINARY CONCLUSION

The chapter dealt with methodology based on Gerkin's process of shepherding, especially those who have experienced suicide. Where Gerkin lacks skills from shepherding, Pollard will be utilized through his caring method of positive deconstruction. This process will help the researcher to enter into the space of families that are traumatised by suicide. Finally, interviews will help to further explore the pain borne by those who have experienced trauma. In the next chapter the author will deal with his understanding of the three pillars of this study, namely, trauma, suicide and family.

CHAPTER THREE

3.1 INTRODUCTION

The issue of suicide has become problematic since the dawn of the new democracy. Trauma affects families and communities where the person lived. The topic of research is: THE TRAUMATIC EFFECTS OF SUICIDE ON FAMILIES: A PASTORAL PERSPECTIVE. This topic stands on three distinct pillars; the trauma, suicide, and the family. The family become traumatised because of a suicide death in the family. As indicated in the previous chapter, it is imperative to discuss these three pillars. The intention of the author is to understand fully each one of them and their full implication in relation to the topic. As indicated in Chapter Two above, the author will discuss each pillar individually, that is, each one separate from the others. This will enable the author to tease out each pillar in relation to the research topic. The author will discuss these three pillows as follows:

3.2. TRAUMA.

Trauma is part of human life. South Africans have and still continue to experience some form of trauma. Some of this trauma is attributable to crime, which can sometimes be experienced in extremely violent ways. The Oxford English

dictionary describes trauma as “*a morbid condition of the body produced by a wound or injury, an emotional shock*” (Oxford Advanced Learner’s Dictionary of Current English: 1975:938). According to this explanation, trauma is an emotion; an emotional shock. An excited state of mind, the dictionary explains. A traumatised person is, therefore, in a state of shock, an excited state of mind. When contributing to the subject of trauma, Mitchell writes that trauma is “*a term used freely for physical injury caused by some external force or for physical injury caused by some extreme emotional assault*” (Mitchell: 1983:814). Mitchell attested to the explanation given by the dictionary in that trauma is caused by an extreme emotional pressure from outside oneself. To the author, to be traumatised is to be in a state of emotional shock. It is a state of semi-paralysis when the mental faculties do not perform as well as they are expected to do. The mind is perturbed and when that happens, it follows that the body machinery does not function properly. Trauma happens as a result of external factors to the body or assault. These external factors or assault can either be physical or psychological.

As this research is about a psychological trauma, the emphasis will, therefore, be on psychological factors. In the case of this research it is a trauma experienced as a result of death through suicide. The reader needs to note that any kind of death is traumatic. The death of someone, whoever it may be, is a traumatic occurrence. When this ‘assault’ enters the human body it causes emotional havoc. The impact

not only affects those who know the person, but also those who see and experience the act.

The background to this research is about a certain woman in similar circumstances. She was being traumatised by this experience. For the benefit of this research we will call her Thandi. She came to the author one Sunday morning after service, with the sad story about her brother who had committed suicide. The two of them were very close to each other while growing up. The brotherly love was unique and had a bond that made them inseparable. The reader will now relate why the above incident affected her.

Thirty five years ago, she said as she related her tragic story, her beloved brother committed suicide. (The story of the brother's suicide was narrated to the author by Thandi herself.) She was devastated by the event. This is how she shared her painful story. One morning an alarm was raised in the community about someone found dead nearby. It was a suspected case of suicide. Her family was informed that the victim was her brother. (Let us call him Siphoh). Thandi also responded to the alarm raised and rushed to the scene. She was one of the first people on the scene; totally unprepared for what she was about to witness.

On arrival she saw her brother lying in a pool of blood. His head has been blown off. A gun shot had apparently gone through his head, shattering it and killing him

instantly. In one of his hands he clutched a gun which was suspected that he used. The crime scene was just gruesome and unbearable to her. It was gruesome because it was messy, and the impact was deep emotional trauma that she internalised. It was unbearable because it was a suicidal death through a gunshot. Human blood mixed with human brain matter, was scattered all around the scene. Her beloved brother's body was lying there, lifeless. Thandi could not believe her eyes in that she was now staring at the lifeless body of a loved one. She was filled with bewilderment and confusion. Her mind could not immediately absorb the tragedy that was playing in front of her. The shock was just too much for her, and denial was what she used as a defence mechanism. The whole scene was traumatic. Seeing her loved one in that state traumatised her immensely. The author has intimated above that death traumatises people. Trauma is especially aggravated when that death comes through suicide. It was later discovered that the weapon (the gun) that Sipho is alleged to have used, belonged to the family. It belonged to their father. To Thandi that was like putting a needle through her heart. It was extremely painful. It aggravated an already bad situation. The gun, it was later established, was a family legal possession. But that did not make any difference to Thandi. It will not be able to bring her brother back to life.

Thandi's state of mind reminded the author of what Jackson said when writing about shock, he said: "*A week ago, a couple of miles from where I am writing, an*

accident touched off a display of anger. A tractor turned over, crushing the youth who was driving it. When the physician who rushed to the scene pronounced the victim dead, the victim's brother assaulted the physician. The expression of anger was so great that the physician had to spend the next few days in the intensive care unit of a hospital" (Jackson E.N.:1978:13). It is a firm belief of the author that, as stated above, death is a traumatic experience, no matter how it came about. The reaction of the brother in Jackson's story is suggestive of an 'external force' or a 'psychological injury' that penetrated and assaulted him. The shock of his brother's death was too traumatic for him to accept. He exploded in anger, grievously assaulting an innocent physician who was only trying to help. It was just like Thandi who could not accept her brother's death. Though she did not become violent, Thandi was angry at what she saw. This bodes well with the author's contention that death is traumatic. Death traumatised the brother in Jackson's story. The author believes this was a spontaneous reaction, prompted and pushed on by the external factors referred to by Jackson above.

That is how traumatic death can be. The shock that accompanies news of death is very traumatic. Some people, like Thandi, find themselves entangled inside this vicious cycle of anger, denial and depression. People in this situation cannot easily find their way out of it. It sometimes drives people to extremes. Though Thandi's response may not have been to hit anybody, the author believes that Thandi was

embracing a similar feeling, which traumatised her to such an extent that she was not able to function properly for years to follow. It is important to work with those experiencing trauma in such a way that they positively deconstruct their world of trauma. This requires time.

The author, incidentally, grew up in the rural areas of the Eastern Cape, in South Africa. In the area where the author grew up, there is still plenty of wildlife in their natural habitat. This would be in the mountain slopes and in the natural or indigenous forests that abound. Wildlife is roaming freely there. It is a common and sometimes majestic, occurrence for the inhabitants, to come upon wild Baboons, Monkeys, Rabbits, Rock Rabbits, Springboks, Gazelles, etc.

In that same environment many species of snakes like Adders, Cobras, etc., are also in abundance. Thinking backwards to while growing up, the author reminiscence about watching how some snake species were feeding in the wild. When a hungry snake is chasing after a big frog, everything else on the way, including humans, seems to be irrelevant to it. When it catches up with its prey, for some reason the prey just becomes transfixed with fear. The prey becomes traumatised; unable to move or do anything except perhaps to squeak. The snake will then continue to swallow the frog. It was a frightening but enthralling experience to young eyes and young minds to witness such an occurrence. (We would, however, afterwards enjoy killing the snake because after swallowing the

frog the snake somehow temporarily loses its agility.) With the above in mind the author wonders if Themba's process would connect to trauma when he says: *"I have also heard that certain snakes can hypnotize their victim, a rat, a frog, or a rabbit, not only so that it cannot flee to safety in the overwhelming urge for survival, but so that it is even attracted towards its destroyer, and appears to enjoy dancing towards its doom. I have often wondered if there is some mesmeric power that Fate employs to engage some men deliberately, with macabre relishment, to seek their destruction and to plunge into it."* (Themba C.:1972:62). The image of a traumatised, helpless frog in front of a hungry, aggressive snake is indelible in the mind of the author. The author has a conviction that a traumatised person is also in the same prognosis as a frog about to be devoured by a snake—"a morbid state." Themba attested to that in his writings. The author believes that the faculties of a traumatised person do not function properly at the moment when contemplating death. They would be similar to the frog mesmerised by the snake. The reader can now realise how prey are overcome by the powerful while in the state of hypnotism. One can understand how Thandi reacted at the time of seeing her own brother.

From that time onwards Thandi looked at her father in a different manner. Deep inside herself she accused him of being responsible for Siphos's death. This was because of the fact that the gun belonged to him. She maintained that the gun was

his and, therefore, he was responsible for its safety. As we were discussing, the author realised the cause of her anger. Trauma was beginning to take its toll. Above all else she was overwhelmed by a feeling of anger and sadness. “*Sadness is the most common feeling found in the bereaved and really needs little comment. This feeling is not necessarily manifested by crying behaviour, but it often is* (Worden: 1984: 20). Thandi was angry, depressed, unhappy and sad. She was angry because she thought her brother’s death could have somehow been prevented. She was unhappy because her brother was no more. She was sad because she thought that her brother’s death was caused by negligence by a member of the family. She was also sad because she could not reconcile it in her mind as to why and how it happened. She felt like bursting out. She could find no answers to all her questions. The mental picture of her brother’s body could not diminish from her mind. Anger, unhappiness and sadness are a recipe for trauma. Thandi had all of them.

Sadness coupled with anger is a devastating combination which manifested in Thandi. The Oxford English dictionary describes anger as “*the strong feeling that comes when one is wronged or insulted.*” (Hornby: 1974: 30). Thandi had a feeling that she had been wronged by whoever it was. Her brother had been taken away from her in what was a horrible and gruesome fashion. Her anger was deep; hence she vented/misdirected this anger on her father, blaming him for his

brother's death. Anger is an emotion that affects those involved in suicide of a relative or friend. An emotion always needs an opening in order to manifest itself. Be it by physical or an unspoken word. Thandi's emotional state was ready to do just that; to burst. It was clear to the author that emotions need to be disposed of, because it has a potential of doing more harm than good to the beholder. That is more so with anger. Worden says that, "*Anger is frequently experienced after a loss. It can be one of the most confusing feelings for the survivor, and as such is at the root of many problems in the grieving process.*" (Worden: 1984: 20) William Worden might have been referring to people like Thandi about anger being the root of many problems in a grieving process. Thandi was grieving and also angry, involved in the same process described by Worden. She was angry, grieving, and confused. She believed that she had been dealt with a cruel blow by this incident. She had a deep psychological wound. She was cruelly confronted by a situation she was unable to handle emotionally. She could not reconcile herself to the immense loss she had just suffered. More so that death came through suicide. She did not know what to think. Sadness and anger as emotions manifest themselves in trauma. Thandi's whole being was being attacked psychologically by factors outside her body. She was sad and angry. Trauma had taken root. She was traumatised and paralysed by this experience.

Secondly, the communities that we live in are susceptible to suicide. Every suicide death is viewed with suspicion, especially among African people of South Africa. That suspicion is always accompanied by a stigma and rejection. In our communities a suicide death is heavily stigmatised. The author believes that, stigma can only be eclipsed, if at all, by the stigma that is attached to HIV/AIDS. [Not focus of this research.] HIV/AIDS though, has come about later than suicide. Locally, suicide death becomes headline news. Phipps says that “*because suicide is taboo in our culture, the official record reflects that the benefit of a doubt has always been given in order to avoid stigmatising the family name or voiding a life insurance policy.*” (Phipps: 1987: 69) For that reason, many families have been known to misrepresent the cause of death, if it is suicide. As a consequence the whole community will be misled in order to avoid humiliation through stigmatisation. The author is aware that the community’s cultural beliefs regard suicide as a curse to the community. In most instances culture dictates that even the graves of suicide victims be separated from the rest of other graves, for the same reason as mentioned above. This kind of a funeral is sometimes called, ‘ukulahla’ (to throw away) or ‘ulahliwe.’ (It means the one who has been thrown away). This becomes too traumatic for the family. To them this means that their loved one is being ‘thrown away.’ This cultural monstrosity befell Thandi too. She was traumatised by the whole episode. She became awestruck just like a frog

about to be devoured by a snake. She was traumatised. Such a situation, the author believes, makes it very difficult for victims to find closure. They are traumatised for a very long time.

All families form part of the broader community around them. It was not different to Thandi's family. As part thereof, her family had an obligation, whether they liked it or not, to the cultural standards and norms of that particular community. In the community those cultural standards dictate that a suicidal death is a bad omen for the entire society. Edward Wimberley says of culture, "*culture activates shame as much as families and peers do. Each culture has rules for predicting, controlling, and responding to experiences. These rules carry with them systems of evaluating people and are powerful forces of social control.*" (Wimberley: 1999: 67). In this community, suicide is always regarded as evil, to the extent of being contagious. This is dictated to by the cultural background. The whole community is traumatised by such incidents. It is in their system. To them suicide is the mother of trauma. The community will usually distance itself physically and emotionally from the bereaved family. Even to the extent of being hostile. This is as a result of our communities regarding suicide as a bad omen. Legend has it that if suicide strikes in a community, more incidents of the same nature should be expected. It had happened before in the community when more than one member of the same family had at one time or another, committed suicide. Therefore, the

community is always apprehensive about suicide. Whether that story is true or not, it is not for the author to say. But the legend is deeply rooted and lives on, and is believed without questioning it. To those affected, like Thandi, the thought of a recurrence traumatises them. In other words, there is no way out. They are caught by a culture that oppresses them.

On another level the community has a strong belief in witchcraft. (Whether witchcraft is real or imaginary is a topic for someone to explore.) This belief further entrenches the trauma. Suicide is generally regarded and interpreted as evil, un-Christian, selfish, and abnormal. When death comes, the normal routine of life is disrupted, in that death *“disrupts the social organization profoundly. An untimely death is often perceived to be due to uncanny forces set in motion through enmity, sorcerous manipulations or witchcraft”* (Nurnberger: 2007:24). Some of the cultural issues are strongly influenced by this thinking. There will be a belief that some ‘sorcerous manipulations or witchcraft’ are at play in such situations. This will elucidate itself strongly if the death is that of a young person. More so if it is suicidal. This brings a lot of pressure to bear on the bereaved family. Thus the family become traumatised. This traumatic onslaught was brought down to bear on the unfortunate Thandi. She felt every bit of it. Her psychological physic could not withstand it. She became traumatised as a result of beliefs that are never tested. The family will be verbally hounded throughout the ordeal. The author

agrees strongly with Wimberley in that culture has rules that predict and control the responses of a community. The community responded negatively towards Thandi and her family, because of cultural dictates. The resultant of which was a traumatised community. In short they were paralysed by the whole belief system.

This situation was not conducive to Thandi's state of mind. The trauma of her brother's death was bad enough, but now the community was adding salt to injury by their conduct. It was aggravating the situation. Her pain and misery was being aggravated by the actions of the community. By Thandi's own admission, she started to personalise the whole episode. She had made it her own baby. By personalising it, therefore, she had internalised it. It became part of her system. Thandi's personalising the issue further entrenched the trauma that was never dealt with. As Wimberley says; *"When a particular group is devalued in a culture, it is hard to imagine that anything positive or extraordinary could come from that group. In fact, disbelief and ridicule seem to come from those within the group as well as from those without. Those who live within the stigmatized group internalize the negative images of the group, and those who are outside the group reinforce the negative images through their attitudes and position. Most devastating are the ways people in the devalued groups internalize negative values and form their group identity. Such internalizations become the basis of personal and group identities and follow individuals and groups throughout their lives. The*

question is, how do people in devalued groups in shame-based cultures overcome the negative stereotypes that are foisted on them and that they internalize?” (Wimberley: 1999:37). The pressure from the community made Thandi to withdraw further into her shell. Trauma escalated unabated.

Thirdly, Thandi had to face an element of guilt. She went on to say that she felt awful and guilty after her brother's suicide. She somehow felt responsible for Siphos death. She felt that she had somehow failed her brother. She thought to herself that maybe there is something she could have done, but she did not know what exactly it could have been. How could she not be privy to such a violent act? She thought that her closeness to Siphos ought to have given her some form of an early warning or sign of what was about to happen in her brother's life. She felt inadequate, angry, and disillusioned. But nature does not act that way. A person's thoughts belong to that person alone. But to the author, that is not an abstract feeling because as Johnson says; *“Following a death, guilt is most probably the most powerful factor that holds the key to the survivor's mental and physical health. Guilt is a feeling of culpability with offences of commission (action they regret) or omissions (inaction they regret). Guilt is a learned and socialized feeling”*. (Johnson:1987:27).

When one feels guilty after an event, it is because he/she feels that there is an action he/she should have taken but did not. Maybe if one could have acted in a

certain manner, the situation could have been different. She could have somehow been able to detect this thing beforehand, but could not. She may have also been able to prevent it, but could not. The author is of the opinion that guilt is a natural reaction in humans. We feel guilty about our shortcomings to family, friends, colleagues, church, etc. It is natural, but sometimes stressful. It is like when you feel there is something you could have done in that situation, but failed to act. That is putting the blame on oneself, thus making it one's fault. To the author, this feeling enhances the trauma. Apparently Thandi, by her own admission, had the same guilty feelings about the whole episode of her brother's death. Trauma continued to be part of their life.

To add to her misery, Thandi also played a game called 'scapegoating.' That is when a person is blamed or punished for the mistakes of others. She had to exonerate herself and her feelings from this situation. But she still needed an answer to her questions and concerns. So she had to shift the blame to someone else. That someone else became her father. She convinced herself that their father had a great share in all this. It was, after all, his gun that killed Siphoh. How could that happen? She was asking herself. The only conclusion she drew was that her father was irresponsible. If he had been careful with his gun, Siphoh would have been alive, she maintained. Displaced though the thought may be, it was her feeling. She was creating a scapegoat out of the father as, "*A scapegoat is a race,*

person, institution, or sex that bears the blame, prejudice, displaced aggression, irrational hostility, or projected feelings of others. It implies a process of singling out one or more persons to bear the brunt of family or group dissatisfaction.” (Johnson: 1987:16). To the author, it is unthinkable that a normal thinking father could give his son a gun to kill himself. Thandi had fallen into the trap of scapegoating. She wanted to create a concrete reason to satisfy herself of her brother’s death; self-satisfaction. This is another way of finding conclusion to the matter. She needed to put her mind at rest about the whole episode by whatever means. In order to achieve that objective she needed to blame someone. To the author it was trauma that was pushing this young lady to scapegoating. Her brother’s death was too much to bear. She was falling deeper into the cycle of trauma.

Moreover, Thandi was angry and suffering because of rejection by the whole community. Their father could not have been directly responsible for his son’s death. Siphso could have gotten hold of the gun by some other means. He was, after all, a member of the family and had access or knowledge of where family keys were kept or something. But, in Thandi’s eyes, someone had to be responsible for Siphso’s death, whoever it may be. Thandi was hurting deeply. Bernadine Kreis has this to say in a situation like Thandi’s, *“As you vacillate between shocks and suffering, you will hurt yourself far more than anyone else can*

ever hurt you. Anger against the doctor or the hospital for not saving the one you love; anger at God or Life for doing this to you; anger at those who offer advice you resent or resist; and under all the anger there is a huge open wound that medicine cannot heal; an empty space in your heart that no one else can fill.”

(Kreis et al: 1982: 35). The author believes that Thandi was in that state of mind. She was vacillating between shocks and suffering, as a way of finding meaning to the incident she was facing. The shock that emanated from the horror she experienced. It was the shock of seeing her brother in a disentangled mess. The suffering she was experiencing as her whole being was refusing to assimilate and accept the situation as it is. She was traumatised to a state of denial. This process is healthy only if a person does not stay for a long time in denial. It helps a person to deal with the pain slowly.

Emanating from the above research, the author is of firm belief that trauma is an emotion that can wound a person to such an extent that they get stuck. That emotion will disturb the normal functioning of one's mental faculties. The author believes that trauma may come about because of different factors. It may be a physical or an emotional trauma. In the above analysis, trauma came as a result of suicide. In short, trauma leads some people to commit suicide. It is important that we analyse the issue of suicide so that we can begin to work towards dealing with its impact.

3.3. SUICIDE

The main question to ask is: what is suicide?

To the author, suicide is an act of killing oneself. It is a deliberate, calculated act to terminate one's life. An Oxford English dictionary describes suicide as "an act to commit self- murder." (A.S. Hornby: 1975:881). Therefore, it is an act of deliberately terminating one's life by whatever means possible. Professor O Alonso had this to say about suicide: *"The common purpose of suicide is to seek a solution: Suicide is not a random act. It's never done pointlessly or purposelessly: Suicide is usually the way out of a problem, a dilemma, a crisis, an unbearable situation where it becomes the only answer to a real puzzle. Every suicide has as its purpose the seeking of a solution to a perceived problem that is generating intense suffering. To understand what suicide is about, one must know the problems it was intended to solve."*(Professorial Inaugural Lecture: Mthatha Health Resource Centre: 18 April 2012: Professor O Alonso-Betancourt: Professor of Psychiatry, Faculty of Health Sciences, Walter Sisulu University, Eastern Cape, South Africa; 10.) However, some logistical and legal issues have complicated the definition of suicide. It may not be as simple as it sounds to define suicide. William Phipps when defining the complications says that: *"Defining suicide, which literary means self-killing, is not as simple as it might at first glance seem. The lethal hemlock that Socrates drank was self-administered, but his court-*

ordered death was not a suicide. Neither should a woman who dies of anorexia be so classified, even though she slowly starved herself to death. A man who dies in a hurricane because he did not heed a radio warning is not a suicide victim, nor is someone who carelessly consumes an overdose of barbiturates and dies. A woman who kills herself by jumping from a burning building has not committed suicide, nor has a child who is killed by a train while exploring a railway tunnel. A motorcyclist who dies from head injuries because he/she did not wear a helmet would not be reported as a suicide. None of these examples involves voluntary extinction of life. Suicide is a fatal act of self-destruction undertaken with conscious intent” (Phipps William. E.: 1987: 68)

According to Phipps, suicide is not as simple as it may appear to be. In order to be classified as suicide, it has to be a voluntary, calculated, self-extinction of one's own life. It must bear the hallmarks of a conscious, deliberate, intention to terminate a life. Phipps outlines suicide as a conscious act of self- destruction. Be that as it may, the author believes that suicide is death just like any other death. Someone's life has been terminated, no matter how it occurred. The author, therefore, is of the opinion that suicide cannot be accidental. Suicide is intentional. Suicide, by all intent and purposes is meticulously planned and executed. At the crime scene there is usually evidence of that meticulous planning, for example, a gun or a rope to hang.

The author's argument about suicide being intentional and planned is strengthened, among other things, by the following extract from David Sue et al;

(i) "Late one evening Carl Johnson, M.D., left his down-town office, got into his Mercedes 500 SL, and drove to his expensive suburban home. He was in no particular hurry because the house would be empty anyway; the year before his wife divorced him, and with their two children, had moved back east to her parents' home. Carl was deeply affected." It goes on to say that his life was beginning to crumble around him, and he found his once rewarding work boring and irritating. He entered his garage at home, parked the car, and did not even bother to press the button to close the door. "Once in the house, he headed directly to the bar in his den; there he got out a bottle of bourbon and three glasses, filled the glasses and lined them up along the bar. He drank them down, one after the other, in rapid succession. For a good half hour, he stood at the window starrng out into the night. Then Carl sat down at his mahogany desk and unlocked one of the drawers. Taking a loaded .38-caliber revolver from the desk drawer, Dr. Carl Johnson held it to his temple and pulled the trigger. Possible reasons for suicide: Recent divorce; loss of family life; subsequent depression."

As in most suicide cases, the murder weapon was found close by. This shows that obviously Dr. Johnson had thought this through and had pre- planned his actions.

(ii) *”Elizabeth Shin, nineteen-year old sophomore biology major, seemed to have it all. To her parents she was a giggly, busy, and overachieving daughter who was an accomplished clarinettist and high school salutatorian, and had been admitted to the Massachusetts Institute of Technology (MIT) and Yale. Others have described her as brilliant, beautiful, and very trustworthy. By external standards, Elizabeth had done well academically while attending MIT.*

On April 10, 2000, Elizabeth locked the door of dorm room, lit some candles, and failed to open the door for students who reported smelling smoke and hearing her moan and cry while in the room.” Elizabeth eventually died of third degree burns to sixty five percent of her body on 14 April 2000 (David Sue et al: Eighth Edition: 2006: 389). The author believes that whatever was bothering this young lady, to the extent of taking her own life, we may never know as she is no longer with us. But what is obvious, however, is that Elizabeth planned her demise thoroughly. She collected the utensils (candles) she was going to need and carried out the act. The two quotations above confirm to the author that suicide cannot be an accident. The above incidents shows clearly how the western world plans a way out of life. The community will not blame them. But in South Africa (and other parts of Africa) people believe that it is caused by witchcraft.

(iii) There are also Biblical stories of suicide. Two of them come to mind. One is that of Samson which is narrated in the Book of Judges 16:25-30. His famous

words were, “*Let me die with the Philistines!*” (Life Application Study Bible: 1997:412). Though Samson was blind at the time, his strength had returned as his hair had grown again. Then he pushed the pillars with all his might. The pillars gave in and the temple collapsed on the rulers and all the people in it. The planner made sure that he died with his enemies. The other story is that of King Saul who killed himself by falling on his sword. He knew that he was going to die anyway in the hands of his adversaries, so he killed himself rather than be killed by the ‘*uncircumcised fellows*’. (1 Samuel 31: 4b). In short, suicide has been part of human life.

(iv) The subject of this research, Siphon, is a true story which made the researcher to find a way of caring for families affected by this issue. This research has been prompted by a true story that occurred in the community which rejected, isolated and blamed Thandi, a member of the family who remained after suicide of the brother. Siphon did take his father’s gun and killed himself. It goes without saying that he took some time thinking about it and planning his demise. When the opportunity presented itself, he took it with both hands and blasted himself to death. That by itself probably needed a lot of careful planning and soul searching. In this story, and others to be dealt with during interviews, the author will bring to the fore that suicide is not accidental. It is planned and deliberate by one who has carefully worked out a way out of life.

(v) Political suicide. Modern society has also been plagued by another kind of suicide. This is known as political suicide. It also bears the same symptoms of being pre-planned and calculated. *“On September 11, 2001, terrorists hijacked four planes; two of them destroyed the twin towers of the World Trade Centre in New York City, one struck the Pentagon, and another crashed in Pennsylvania. Thousands of innocent lives were lost. All the terrorists also perished and were praised as martyrs by al-Qaeda leader Bin Laden. In televised gloating, Bin Laden indicated that the Islamic extremists willingly gave their lives for a greater good, to combat the evil of the United States. He stated that those responsible were destined for an idyllic afterlife.”* (David Sue et al: 2006: 391). This was obviously a politically motivated suicide act. There was obviously a political difference of opinion between two parties-the U.S. government on one side and al-Qaeda on the other. Nevertheless, it was suicide. People’s lives were terminated intentionally. It was pre-planned and meticulously carried out. To the author that was suicide on a national scale. Like all suicides it had the symptoms of a well-orchestrated and meticulously executed plan. Thousands of innocent, unsuspecting people are reported to have perished on that day.

The author has observed that, one thing that is phenomenal about suicide is that it is non-discriminatory. Suicide has no gender or class distinction, whether you are rich or poor; adult or of school going age. All are susceptible and can become

casualties and statistics of suicide. Statistics reveal a sombre picture. Let us take a look at the following scenario; *“Cleopatra, Nirvana’s Kurt Cobain, Bruno Bettelheim (psychiatrist), Ernest Hemingway, Adolf Hitler, Jim Jones (People’s Temple Leader), David Koresh (Branch Davidian sect leader), Marshall Herff Applewhite (leader of the cult Heaven’s Gate), Marilyn Monroe, Freddie Prinze (comedian), King Saul, Samson, and Virginia Woolf. What do these individuals have in common? As you may have guessed, they all committed suicide”* (David Sue et al: 2006; 389). These are examples of seemingly larger than life people who cut across our social standings. They come from different backgrounds. They were following different careers in different periods in their lifetime. But they all succumbed to one enemy that is suicide.

Furthermore, The Daily Dispatch (an Eastern Cape Province (East London) daily Newspaper) painted a frightening picture about suicide amongst the school going children in the Province when it reported; *“An average of sixteen school children committed suicide in the Eastern Cape every month in the first half of this year according to a shocking “Learner Mortality” report by the Department of Education. Psychologists said the figure for the year could double last year’s toll if the situation was not treated as an emergency.”* (Daily Dispatch, Monday, September 19, 2011). This is incredible. These statistics are astronomical and frightening especially to those who care for families of the bereaved. The author

believes that the ‘school children’ referred to are those that have not gone through matric yet, that is, not at Tertiary/University level. This means that a great number of our young people, the future of any society, are going down the drain, at an alarming rate, through suicide. Something needs to be done, and must be done quickly. Getting a good method of caring for them will help open up a new way of caring.

These suicide stories or incidents are not unique to South Africa. There are also other countries that share the South African situation. It is reported that in the United States *“Teen suicide has more than doubled since 1950, with the rate for college students doubling that. Nationwide one member of the younger generation takes his or her life every hour. Sometimes one teen suicide seems to motivate other teenagers living in the community to do the same. A Texas town had seven in 1983, and during one month in 1984 there were five in Westchester, New York, four of these using the same method of strangulation. At an Omaha high school in February 1986, seven students tried to kill themselves and three succeeded (William E. Phipps: 1987: 69).*

In all the incidents narrated above, it has become clear to the author that suicide is one of the greatest causes of trauma to families, communities and even to nations. The family of Elizabeth Finn, the student who burnt herself in her room, must have been traumatised on receiving such shocking news. The same goes for the

American nation after the 9/11 attack on New York's Twin Towers. The American nation must have been traumatised. The main question to address is how we care for those left behind.

Lastly, I would like to quote Professor Alonso-Betancourt when he says about suicide; *“The common stimulus (or information input) in suicide is unendurable psychological pain. In any close analysis, suicide is best understood as a combined movement toward cessation and as a movement away from intolerable, unendurable pain, unacceptable anguish. It's psychological pain of which we are speaking about, metapain: the pain of feeling pain. The clinical rule is: reduce the level of suffering (perturbation) and the individual will choose to live.”* (Professor O Alonso-Betancourt: Professorial Inaugural Lecture: Mthatha Health Resource Centre: 18 April 2012) The author is fully aware that this research is not about suicide. It is about its effect on families. But the author was intrigued by the Professor's view about the factors that induce suicide, which in turn leads to trauma to those that are left behind.

As indicated above, suicide is the second pillar of this discussion. The discussion above has supported the author's conviction that suicide is never accidental, but well planned and orchestrated.

The third pillar of this discussion will be to define what a family is. This pillar is the cornerstone of this research topic. This research is about the trauma befalling families in the event of suicide in the family. It is always the remaining members of the families that bear the brunt of trauma.

3.4. FAMILY

To understand the impact of suicide upon families, one needs to understand a family. What then is a family?

As indicated in the previous chapter, the family is the third pillar of this research about traumatic effects of suicide on families. It has become imperative to define family as its social make up will dictate the family's reaction to suicide. As years and decades go by, it has become increasingly difficult to define what a family is. Due to circumstances, the term has drastically changed its definition over the years. Cohen et al, contributes to the make-up of family when saying; *"It is doubtful that there is a universally agreed and satisfactory answer to this question, as it has become increasingly necessary in today's world to rethink what a family is. Most social scientists would probably agree that family is a fundamental social institution found in all societies as well as one of the most basic ways by which society organize their members. The universality of the family is often attributed to the functions it serves. Among others, the family is often credited with providing a*

context for rearing children, with providing emotional and physical support to its members, and with providing a socially sanctioned outlet for sexual activity.”

(Cohen S. et al: 2007:9). The Oxford Dictionary further describes a family as; “*Two or more people who share goals and values, have long-term commitments to one another and reside usually in the same dwelling.*” (Hornby: 1975:313).

Thirdly, according to Wikipedia, a family (in human terms is derived from Latin: familia) is a group of people affiliated by consanguinity, affinity, or coexistence. Consanguinity means a relationship by blood or birth.

All the three above define a family. As the author has attested to before, it has become complicated to define a family. What is basic though is that it is a group of people who may be staying together. A family will have a common purpose, primarily to co-exist. The goals and values may differ from one family to the next because of economic, cultural, social, and other factors. But all those who call it a family, make it clear that those people are important to the person calling them his/her family. The sharing of common goals and values is what keeps the family together. It is expected that a family share its joys and sorrows; successes and failures.

To those who are Christians, however, the family unit was instituted by God in the Garden of Eden. God created Adam and Eve, “*in the image of God he created him; male and female he created them.*” (Genesis Chapter 2:27. N.I.V). To the

Christians, that incident is the mother of family life on this planet. That, however, is a story that could be explored by other researchers. Animals are also referred to as family. For example, one day the author was watching an animal T.V. channel. The commentator kept on referring to a pack of lions as a family. That pack was composed of a couple of females, some with cubs, and two/three males. They were headed by a dominant male who had fathered all the cubs, he said. It sounded strange, but they were family, he said. By the same token, a group of migratory geese flying past in a V-shaped formation directed by a male is said to be a family. Some of the species of the animal kingdom are known to pair for life. However, this study is about humans, not animals.

In a family situation one depends on the other for support and encouragement. A family bond develops and spread throughout the family. When disaster like suicide strikes them, the whole entity becomes negatively affected. The trauma reverberates throughout the family. One's injury becomes an injury to all of them. The reader will also understand why they blame each other for failing to protect the one who committed suicide.

The same question could be asked again, "What is a family?" It is also posed by Nye and Berardo in their book, *The Family*. They have this to say, "*Most of us think we know what a family is. But when we set out to define the term clearly and distinguish the family from the nonfamily, we run into problems immediately. This*

is true not only on a cross-cultural basis but even in our society". (Nye and Berdado: 1973:30). The authors exemplify with fifteen senior citizens in a Florida community who decided to rent a twenty-seven-room mansion so that they could create a commune. The mansion had ample space to suit all their needs. It had three acres of ground and ten baths.

The story reads that, they hired servants to look after them. Each one of them contributed their own funds to maintain the commune. Their aim was to create a home for themselves and live with freedom and security "*while continuing to manage their own lives with dignity.*" But other members of their community objected to them taking up residence in their area. They were not recognised as a family, but individuals staying together. It was a transgression against the law which zoned that area as a single-family neighbourhood. They contended that these old women were not a family but a commune. That stand-off was resolved by a court of law which ruled in favour of the old women, that they are a family. As Nye has shown, to define a family may not be as simple and straight-forward as it appears to be. This group showed a character of being a family as they fought the eviction together. One could see clearly how we will isolate people because they do not fit into our own norms.

There is a variety of appropriately named family units. While these types of families are distinct in definition, in practise the lines are less clear. These are

some of them; (i) a Nuclear family, (ii) a Single Parent Family, (iii) a Polygamous Family, (iv) an Adoptive or Foster Family, (v) an Extended Family, (vi) a Childless Family, (vii) a Stepfamily, (viii) a Gay and Lesbian Family, (ix) a Grandparent family, and lately (ix) a Child-headed family. Today we have all these types of families who care and support each other. In this research we will explore the Nuclear family and single parent family. The aim will be to reflect on their character in relation to being traumatically affected in respect of suicide, as the study requires.

(i) NUCLEAR FAMILY

By nuclear family the author refers to the traditional type of family structure. This family type consists of two parents (a man and a woman.) and their children. They would probably be a married couple living together as husband and wife. The Nuclear family is held in high esteem by society as being an ideal structure in which to raise children ‘properly.’ Children in nuclear families receive stability and strength from the structure that has two parents. They have more opportunities to progress due to the expected support of both parents. To a great number of people in the community, this is an ideal family unit.

This type of family unit is enhanced by economic cooperation. By this the author means that the two partners or parents supplement each other for the benefit of the

family. This is further attested to by Nye et al when he says; *“The bond established by the marital sexual relationship is further cemented within the nuclear family by economic cooperation between the husband and the wife* (Nye et al: 1973: 34). For a family to survive relatively comfortable these days, that family has to have a sound economic position. This means that the income of the family must be able to sustain that family. In our communities generally, the economy of the family is mostly vested on the husband. The husband is the head of the family and is, therefore, expected to provide for his family by virtue of him being a man. The wife’s main duty in the family would be that of a supportive role to the husband. The reader will then understand that when tragedy strikes the family, all eyes are on the husband as the ‘head.’ He is both a unifier and a protector physically and emotionally.

The other ‘duty’ expected of the nuclear family is to swell the numbers of the clan. It is expected to produce off-springs for the clan. It is incumbent on the nuclear family to oblige as; *“All societies place a heavy emphasis on the reproductive function of the nuclear family. The married couple is expected to produce children and to provide for their nourishment and care. Parents who refuse to perform this function adequately are subject to severe social sanction.”* (Nye et al: 1973: 35). The author is aware that in the community a childless couple is looked upon with disdain. The author agrees with the sentiments expressed. In our communities one

of the prime responsibilities of a married couple is to have children. Children are a jewel of the family and the community. It is an accepted belief that a family is not complete without children. Children enjoy a special treatment in any normal society. The presence of children in the family makes it look complete. (But sadly, these days we are confronted with horrible stories about abuse meted out to children, sometimes by their own kind.) This togetherness promotes bonding amongst the siblings. Thandi (the subject of this study) had this special bond with her departed brother. His death came as a complete surprise, with devastating effects. The brother she had grown to love and cherish was gone forever, through suicide. The reader will now also relate to the rippling effect this had on Thandi. Because of this close friendship they had, it drove her to denial.

The other aspect of a nuclear family is. People are social animals by nature. *“Closely related to the physical care of the young child is his social learning. In all societies the nuclear family is expected to assume the basic responsibility for the socialisation of its children in order that they may eventually be able to function adequately in adult roles.”* (Nye and Berardo: 1973: 35). Children learn, the author believes, the language of the parents and those that are close associates. Whether it is calculated or by accident, a child grows up in the social environment of the parents. That social life has an impact in moulding the character of the child in growing up into the adult life. In IsiXhosa there is a saying that goes;

“*Umvundl’ uzek’ indlela.*” Literary translated it says, “The rabbit is married to the path.” When a rabbit is hounded by dogs it will always run on the path. It rarely deviates from the path. (Maybe it is as a result of its small size.) The Xhosas then refer to that as a marriage to the path. Its idiomatic meaning, however, is that a child will most often follow on the footsteps of his/her elders. In other words a child will bear the hallmarks of his/her family. Some external forces may also come to play. But the family life, with the distinct presence of two parents, plays a central role. This socialisation process of sharing serves to unify the family relationship. Suicidal death, therefore, with all the pain and agony accompanying it, is bound to shake this family structure.

(ii) THE SINGLE PARENT FAMILY

The single parent family, as the name indicates, consists of a single parent. “*Single parent families often result from separation, divorce, the death of one of the parents, or the birth of a child out of wedlock. Most single parent families are female headed.*” (Cohen S.: 2007:17). It is an established fact in our community that most single parent families are headed by women. The single parent families are the biggest single challenge that our society has seen in terms of family structures. Traditionally, the African culture does not normally accept single parenthood. It is culturally unacceptable that an unmarried girl could fall pregnant. In the unfortunate event that it occurs, the girl would most certainly be ostracised.

The author believes that the idea behind that was either to protect the family name, or that a young girl would not have enough resources to raise a child or both.

Inexplicably, however, these days the single parent families are rapidly coming to the fore and being accepted. Recently the researcher conducted a baptism service in church for infants. It appeared strange that, out of twenty (20) of those infants that were baptised, eighteen (18) of them were coming from single mothers. That is how high the ratio was for that service. What was of great interest to the author in that service, however, was the high level of affection displayed by the young girls (parents) to their small ‘bundles of joy’. The bond that seemed to exist amongst them was surprising and everything else seemed not to matter. It dawned on the author that the single-parent family phenomenon will be with us for some time. The single parent family, by comparison, lacks the strength and support that is enjoyed by the nuclear family. Despite all that, single parent families are seemingly close and find ways to work around their challenges. Secondly is the fact that when tragedy strikes, the support base of the single parent family is a lot lesser than the nuclear family. The strength to absorb trauma will be a lot lesser. The pain could be the same, even though the single parent will struggle alone. The difference will be how they handle the issue.

3.5 PRELIMINARY CONCLUSION

The study above has shown that families are bound together by family bonds that put them closer together, making them a unit. It should be understandable to the reader that any pain or joy that befalls any unit member, will affect all of them. The pain and trauma caused by suicidal death of one member adversely affects the whole family unit. Hence, THE TRAUMATIC EFFECTS OF SUICIDE ON FAMILIES. The study above has shown the reader the three pillars of this research, namely: trauma, suicide and family. The following Chapter will embark on interviews with individuals, within families, who happened to be affected by trauma through suicidal death. This will enable the author to interact with each individual. This will hopefully bring forward the uniqueness of each individual case study.

CHAPTER FOUR

4.1 INTRODUCTION

As indicated in chapter three, in this chapter the author is relating interviews with individuals in families that have been affected and traumatised by death through suicide. These will be specifically those that have fallen victim of this trauma through suicide death. Mitchell describes trauma as “*an injury caused by extreme emotional assault*” (Mitchell: 1983:814). These interviews will assist the author to bring forward the extent of this injury or trauma in each individual, the immediate family, the community, and the church. These interviews will also help those concerned to open up with their long kept frustrations, anxieties and grief. This will also hopefully be of great assistance for them to drift towards acceptance, finality and closure. To lock one’s stress and frustrations inside may aggravate the effects of trauma in them. Whereas, talking with them and expressing one’s feelings, may be medicinal as; “*Putting into words our shame prevents us from having to hold on to these feelings. It is only when feelings are not expressed that we swallow shame. Swallowing shame is what creates the internal problems in the first place.*” Wimberly: 1999:56). The author fully supports this notion that opening up to others about your inner troubles usually brings with it good results. It helps bring out one’s feelings that have been locked inside oneself. The longer

one holds on to his/her shame and do not divulge it, the deeper the stress/trauma entrenches.

It is the intention of the author to conduct these interviews with the same questions which follow:

- (i) When did the incident occur? Share your own thoughts.
- (ii) What is the relationship you had with the deceased?
- (iii) Could you share how you felt at the time of the occurrence?
- (ii) What was the reaction of family and friends to the news? Supportive or not?
- (iii) What was the role, if any, that was played by the church?
- (iv) What was the role, if any, that was played by the community?
- (v) In your opinion what could have been done differently?
- (vi) What would be your advice to those that are in the same predicament today?

The author is aware that the respondents may not respond to the questions as they are directly put to them. The subject matter is very sensitive. The author is aware that they may relive these incidents; as a result one has to be careful. It is,

however, the ardent belief of the author that the above questions will suffice in creating an environment to be able to extract the relevant and adequate information from those that have been approached for interviewing. These interviews will be conducted locally, that is, in the same locality and environment. The author will, therefore, use pseudonyms in all cases in order to protect the identity of all those participating in this endeavour.

4.2 THE STORY OF TINA.

The first participant the author approached was Tina. She had lost her brother some years earlier through suicide. Tina had originally agreed to be interviewed. But when approached at the opportune time, she apparently had a change of heart and flatly refused the interview. She claimed that she could never, anytime, be ready to talk about that awful incident. However, when pressed further for a reason of her refusal, she inadvertently blurted out the details and the information that the author was looking for anyway. She narrated that, she had grown up with her siblings in a family environment. Their parents were business people. Her father had, however, already passed on some years earlier. The family business, therefore, became the sole responsibility of their mother, who now managed it.

The nature of their business was what was then known as the General Dealer's Licence. This would be something close to what is known as a Supermarket these

days. However, the difference being that a customer would buy goods over the counter rather than it being a self-service. As the term General Dealer indicates, they were legally permitted to sell generally almost anything for business. This would include groceries, patent medicine, hardware, milling, etc. Unfortunately for them, amongst the commodities on the shelves, there were also those that were poisonous. Amongst the poisonous merchandise was what was known as, the Rattex Pills. These are small, deadly, poisonous tablets. They were primarily used to kill small rodents that would destroy the mealie-crop stored in galvanised tanks, to be sold to customers. Rattex pills had no mercy on the rodents and would annihilate them. They would die in numbers. But unbeknown to many was the fact that they had the same effect on humans. For a reason that has never been known till today, her only brother had gotten hold of these Rattex pills. He apparently consumed a sizable number of them, poisoned himself. He was discovered by Tina on the shop floor, foaming but still alive. When she enquired what was happening to him, he pointed to an empty Rattex Pills container. It was there for all to see. The two of them were both teenagers at the time. The rest of the story is history.

The events that followed happened very fast for her. Her brother was rushed to hospital in excruciating stomach pains. He was wailing all the way to the waiting car holding his stomach with both his hands. *“I can still hear those cries of help*

in pain even today. He was obviously dying, holding his stomach as if to say ‘this is where the trouble is,’ and there was nothing I could do to help.” She bemoaned.

There was no space for Tina to get a ride in the car to the hospital, she said. She could only follow later, on her own. By the time she got to the hospital, her brother was already dead. The hospital had established that he succumbed to intense poisoning. (This was easily associated with the empty Rattex pills container back home.) His young body could not sustain the poison and gave in. She never got the opportunity to ask him anything. All the questions she could have asked him still remain with her till today, adding to the mystery of his death. The only memory she had of her brother was the cruel image of her brother in agony. That is the main reason she refuses to talk about it to anybody, including herself, she said. The injury of trauma had settled in her mind and it paralysed her. She was in denial.

As if her pain was not enough, her mother started to panic too. This was now affecting the whole family. Her mother was reminiscing on why she had ordered the pills in the first place (forgetting that it was part of the merchandise). Had she known that they were also a danger to her own family, she would not have ordered them. When she got home she took all that was left of the Rattex pills on the shelves and threw them down the toilet. She felt that she was responsible for her son’s death. The Rattex pills she had ordered to enhance her family’s livelihood,

had destroyed it instead, she bemoaned. She was feeling guilty, “*and guilt is the result of the specific attribution of blame to one’s behaviour,*” so says Wimberly (Wimberly:1999:66). The author is of the opinion that guilt emanates from inside a person. It is internally manufactured through internal combustion and pricked by one’s conscience. Guilt cannot come from outside on oneself but can only be influenced by outside factors. The extant of guilt was showing through her sister and his mother. They somehow blamed themselves for the suicide.

Such was Tina’s mother. She was feeling guilty that she had ordered the deadly tablets in the first place. If she had not done so her son may not have died. Secondly, the tablets were eliminating the rodents nicely. But on top of killing the rodents, the tablets destroyed her family. She felt guilty about that. She never forgave herself for that, and carried that guilt with her until the end. Her mother’s own life also ended a few years after her brother was buried. “*Umama wafa enesingqala ngenxa yalonto*” (IsiXhosa roughly translated to: ‘my mother died with a lump in her throat because she had never forgiven herself for “killing” her own son.’), she bleated out.

The mother’s outbursts did not make things any easier for Tina. Her teenage mind could not withstand such a pressure. She then decided, voluntarily or not, to lock up this tragic incident inside her mind and body. She is not eager to share it with anyone. “*Actually I don’t want to talk about it to anyone*” she kept on moaning.

She would again blurt out, shaking her head vigorously and say, “*Nabantu bokuhlala ke maan*” (roughly translated- the community was contemptuous) this was one of the most difficult interviews conducted. The author gave her enough time. At times we stopped and would come back later. She connected her help to the church. “*Kodwa sancedwa yicawe*” (the church was supportive throughout the ordeal) she sighed with transparent relief. This was a superb “advertisement” for the church and all that it’s supposed to exemplify. It promoted the notion that the church is still a church especially when those involved in it adhere to the ‘new’ command; “*Love one another. As I have loved you, so you must love one another.*”(John 13:34, N.I.V) Tina’s outburst about the church splendidly brought to mind Gerkin when writing; “*The Middle Ages also left us the imagistic legacy of the pastor as the physician of the soul. That image conveys to us that it is not enough for our care simply to express a superficial goodwill toward others. It is not enough simply to wish our parishioners well or to express our desire that they “have a good day.” No, from some of our medieval priestly ancestors we learn that to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care deeply and intimately for them.*” (Gerkin: 1997:82) This research is about a pastoral perspective to the trauma suffered by people in families due to suicide. The positive reaction of the church

in Tina's predicament is, therefore, a welcome revelation to the author. However, the encounter with Tina, as could be expected, came to an abrupt end. She had not been a willing participant anyway. The author decided to leave her at that. The objective of the author had been achieved. The author could clearly understand how families affected by suicide react. They bottle up deep emotions that may burst out when allowed to share their experiences. It is the opinion of the author that Tina's reluctance to be interviewed was that she had refused to accept the fact that her brother was no more. But it is not supposed to be like that. People are exposed to the existence of death at an early age. *"Life prepares us for grief from the time we are children; so that by the time death comes, we have already experienced some of its suffering if only in small doses. Yet, somehow we lose the purity of facing grief when we are old enough to recognise that a precious human being is gone forever, at least in this world."* (Bernadine Kreis et al: 1982:36). But when death comes the lifetime life 'training' simply disappears. How strange! People like Tina need help and Pastors should enter their space with respect and care.

Tina had not agreed to an open interview, but the author is satisfied that the goal of the interview has been accomplished. All the relevant information that the author would have been looking for in an interview with Tina was gathered in this one-sided 'talk' we had with each other.

Tina's Analysis

- (i) Prior to this talk, the author was already aware of this incidence. It had occurred some ten years earlier. Ten years is a considerable time for one to be still agonizing about the pain she endured so long ago.
- (ii) It appears that Tina was deeply moved and hurt by the manner in which her brother died. She had seen him in agony as pains were expunging his young life. In other words, she had first-hand, visual information about his death. She was deeply perturbed and angry. The pain, anger and anxiety she endured on that day is apparent in her system to this present day. The researcher was aware that Tina was afraid to relive what she experienced years ago. If handled well, she may begin to heal as she shares her story.
- (iii) The community is always apprehensive about death, any death for that matter. The situation becomes enhanced when death came through suicide. The community generally becomes agitated. The author believes that was one of the reasons why Tina lamented, "*nabantu bokuhlala ke maan.*"(The community was disdainful). The community might have been openly reacted hostile to the news. It is common cause,

however, that sometimes even your close friends could abandon you in times of crises at the moment when you need them most. To that Kreis would say, “*At this stage society finds you a burden, even an embarrassment, because in this land death has become a taboo, and since the survivor reminds us of death, as soon as you grieve you become an integral part of that taboo. Lost in our own fears, we turn away from you at a time when you need us most.*” (Kreis et al: 1982:7). This aloofness of family and friends must have contributed strongly to her being uneasy and bottling up her grief. In other words, instead of helping her they rejected and despised her, which made her internalize and bottle her anger, which now turn into shame and guilt.

(iv) It is heartening for the church and all that it stands for, that Tina got solace from the Church; hence the statement; *kodwa sancedwa yicawe*” (The Church became our pillar of strength throughout the ordeal). The author was personally a witness to the funeral of Tina’s brother. The Church, at that time of need, played a formidable role. Previously, some three or four years ago, the church had negated its duty in a similar instance and bowed to community pressure. The reader needs to be reminded that suicide was viewed as a curse, something not to be proud of. In some instances funerals of suicide victims are conducted in a haphazard manner. This would entail that either the corpse would

not visit the church and will be taken directly for internment; or that some normal Christian church funeral rituals would be deliberately omitted. For example, it is the doctrine of the Anglican Church to do a Requiem Mass in a Christian funeral service. The Requiem Mass entails the celebration of the Holy Eucharist, which stands for the body and the blood of Jesus Christ. To omit the Holy Eucharist in a funeral service, therefore, is a travesty of the highest degree. That is an act of great concern to the community. It is unbecoming because it brings a lot of anxiety and embarrassment to the grieving family as it is often practiced in suicide funerals by priests. Fortunately for the family, it did not happen in that manner in this instance. The church stood its ground and the funeral was as normal as any other Christian funeral. In other words, the service was conducted like a normal service of someone who died of natural causes. There is hope that the Pastoral Caregivers can have their way cut out for them to pull back people like Tina from trauma, and be able to rehabilitate them. This could be through solemn and appealing funerals to assist bereaved on the way to find closure.

- (v) Tina did not mention anything in her ‘talk’ about the reaction of family, relatives, and close friends to the news. It became very hard for the author to pursue that point as Tina was not a willing participant in all this. It can only be assumed that close friends and relatives were supportive of her. If not, she could have mentioned it. It was, indeed,

purely luck that she inadvertently opened up as she was expressing her unwillingness to open up. She had refused an interview altogether. But to the author it was mission accomplished. Rural people may not like the approach used by the author, but it helped Tina to face her pain. The author will, however, not pursue that point further as it is not the focus of this research.

4.3 THE STORY OF LUCY.

The second person the author approached was Lucy (not her real name). Lucy is a married mother who is forty six (46) years old. At the time of the interview she was staying with her husband and their two boys. Actually to be more precise, Lucy originally had three children until one of them, a girl, died as a result of suicide. She is the one who is the subject of this interview.

The story of Lucy is that, some four years earlier, her teenage girl committed suicide. Her name was Nandi (not her real name) and she was eighteen (18) years old then. The mother and her daughter had had a healthy relationship right through the years. The mother maintains that her daughter would accept discipline and punishment from her like any of the other children growing up in South Africa, especially prior to the new democracy. She portrayed an air of satisfaction with the home environment. She also had a cordial relationship with her siblings. She

was always joyful and full of laughter. The whole family was unprepared for the terrible events that would soon unfold.

On a certain evening the mother and the daughter had a fierce altercation at home. The quarrel was about certain disciplinary measures taken by the mother concerning her daughter's behaviour which was contrary to the house norms and values, therefore, unacceptable. According to Lucy, it appears that Nandi had taken an exception to the manner in which the discipline was meted out to her. She was not happy with her mother's confrontational approach to the issue of discipline. She had complained that she had been treated unfairly; and that she did not appreciate it. Her mother did not take her unhappiness to heart. Teenagers have a peculiar pattern of behaviour, she thought, maybe this was one of those. Looking back, she believes that what she thought was wrong. The Bible attested to this thought by saying that *"no discipline seems pleasant at the time, but painful. Later on, however, it produces a harvest of righteousness and peace for those who have been trained by it."* (Hebrews 12:11, NIV). The author is of the opinion that children will always be children, and are called children for a reason. They have to be nurtured and guided through that childhood by elders/parents. Unfortunately for them, that nurturing is sometimes wrapped around punishment. It would be a rare occasion, if ever, that a child, (in this case a teenager) could appreciate punishment and restrictions of any kind at that stage. It is often when one has

grown up in years and is in the world and reminiscing about the past, that he/she generally appreciates the manner in which he/she had been brought up. The teenage years are generally troublesome years. It is a period of experimenting with almost everything and anything that is before him/her. I personally do not envy anyone who is in the process of raising a teenager. It is an unenviable task. Today (after the new dispensation) it is worse because children have rights. They could open a case against their parents. As a result the relationship between parents and children is strained. A few days after the altercation, the mother noticed that there was a marked shift in her daughter's normal behavior. It was noticeable that she had withdrawal symptoms. She was uncharacteristically reserved, becoming less and less communicative. She remembers now that her daughter had also drastically lost interest in her school work. Nandi had previously been very enthusiastic about her school work. Unfortunately Lucy did not take any action though there were visible signs of some dark clouds approaching her family. She thought to herself that it was a passing phase and she would get over it in due course. Her thoughts were wrong. It did not pass. Suicide became a reality, which finally devastated the family and left them with guilt. Though she took notice, she failed to take an appropriate action. Wimberly had this to say about such people: *"People who demonstrate and manifest bizarre behavior may be symbolically indicating to the world that they are tired of the bondage and want*

out. It does seem plausible that such behavior, which is anti-social in nature, is a signal to authorities and to those outside the cult that there is something wrong and attention needs to be given to them and to their activity” (Wimberly:1999:89).

The author believes that, sometimes strange things happen when people have a premonition, but fail to take notice. It usually starts with small details that seem inconsequential. When left unattended or ignored, as in Lucy’s case, they become consequential to the extent of having serious consequences. Lucy’s failure to act would later come back to haunt her.

About a week after the ‘talk’ her daughter died by committing suicide. Her lifeless body was discovered in her room by a member of the family. There were no physical indications or marks in her body as to what had happened. But an empty container of pills was found nearby. The container aroused some suspicions. The neighbours and friends, who responded to the alarm, mumbled something to the effect that she was already dead. There was nothing that could humanely be done for her anymore. She was dead. Lucy was distraught. As a result of the above, a journey of guilt began. She blamed herself for the tragic death of her daughter. Lucy had the same sentiments as a woman in Wimberly. For forty years she had concealed a secret of her being sexually molested by her father; thus, *“it became very clear what she had been doing. She did not feel she could ever face head-on the shameful event that happened to her. She blamed herself and felt really guilty*

for what had happened” (Wimberly: 1999:57). She thought that she could have prevented this tragedy if she had taken action when she noticed a change in her daughter’s behavior. She became imbued with shame and guilt. Attesting to shame and guilt Wimberly says *“psychologically, confessing shame and guilt is an attempt to acknowledge that shame has occurred and to relieve it by going to others and telling them about it. The difference between shame and guilt is that shame involves global attributions of fault to the entire self while guilt is attributed to a specific act.”* (Wimberly: 1999:75) She should have known that something was amiss and should have acted, she claimed. Unfortunately, she did not. She rues that day when she discovered the body. However, the author is of the opinion that we may never know whether the quarrel with her daughter had any bearing on the suicide death. One may not be able to know the exact cause of a suicide death as the reason thereof, is often buried with them. We can only speculate, especially by evaluating what happened between Lucy and Nandi

The pace of events that followed overtook even Lucy herself. The news of the death spread rapidly throughout the community like wildfire. People came from all directions to witness for themselves the circumstances surrounding the incident. It was a difficult and distressing time for Lucy. People were asking her all sorts of questions and she had no ready answers for all of them. The discovery of the empty container of pills further distressed her as it prompted the community to

pronounce ‘suicide.’ When the suicide factor came to play, the situation around Lucy’s household changed dramatically. Suicide is an anathema and unacceptable in our African communities. It is regarded as evil and a curse to society. When suicide strikes, therefore, the African community feels under siege from a curse. As a Christian community they are afraid that Biblically a curse is a condemnation or judgment from God, hence; “*anyone who is hung on a tree is under God’s curse*” (Deuteronomy. 22:23, NIV). The community was worried that God had cast a spell on them. The reader understands why the African community rejected and isolated the family.

The conversation of the people in the home changed swiftly from sympathy to hostility; putting the blame for the death on the family-in particular, Lucy. In the book of Job we meet a man “*who was honoured by all who knew him as a righteous person. Yet, this good man suffers staggering losses and is shamed by well-meaning friends who insist that there is something wrong with him. Surely he had sinned because God is punishing him.*” (Wimberly: 2003:9). Lucy was at this stage thinking along those lines and that she also might have somehow offended God, and was being punished for it. Be that as it may, it also happens that the African people are generally hostile towards suicide as they believe that it brings bad luck. The family name was also getting tarnished and there was nothing they could do about it. At the same time they had to deal with the death. This situation

became untenable and was pushing the family into the grips of trauma. Mitchell articulates this concept by saying that trauma is a “*physical injury caused by some extreme emotional shock*” (Mitchell: 1983: 814). The family was getting into a hostile situation faster than they thought. The death of a loved one which was now combined with the hostility of the community was unbearable. The journey of loneliness started.

As if that is not enough, they had to stay with their daughter’s body in the house for the better part of the morning. They could not remove the body and take it to a morgue. The process now involved the medical doctor and the Police. Removal of a body in instances like this one is the prerogative of the South African Police Service. To Lucy it was as if the Police were taking forever to arrive on the scene. The waiting was unbearable and traumatic. The already stressful situation was aggravated by unfavourable comments and whisperings from the neighbours and the community. It felt very awful. The family was traumatized, frustrated and lonely.

After what seemed like an eternity, the Police arrived to investigate. They asked questions of course as a matter of routine. But their questioning, though frank and legal, sounded to Lucy like adding fire to an already tenable situation of trauma. They seemed like they were wounding her already wounded heart. The Police interrogation seemed endless to her. When they were finally through, the Police

took the body away to the morgue. An autopsy was to be conducted later to determine the actual cause of death. This process prolonged burial and caused a lot of stress within the family. The family looked forward to the autopsy only to get through the process. At this stage it was only rumour-mongering to associate this death with suicide. However, the results came back positive. Death had come as a result of an overdose of his prescription pills. The empty bottle discovered nearby was the culprit. Her daughter had poisoned herself.

Throughout the day friends and family started visiting after receiving the news. Lucy noticed that a great number of her friends and family were non-sympathetic to the extent of being hostile towards her. They unashamedly voiced out in an IsiXhosa phrase which says that, “*ukufa kusembizeni*” (literally translated it means-“death is in the pot,” meaning that the cause and solution to the problem at hand will be found within the family. Do not look any further, so to speak). This is a phrase that is commonly used in our communities by traditional healers/witchdoctors. Its literal significance is that one is being bewitched or injured by members of one’s family, and not by outsiders. In other words, one has to search within the family for an answer or a solution. To her dismay, the finger of their contention pointed towards her direction. The interpretation is that she was being held responsible for her daughter’s death. When she realized that, she did not know whether she was feeling angry, hurt, stressed, traumatised, sorrowful,

confused, or affected by all of the feelings at once. This process became too much for Lucy. She only learned later on that the people have been informed about her previous altercation with her daughter. The people then assumed for themselves the position of judge and jury and found her guilty. A feeling of shame and guilt overwhelmed her. In these circumstances Wimberly would say that, “*shame results from the internalization of global shame such that the cause of the shame is attributed to be from within, and guilt is the result of the specific attribution of blame to one’s behavior and not the self*” (Wimberly: 1999: 66). Lucy started to internalize the situation. She found herself feeling shame and guilt. In that confused state of mind she found herself tempted to agree with the popular feeling. She confesses that at that point her body was feeling as though it could explode. Her mind seemed to have stopped functioning in a normal way. The only fact that made her to evade exploding was the support she received from her husband. That vital support from her husband at the right moment was the only factor that kept her sanity intact. If that support had not been there at that time, maybe she would also be counted among the dead, she said in an interview.

Normally, there would be prayer services conducted every evening at the home of the deceased by the community. It is a normal practice to express sympathy by fellow parishioners and the members of the community. These services would be conducted under the auspices of the church. Lucy expected the same to happen at

her home, during her daughter's death. Her daughter had died. The Mission Station is, however, a good distance from Lucy's household. This means that the local Priest/Rector could only come occasionally to their area. So the role of shepherding the flock is left entirely to the Lay Preachers of that area. These Lay Preachers are most often be local people (men/women) with no theological training or competency. This proved to be a challenge for them to conduct these services because of belief about the curse. As locals, they were embezzled by the local anathema towards suicide. This made them unwilling or unable to conduct these services. This left a feeling of despondency in Lucy's life. She was not amused by the church's invisibility during this time. This lack of services was adding to her woes and pain. The scope of trauma in her was widening. However, the Parish Rector was available on the day of the funeral and he conducted the service with the entire competency required by the church. That brought a lot of relief to Lucy and her family. The presence of the Rector, his condolences, and the celebration of the Holy Eucharist helped to dramatically address, therapeutically, their pain and grief.

Looking back, Lucy said that she regretted her behavior towards her daughter. She failed to make a follow-up when she noticed something amiss with her daughter. She made a mistake of taking things for granted. Should she have made a follow up on her daughter's behaviour, maybe the situation would have been

different now. She was, however, grateful to the church for being there for her when she needed it most. She was also grateful for the support she received from her life partner, her husband. If it were not for him she doubts if she could have pulled through this ordeal. However, she said that she is not over the ordeal yet. She has not yet come to terms with the loss of her only daughter through suicide. The manner in which she died is what is uppermost in her mind and continues to traumatize her.

As a Christian, Lucy shared, , she was also concerned about the after-life. She was worried that the Bible teachings condemn murder as a sin. *“You shall not murder”* (Ex. 20:13 N.I.V.), is what the Lord God proclaimed to Moses. Suicide is described as “self-murder.” It would, therefore, seem to her that her daughter had committed a murder, which is against the Biblical teachings. She was concerned as to what would happen to her daughter’s soul on that final day that the Bible speaks about; the judgement day. Will her daughter be judged as a murderer? She was wondering and thinking about this in a deep way. If so, it meant that she had also contributed to the act that was committed by her daughter because of her lack of attention. That thought further escalated her anxiety and trauma. Thomas Aquinas declared that *“the self-killer has committed a triple sin: against God who alone has a right to give and take life; against the human community of which he or she is a part; and against oneself who has the natural inclination of self-*

preservation... to bring death upon oneself in order to escape the other afflictions of this life, is to adopt a greater evil in order to avoid a lesser, Aquinas reasons.” (Phipps: 1987:72). The author believes that these sentiments were playing around Lucy’s mind at that moment. The author, however, is of the opinion that Lucy’s concern was normal under the circumstances. One of Christianity’s basic principles is the hope of reaching eternal life. That is, to be with Jesus Christ in the promised eternity. Will my daughter be there? She was wondering. These theological questions are important in life, especially when faced with an issue of suicide. In the author’s mind it would be normal, therefore, for Lucy to be anxious about her daughter and eternal life, especially when people talk about the curse. Every Christian has a hope, desire and expectation to be with Christ one day. Attesting to this theory Wimberly writes: *”My concern in the funeral sermon was to address the concerns of those who survived the tragedy. There were concerns that I knew the grieving loved ones were raising. They all felt that there was something that they could have done to prevent the suicide. They all believed they were responsible in some way. Many also had religious concerns about what would happen to the soul of the loved person who committed suicide. Thus I wanted to provide a meaningful service and sermon that could address both the guilty feelings that they had as well as their concerns about the soul of their loved one.”* (Wimberly: 1999:119). As Wimberly has attested, the author firmly believes that

Lucy's anxiety about her daughter would be expected of any Christian in the same predicament. The hope of one's soul residing with Jesus Christ in God's Kingdom is the ultimate goal of Christianity.

After this interview, Lucy offered advice to all those who would find themselves in the same predicament. The author welcomed the advice and suggestion mentioned by Wimberly, it gives a clear way of working with bereaved people. The objectives which are to determine the extent of trauma exerted on families by suicide.

- (i) To stay closer to those who love you as much as possible for support.
This was proven by the support she had received from her husband during this difficult period.
- (ii) Enlist their support without which one can barely survive.
- (iii) Though it is sometimes hard to come by, listen to people's advice.
They may have already travelled the journey you are about to embark on.
- (iv) The church is always a solace. One must stay closer to the church.
- (v) Pray that you may have strength and courage to forgive yourself (which is very hard to come by). This will assist one on the road to speedy recovery.

- (vi) Do not ever wish it on anybody, no matter how much hatred you may have. It is a rough route for anyone to travel.

Notably, the methodology of this research is to employ Gerkin's method of shepherding and Pollard's positive deconstruction. This will enable the respondents to deconstruct positively, that is, to open up with their frustrations and anxieties that led to trauma. That objective has been achieved with Lucy in that she opened up about her ordeal about the death of her daughter and the manner in which it affected her.

4.4 THE STORY OF THANDI

The third respondent was none other than Thandi. The reader will recall from Chapter one how she became the reason for this research in the first place. Her brother had died through committing suicide. Somehow he got hold of his father's firearm and shot himself through the head. Her brother's name was Sipho (which incidentally means Gift).

The story of Thandi is shared in the following way: One bright summer morning an alarm was raised in the community about a body of a young man found nearby. People rushed to the scene. Amongst the first people to be on the scene was Thandi. Indeed there was a body of a young man lying prone on the ground. There was blood all around him especially around the head. She did not

immediately recognize the deceased, until someone brought her attention to it. It was her brother, Siphon. What a shock! That shock often leads some people to deny the reality. Thandi said that she could not contain herself and she screamed so hard that her lungs felt like they were coming out through her mouth. Thereafter she felt petrified. Siphon was a frightening sight to look at. His head was shattered. His brain matter was mixed with blood and scattered all around him. It was a horrible sight. The one that haunts her to this very day, she said. It appeared that the bullet had penetrated his head from below the chin and exited by blowing out his skull. She could feel people touching her and talking to her. She could not understand anything. She was just horrified, and felt nauseous-trauma became part of her life.

When Thandi came to her senses she saw that there were a lot of people milling around her. She thinks that she might have somehow fainted. There were also the Police and so was her father. Siphon's body was loaded into a Police van and driven to the morgue. That was the last time she ever had a look at him. It was now time to go home, a home that would be without her beloved brother, Siphon. The walk home was the longest Thandi had ever taken. Her mind was out there with her dead brother. When they got home it was as if they were in another planet. She was traumatised by the incident. The trauma was aggravated by the fact that it was discovered that it was his father's firearm that Siphon killed himself

with. How can a weapon acquired to protect the family suddenly turn against it, she thought. To her confused mind it became clear that her father was definitely responsible for her brother's death. How awful? It was trauma playing tricks with her. To the author this is not an abnormal reaction. This reaction would be attributed to what is known as scapegoating. Johnson would say, "*A scapegoat is a race, person, institution or sex that bears the blame, prejudice, displaced aggression, irrational hostility, or projected feelings of others. It implies a process of singling out one or more persons to bear the brunt of the family's or group dissatisfaction.*" (Johnson: 1987:16).

It is a natural human instinct that we must have answers to every problem. In such situations as suicide, the author believes that the human element will demand answers. If we do not get straight answers, it becomes imperative to create them in order to satisfy the human element. This may entail blaming someone or something. In other words, we redirect our anger. This could have been the situation with Thandi. She blamed her father to give herself the satisfaction of a solution, a pseudo solution. The author believes that Thandi must have had this kind of feeling against her father. It was a displaced aggression to satisfy her quest for the hidden answers to her questions. Later, however, it was established that Siphso must have somehow secretly stolen the safe keys where the gun was locked . The results of that theft became deadly. But, Thandi could still not find it in

herself to forgive her father for being careless. The common element about these stories or interviews is that their anger is either misdirected, projected outward and sometimes internally.

Notwithstanding that, the community had their own story to tell. A rumour started circulating in the neighbourhood that all was not well with Thandi's family. The fact that Sipho killed himself was a culmination of that animosity. These rumours were devastating to the whole family, and especially Thandi. There was not a slightest tiff in the family, she said. All was well. But what she could not understand though, was why did her brother take away his own life? The ugly head of the cultural fears of suicide reared its head again. Thandi revealed that the community was at it again. They did not attend the night vigils normally associated with death. The reason for not doing so was the fear of suicide. Thandi could not put her head around this. This deed further entrenched the trauma already in existence.

During our conversation, Thandi was always emphasizing the close relationship she had with her brother. They would share almost anything. There were supposedly no secrets between them. It was perplexing to her that she could not detect anything amiss in her brother's behavior until he took his life away. She felt guilty, angry, and betrayed. It was now obvious to her that her brother did not trust her with all his secrets, she said. This started to bother her. The guilt was

mounting. She thought that there was something she could have done to prevent this tragedy. She had failed to do it, whatever it was. Again, to the author, this is not an abnormal occurrence. It is a common occurrence for people to feel guilt, that there is something they should have done, and did not. Johnson states that; *“Following a death, guilt is probably the most powerful factor that holds the key to the survivor’s mental and physical health. Guilt is a feeling of culpability with offences of commission (action they regret) or omission (inaction they regret). Guilt is a learned and socialized feeling.”* (Johnson: 1987:270. It is, therefore, common cause for people to feel guilty in such a situation. This is primarily because the people would feel that there was something that they ought to have done and did not. It was unbelievable to Thandi that she could not detect anything amiss with her brother until he died. She had failed him, she said. Guilt and shame are shared by all those who have experienced the pain of suicide.

In the case of Thandi, it was revealed that Siphon would not be buried in the community grave site. The local Chief had directed so. His grave was going to be dug out somewhere else; away from the other graves. It was felt that his grave would desecrate their fore-fathers’ graves as it carried a bad omen. He had killed himself, so the local Chief had ordered that he would not be buried in the local cemetery.

The author is aware that this is an old cultural adage which operated for years. It originated from the period of territorial wars. Legend has it that, if a man gets killed in battle, he would be buried where he fell and died. He would not be taken back home for burial, under any circumstances, the belief being to circumvent more killings coming to the family or community. This then formed part of our African heritage. It is still widely used today amongst our communities even in circumstances, strangely, that have nothing to do with war. For example, in some instances, a death through a car accident would fall into the same category and the funeral will be the same. It may sound strange, but it is true when dealing with death in a Xhosa cultural environment. Interestingly, the same situation seem to have applied in Europe some centuries ago, though not for the same reason when, *“For centuries the bodies of those who committed the unconfessed and therefore unforgivable sin of suicide were not buried in cemeteries that Catholic priests had consecrated. The somewhat more tolerant attitude toward suicide among Protestants and Jews may be due to the fact that it is not a specifically forbidden sin in the Jewish Scriptures or the Christian Bible.”* (Phipps: 1987:73). This phenomenon is, therefore, not confined to the African community, but to other nations as well. This drama was pushing Thandi further and further into trauma. These are some of the holes that the community makes you jump.

Compounding the situation for her were her family and friends. Thandi's immediate family and friends distanced themselves from her family. They would have nothing to do with her family. This is where rejection takes shape within the community. This reaction from family and friends could have been expected. African people in general shy away from such tragedies. When one needs their support and sympathies, they decide to disappear into thin air. Society would leave one to carry his/her own burdens. *"At this point society finds you a burden, even an embarrassment, because in this land death has become a taboo, and since the suffering survivor reminds us of death, as soon as you grieve you become an integral part of that taboo. Lost in your own fears, we turn away from you at a time when you need us most"* (Kreis et al: 1982:7). The author is aware that society is capable of abandoning one when you need it most leaving you in the lurch. When that happens you are on your own. It is an untenable situation.

At the present moment in time there is too much stigma attached to suicide in our communities. It has become a stumbling block for families caught in the aftermath of suicide. As a result Thandi's family was treated as a leper. No one was coming anywhere closer to them to assist. The bitterest pill to swallow, says Thandi, was when even their contemporaries distanced themselves from Thandi and their family. Siphos friends were also nowhere to be seen. They were not getting support, morally or otherwise, from any quarters. Thandi was all by herself, it

proved too much for her. There is an IsiXhosa phrase that says; “*Uxhents’ezombelela*” (literary it means that if you must dance, someone else or something else must provide the music for you. You do not sing and dance all at once. One is able to see how globalization is having an impact on culture that is already adjusting to modern times. Figuratively, it means that we all need some assistance at one time or another, without which one may encounter difficulties.) This implies that Thandi had no support system or comforter, which is a foreign concept in our communities. It is foreign in that people sympathise and assist one another around our communities. This process of Ubuntu is being challenged by globalisation which affects African people in a big way.

Some people in this predicament often get some solace from the church. Thandi was not that lucky. Firstly, her brother was not a worshipper anywhere. His name was not in the register or roll of any worship house. That is a very big problem that people are facing these days, locally. If you do not go to church, then you must not expect any service from any church organization, period. Siphos was caught in this situation that is, not being a member of the church. The funeral service was held at home and not in church. That situation puts a lot of pressure on the living members of the family. Secondly, it is a disgraceful act locally for one not to have a funeral with a worship service from the church. This depicts the family in a bad way. They are regarded as a family of non-believers. In other

words, the family will appear as non-believers in front of everyone. It is humiliating and disgraceful, raising the issue of shame and guilt. In some areas it is referred to as ‘Stoep Funerals.’ Stoep is an Afrikaans language word meaning the steps leading to the front door of a house. When it is referred to a funeral it means that the funeral will be conducted anywhere else except in the church premises. That inference is both a degrading and a humiliating affair to the family (Rev George Palmer’s Masters’ Thesis, 2014: deals with this process in detail). Thandi’s church refused permission for their premises to be utilised for the funeral. The funeral had to be conducted in a tent outside the yard. Thus: Tent Funeral. The body of the suicide victim would not even be allowed into anybody’s yard, let alone the church. Therefore, the tent would be pitched outside the yard. To the author this is not an ideal situation, but it is the norm. These are some of the problems faced by victims of suicide death. By now the reader may be able to appreciate the response that follows;

When asked how she feels today as compared to those days long ago, she responded, *“I am still as hurting as I was in the day of discovery; nothing has changed. The cruel treatment meted out to my family, and the gruesome death of my brother is still as vivid to me today as if it were yesterday.”* she said.

When she was asked about the advice she could give to others, she said:

- (i) In such situations do not trust anyone but yourself. You may not get assistance from anyone. (The researcher could see traces of hurt which lead to suspicions and mistrust of people). One could also understand the response caused by the absent of support from the community.
- (ii) Do not put your trust on churchgoers; they are capable of disappointing you. They did that to me. (The element of blaming raises its head). The church failed to be a balm at the time of need.
- (iii) I now realize that to be a regular worshipper is a good idea. It has its perks and they often give solace. The researcher is aware that some education is needed in teaching people to worship God, and avoid cultural issues.
- (iv) Never assume that you are the only one in that situation. There are many more like you out there. Do not despair.

The next story will also explore problems faced by suicidal families.

4.5 THE STORY OF NOLUVO

The fourth respondent was Noluvo. She is married and stays at her home with Duke, her husband of twenty two years. They are presently childless. Actually, they were previously blessed with a brilliant, jovial, sweet, and energetic son

called, Themba. (Not his real name) He was the apple of his mother's eye; and was an untouchable. Adoring parents are bound to be proud of their prodigy who has unusual or remarkable abilities, especially in the academic field. He would most definitely be an envy to all those around them. Themba's adoring mother was no exception to this rule. She would often boast to others that anything academic that Themba put his mind on was successful.

His talents, both socially and academically, made him a success in everything pertaining to his tender age. Naturally, as the only child in the family he could get almost anything he wished for that his parents could afford. His parents would not be classified as rich, but they were well-to-do. They were able to raise their child in a healthy, Christian and disciplined environment. Hunger was definitely not part of that environment. Themba, therefore, grew up in that type of environment, which was full of love and care with physical and spiritual nourishment. Most of his contemporaries were obviously envious of his position. That is how highly they regarded his situation.

But as fate would have it, five years ago, at the prime of his life, he took his own life. It is still a mystery, to this day, that with all the love and care that surrounded him, Themba had decided to tragically terminate his life by committing suicide.

His story is as follows; after completing matric with flying colours, he enrolled as a student at a Tertiary Institution. At High School he was a bright and promising child. He was getting accolades from every school he attended. At High School he was active in every sphere of student life. At some stage he was elected as secretary of the student body. He came across as someone who was highly ambitious as he had registered for Mechanical Engineering. That course was generally regarded as challenging and not destined for the meek. It was regarded as the one for intellectual giants. Very few students would venture in that direction during those days. His mother later revealed that Themba had once boasted to her that he would finish that course in record time. That is how brilliant he was.

The institution where he studied is in East London. This is a bustling sea-side city in the Province of the Eastern Cape in South Africa. It is a distance of about Two Hundred kilometers from Themba's home. As he had promised, he did well at Varsity. But at the end of his second year at University, her mother noticed a slight decline in her son's school performance. She had gotten used to top marks from her son. She did not expect anything less. So she was dismayed to find that her son had fallen below his 'usual' mark. She brought her concern to her husband's attention.

She then noticed that her husband did not take her concern seriously. Her husband had argued that Themba had in fact secured a good mark. But Mama was not ready to let go. She took Themba to task about it. Themba was obviously not happy about the remonstrations from his mother. He responded by voicing that out. The author believes that this unhappiness was not necessarily arrogance on the part of Themba. It was that at some stage of their development, young ‘boys’ want to become ‘men’. *“With adolescence comes the conflict between being dependent and being independent. The teenager knows that he expects his parents to provide the necessities of life. Yet he resents this dependence because he wants to be free to do what his strong life-impulse demands. The inner conflict leads him to do things he knows are against his parent’s wishes; yet he continues to make the usual demands on them”* (Jackson: 1978:21). At that stage of development boys usually become resentful to constant remonstrations and advice, especially from mothers. When that time comes they will forcefully ‘demand’ to be recognized and be treated as ‘men’. To be given their ‘status.’ This is especially so among the Xhosa people. They will be fighting with all they have to be free of the mother’s apron strings, and they usually succeed. The researcher has observed that mothers generally, are unable to timeously dictate that development. Probably it is because they are not yet ready to let go of ‘my little boy.’ An emotional war of liberation will then ensue between mother and son. On the contrary, it is observed that the

fathers usually detect it in time, but in most cases they are content to just watch and observe.

The mother said that Themba became so rebellious during their talk that he marched out of the house. He did not sleep in his bed that night; typical of boys. A few days thereafter, the schools reopened and Themba had to pack his bags and leave for school. The mother and the son did not have anything much to talk about after their last confrontation. His father then drove him to school and dropped him off. He did not notice anything out of ordinary in his son's behaviour on the way to school. Everything seemed normal. Two weeks later Themba's father drove back to East London on private business. On the way there he spotted someone he thought was his son hitch-hiking a lift to the opposite direction. He was positive it was his son. Surprised, he decided to make a U-turn. But by the time he got to that spot, that person had vanished. He was nowhere to be found. He decided to continue on his journey to town. Later that same day when he was already back at home he received the shocking news. Themba was found in that vicinity hanging from a tree. He had committed suicide. The father was now certain that it was indeed his son that he saw on the road hitch-hiking for a lift. Where was he going to? He wondered. Bitterness, anger, guilt and sorrow overwhelmed him. How did this happen? Why did it happen? When did it happen? If only he had been vigilant when he could not find him on the road, maybe his son would be alive, he

thought. These were some of the questions and concerns taking rounds in his mind. However, they could not give him the answers he was yearning for. All he wanted was his son alive and well, which could not be attainable. On hearing the news, Noluvo was understandably dumbfounded. The only child she ever had was now dead. This was too much for her to stomach. But the worst was yet to come for her.

On hearing the terrible news, Noluvo was understandably numb with shock. The only child she ever had was now dead. The apple of the mother's eye was no more. To crown it all was the manner of his death. She had the same questions that her husband had, and all had no suitable answers for her, she said. She was devastated. But the worst for her was yet to come. The family came together in their home for funeral arrangements. During that time Duke, the father, made a horrifying statement to the family. He declared that his only son has been killed by his mother, his wife, Noluvo. Therefore, she should pack her bags and leave his house, he said. The author believes that this statement was pronounced in a fit of anger, and was not properly thought out in that, "*Anger in early grief often distorts the truth. One mother, whose daughter was thrown by a horse and killed, repeated over and over, "What did I do wrong?" That was self- condemnation, a twisted sense of guilt that grievers know all too well*". (Kreis et al:1982:17). Anger is a dangerous kind of emotion. If anger is not checked it has a capacity to create

havoc. Duke's anger had the potential of creating another catastrophe. But so is the anger if it goes unchecked.

When Noluvo came to that point she became distraught with emotion. We had to take a few minutes breather for her to be composed again. When we restarted, she said that she could not believe what her husband had said about her. After Temba's statement the atmosphere became unbearably tense in the household, she said. People had to tip-toe around one another as a result of the announcement. Noluvo came under immense pressure. The atmosphere was extremely traumatic for her. She had lost her only child, and now this new information. She said that in order to maintain her sanity she had to keep telling her mind that her husband was in a state of shock when he made those allegations. Those allegations were repugnant to say the least. To be accused of perpetrating a death is bad enough, but to your only child is unbearable. Noluvo said that she could not pluck up courage to even look at her husband. They were now alien refugees, they could not relate to each other. It was a dishonorable statement.

Duke based his accusations on the fact that Noluvo had traumatised his son. She had taken him to task about a lower mark he obtained. He maintains that he had asked his wife to let it go. She did not listen, now his son is dead. The trauma of being accused of killing your own son was unbearable. She maintained that she was merely trying to encourage her son to achieve the higher mark she was

accustomed to. Admittedly, she may have gone to the extreme, even to the point of being selfish, she contended. Nevertheless, no one could be certain of Temba's reasons to take away his life. Everyone could only guess and make suppositions because Themba will not be there to explain anything, she consoled herself. Secondly is that everything else was perfect during the funeral service. Her son was laid to rest in a dignified and satisfactory manner. Their Rector and the church did all they could possible do to console them, she said. We received messages of hope from every corner. She continued to share how they got healing through the worship service. These messages gave her hope especially after the shock treatment she initially received from her husband. Most of the people gave their support in her hour of need; the church, the community, friends, colleagues and family. But her husband's statement still bothers her. However she is learning to come to terms with it. She is gradually learning to forgive her husband for his mishap by misjudging her.

As it is normally the situation in such cases, the researcher is of the opinion that, we cannot be able to put a finger on the cause of this terrible saga. What is clear though is that the mother and son relationship was somehow tested to the limit. Whether it was the extreme test or not, we will never know, because she could not explain, except through her tears. Nevertheless, the cause of suicide is not the aim of this research. The aim of the research is the effects thereof on families. Suffice

to say that Themba her beloved child is no more. The interview itself had its moments of tension and anxiety. It was not very easy to go through this process. It somehow resurrected a lot of pain and questions, some of which are not for this research, but needed therapeutic intervention.

Finally, the researcher had to inquire to Noluvo as to how she feels about the whole ordeal. What advice, if any, she could give to other people who may find themselves in a similar situation. Her response was that;

- (i) Folks have to deal with the concept of denial, and she had come to terms with the fact that she is now childless. She is gradually learning to forgive her husband about his accusation, though it still leaves a bitter taste in her mouth. She believes that he was also mentally stressed as this funeral had a great impact on him. To err is human and to forgive is divine, she said.
- (ii) Several questions remain unanswered, and she would pay anything to know the cause of her misery. Why did her son have to die? That is a question that no one can be able to answer satisfactorily.

What would you say to people who may find themselves in the same predicament?

- (i) Do not stop praying. It is the best medicine. It helped me go through the difficult time.

- (ii) Put trust in the people around you, especially those who are available when needed it helps a lot to deal with trauma.
- (iii) Though it may be very hard to do, but try to focus on the funeral and the tough journey ahead of finding closure. You must have determination. Convince yourself that you are going to pull through. No one will do it for you.
- (iv) Do not give up, ever.

4.6 THE STORY OF MRS MFENGU

The last of the interviews was with a Mrs. Violet Mfengu. She has a story of a double tragedy. Suicide struck her home not once, but twice. It happened that two of her children died through suicide incidents at different times. The words came out slowly and seemingly painfully. She would pause every now and then to take a breath. The author had to exercise patience if anything was to come out of this session. Mrs. Mfengu displayed symptoms of being highly stressed, angry, and deeply hurt; understandably so as she had lost two children through suicide. The most hurting part in a suicide death is that the reason for her sons' death is unknown. They died with the secret. The names of her boys were Kabelo and Cumani, respectively.

Her story is as follows. The first child to commit suicide was her first born child, Kabelo. He was an outgoing sort of child who was at Tertiary level of schooling. It became an accepted habit that he would return home later than midnight during the school vacations. It was an accepted fact in the neighbourhood that boys would come back home later than midnight. The things they were doing, and where they were doing them, seemed not to really matter. They were on holiday and boys were ‘allowed to stay late more than girls. ‘Boys will be boys’- that sort of thing. The situation would be taken into consideration more seriously when they had to attend school. There developed an unholy situation whereby, when everybody else was asleep, the boys would be awake. At night the situation was reversed. This behavior developed into a situation where parents and children (boys) could not meet each other except occasionally over the week end. Most parents would be at work during the day and only available over the week-end. Parenting became a staggered affair because they were not able to talk to and care for their children. Parental conversations between parents and their sons deteriorated to a point of nearly being non-existent.

During those midnight spells, Kabelo came back one night very late and confided to his sister that “*mna ndidiniwe bubom*” (*I’ve had enough of life*). Nothing was going right for him. He said that, as a matter of fact he had already drugged himself and was going to die. No one took him seriously about that, maybe

because the siblings were younger than he was. Their parents were also not informed about this disturbing information. It was, in any case, in the middle of the night and the parents would be fast asleep by then anyway. The children just went to sleep in their separate rooms. That proved to be a deadly mistake, for the following day Kabelo was no more. He was discovered in the morning, already dead, by the person who helped to clean their rooms. By the time he was discovered the parents had already left home for work. They had not the faintest idea of the tragedy they were leaving behind at home. The post mortem results revealed a poisonous substance in his body. Until this day no one has the faintest idea as to why Kabelo drugged himself. That has inevitably put more pressure and trauma on the parents. The researcher realizes that communication is vital between parents and children.

The second incident occurred to her second son, Cumani. He was twenty six (26) years at the time of his death. One afternoon whilst at a tertiary institution, they drove out into town in a friend's car. (As students normally do.) After an evening of partying they were to be delivered back at their campus residence. On their way back to the campus they were involved in serious car accident. Her son was reportedly the driver at the time. They were in a pile up when the accident occurred. The accident was so severe that many of the people involved reportedly lost their lives, including some of his friends. Cumani, her son, was amongst the

few who survived the accident. But unfortunately, the accident paralysed him. He had to be confined to a wheel chair, forever.

The wheel chair proved too much of a burden for him. He was always expressing sentiments that it could have been better if he too had died. Maybe he could not accept the fact that he would never have the freedom to walk on his own again. To further aggravate his situation was the fact that he was the driver of their vehicle. Possibly he felt responsible for the loss of so many lives and also that of his immobility. It was his fault, he must have thought. The thought of seeing his son confined to a wheel chair must have been traumatic to Mrs. Mfengu. ‘What have I done to deserve this,’ must have constantly occupied her thoughts. Grief was the main issue she was dealing with.

However, Cumani could not clearly recollect what had actually happened on the night of the accident. He could only vividly recall himself cruising nicely on the freeway; and the next thing he was in bandages in hospital. He had regained consciousness three days later and only then was he made aware of the seriousness of his own injuries. On awakening he realized that there was something amiss with his legs. He could not feel anything in his legs, pain or otherwise. He was informed by the medical personnel that the accident had paralysed him from the waist downwards. From that day onwards he would not be able to walk on his own again for the rest of his life. That was shocking and further traumatized him. The

death of all those people involved in the accident, coupled with his injuries, had a profound impact on him. He felt guilty about the loss of so many lives through his actions. Jackson analysed the situation thus, *“To begin with, we need to realize that guilt is a complex emotion. It is built into life through a long and complicated process. To be able to feel guilt is a sign of our capacity to feel with others. If we do something that hurts them, we can feel the hurt.”* (Jackson: 1978:20). Let us now analyze the story of Cumani, who experienced the same issues as illustrated by Jackson. The amount of hurt he had was overwhelming, traumatising him. He could not stay in the hospital forever. At some stage he had to be discharged to go home. The seriousness of the situation began to sink when he got home. He had to be assisted in almost everything. That was a very strange and unfamiliar territory for him. It became impossible for him to accept his situation.

As fate would have it, one afternoon he was found convulsing and foaming on his wheel chair. He was rushed to hospital in a critical situation. Unfortunately he was certified dead on arrival before anything could be done for him. The story goes on to say that he had to be left alone for a short while, as someone who cared for him had to run some errands elsewhere. He apparently took that opportunity of being left alone to overdose himself. It is suspected that he used his own (and maybe others) routine supply of medication. Empty medicinal containers were found scattered all around him. The family could only assume that he could not

accept the circumstances that he found himself in. He used to be a joyful guy going around on his business. Being confined to a wheel chair must have been too much for him and drove him to the extreme of taking his own life.

This was the second tragedy to befall the Mfengu family in a short space of time. Veronica recalls that she was devastated when her first child drugged himself to death. The second time around she was petrified. She could not respond to any feelings. No one could say anything sensible to her at that time. She recalls that during the second occurrence her physic reacted in such a way that she was unable to sleep, to weep, to speak, to eat, to think properly, or to do anything positive about her life. Her body felt as if it was in a free-wheeling mode. She became numb and could not feel anything. When looking back she does not know how she pulled through those tough days. The hurt, anger, confusion, anxiety, and frustrations of those few days, months and years was too much for her to contemplate. She confesses that she feels as if she is alone in a deep sleep and does not want to wake up from that slumber. She is so petrified that she cannot see herself facing the world again. She has given herself to be a somnambulist for life. She has become anti-social, anti-Christianity, anti-everything, including her family. The double tragedy that befell her family must have dealt her a death blow. She has nothing to live for, she concluded. In such situations Worden would say; *“In the loss of any important person there is a tendency to regress, to*

feel helpless, to feel unable to exist without the person, and then to experience the anger that goes along with these feelings of anger and anxiety. The anger that the bereaved person experiences needs to be identified and appropriately targeted toward the deceased in order to bring it to a healthy conclusion.”

(Worden:1984:21). The author believes that Mrs. Mfengu must have been in the same frame of mind that Worden epitomizes above. She had turned her anger and grief inwardly on herself. She was self-annihilating.

It could not have been productive for the author to ask the interviewee to give advice to others that could be in the same predicament. She came across as the one who needed help urgently. She appeared to be on edge, spiraling down to the end at the foot of the mountain. She had withdrawn socially, which *“is not unusual for people who have sustained a loss to want to withdraw from other people. Again, this is usually a short-lived phenomenon and corrects itself. I saw one young woman shortly after the death of her mother. This single woman was a very sociable person who loved to go to parties. For several months following her mother’s death she declined all invitations because they seemed dissonant to the way she felt in the early stages of her grief.”* (Worden: 1984:25). The author does not agree with Worden on the “phenomenon” being ‘short-lived.’ Mrs Mfengu’s situation seemed far from being short-lived; it looked and felt permanent. It

appeared to the author that she needed help urgently. The interview was stopped and she was advised to seek therapeutic help.

The foregoing interviews have enabled the author to enter into the lives of the victims of suicide. This assisted the author to understand the pain, trauma and anxiety that they experienced. Most of them have endured these feelings for a longer period than others. All of those that have been interviewed by the author seem to have not yet found closure. They were at different phases in their journey of grief. It is the author's belief that they have somehow locked all their miseries and sorrows inside them, traumatizing themselves continuously. This chapter has been critical in that it brought to the fore or exposed the hidden misery and pain that is experienced by the sufferers. The interviews opened up an insight into the misery of their lives. As a result of what has been revealed in the interviews, the author got a sense of satisfaction as to why he had indeed embarked on this research.

4.7 ANALYSIS OF INTERVIEWS

It has become abundantly clear that different people react differently to different situations. It has also been established that different people can react differently to the same situation. By the same token, it has been established that people can have similar reaction to similar situations; for example, they all feel guilty and thought

they could have prevented death. The issue of shame caused by culture and community impacted on those in deep hurt. They felt isolated and rejected, except one family that was supported. The author has come out with this finding after interviewing different people about their reaction to suicide in their midst. It has been encouraging to note their reactions.

The topic of this research is *The Traumatic Effects of Suicide on Families: Pastoral Perspective*. It is understandable that death by suicide is traumatic. It is also understandable that, in fact, any death is traumatic. But death that came about as a result of suicide seems to be the most traumatic event, more than any other death, in bringing trauma to families. That thought has been confirmed by these interviews, as well as some scholars. It is intriguing to the author the manner in which different people react to suicide. To the author these differences have been brought to light as a result of the interviews conducted with those that are affected. The reader will recall from previous chapters that one of the primary objectives of this research was to enter into the lives of those affected. The aim and objective of which is to determine the pain, anxiety, frustrations and anger, if any, that they are going through during their ordeal. The author believes that through these interviews, that objective has been accomplished. It has been brought to the fore that suicide has a terrifying effect on humans in that;

- (i) It is traumatic. It has been established through these interviews that suicide death has a traumatic effect. All those that have been interviewed are adult women with their own families. To all of them, save one, this experience happened when they were already adults.(Post-traumatic stress disorder was part of the problem they faced as we discussed suicide.) But all of them, irrespective of age, have been traumatised by suicide death in their midst. They have been affected at different periods, but all of them are still experiencing trauma. They never found closure of this deep wound. To the author this has shown explicitly that suicide death is traumatic, especially when interviews were conducted, it made them relive the trauma.
- (ii) Most of those family members affected find it very difficult to get closure. That has affected their well-being negatively for the rest of their lives. It becomes extremely difficult for some of them to move on with their lives. *“We don’t stop loving someone at the precise instant he stops breathing. Your life was geared to his.”*

Death came quickly, but the motion of your life together carried you forward on its own momentum as if he still lived.” (Kreis et al: 1982:15). That is one of the reasons, I believe, that makes it difficult for humanity to easily forget their loved one who have died. The other part of the problem is that in rural areas therapy is never conducted, except through pastoral intervention and not experienced psychologists.

- (iii) The church plays a pivotal part in the life of our community, especially through worship, preaching and burial. It has, however brought to the fore the fact that, the church has no clear and specific formula, liturgy, or operational model as how to deal with this or to counteract and or assist those that are in this predicament. This aspect will be addressed in the next chapter when the author creates a liturgy of healing for the church and members of the family affected by suicide.
- (iv) The communities in which we reside and administer Pastoral work are to a large extent still sceptical about suicide. The main factor in that scepticism being the

entrenched cultural beliefs amongst our communities that suicide is a curse. To most of them suicide is connected to witchcraft, with all the forces of darkness. This has subsequently led to suicide being a topic that no one in the community wishes to discuss openly with anyone. This, therefore, further makes those concerned to be alienated or shunned by the mainstream of the community. They will most often be treated as foreigners in their own back yard. That still needs to be addressed, but outside the realms of this research.

- (v) Suicide death has been grossly stigmatized by the community. The Oxford English Dictionary describes stigma as, “*a mark of shame or disgrace*” Hornby: 1974:864) The stigma that is associated with suicide could be comparable or even eclipse that which has been ascribed to the scourge of HIV/AIDS, in our communities. This has led to some families misrepresenting suicide death. The University of Natal (now University of Kwa-Zulu Natal) published the Proceedings of the First Southern African Conference on

Suicidology from 2-3 September 1988 in Durban, South Africa. The report stated that, *“In 1986, 1604 suicides were reported in South Africa. This figure is probably an underestimate with studies suggesting that the real figure is three times as high because of attempts by those concerned to avoid recognizing that death was due to suicide.”*(Edited by Lourens Schlebusch:1988:8)This study shows that in certain instances suicide death is indeed misrepresented. .

- (vi) It most often creates a fertile ground for misunderstandings, disorder and disunity in the family during the ordeal. A sense of mistrust usually develops. There would be a lot of finger pointing which does not assist in anything positive except possibly to create chaos and disorder. This would primarily be as a result of some of them feeling a false sense of guilt in themselves. During the confusion of the moment some would wrongly accept responsibility, that their action or lack of it, had led to the occurrence. Others would react by venting their anger and frustrations on other family members, friends,

and neighbours, and even to parents. (misdirected or misplaced anger) *“This explosion of anger can show itself in other immediate and direct ways. It is often directed towards nurses in the hospital-as the persons closest to the event of death. Sometimes it is directed toward the clergyman-as one whose influence with the divine and miraculous should have been employed to prevent death. Sometimes it is directed toward the funeral director-as one who symbolizes death for the bereaved person.”* (Jackson:1978:13). Because of these factors it is understandable that people who are in the cloud of death, especially suicidal death, can somehow be influenced to react in this manner. The trauma and suffering that they go through during their ordeal influences the author to understand them.

The first respondent to be approached for an interview was Tina. Her brother had poisoned himself to death with rattex pills. Tina had originally agreed to the interview but on the appointed day she was unable to face the author and answer certain questions. The memory of her brother’s death was still vivid in her mind and she could still not bring herself to accept the fact that he was no more. It has

been stated above in the interviews that she just blurted out in reaction and anticipation of what questions were going to be asked. The story just came out on its own. The author believes that Tina must have been suffering mainly of two factors. She was in denial in that she was refusing to accept the demise of his brother. She had internalized it and was living out her denial activities. Secondly, she felt guilty because she thought that there is something that she could have done to prevent this, and did not. To that effect Wimberly would say that; *“The problem with internalizing shame to control shame is that it makes the shameful event and its remembrance a permanent part of the self. It then becomes an internal saboteur of personal worth and self-esteem.”*(Wemberly: 1999:56). The author believes that to be in denial is to internalise shame which then hinders a person to process the problem they are facing. As Wimberly contends, this will make shame part of one’s life. No one in his/her right mind would love to be associated with anything shameful. But if one internalizes shame, shame will not leave. It becomes a permanent part of one’s being. In other words, it becomes part of a defence mechanism. Denial, just like shame, is self-inflicted. It does not come from outside one’s being. It can only be influenced by outside factors, like death through suicide. But to internalize it comes from within. Some tangible factors got Tina entangled in this in that,

- (i) She could not come to terms with fact that her brother was no more despite the fact that she, herself, saw him dead in hospital. She ‘internalised shame’ by deciding to lock the death of her brother inside her mind. Hence the denial became part of his life. She should have been referred for psychological treatment. But it is highly unlikely that she could receive any such treatment. Probably everyone around her at the time was also perplexed. Should she have been taken for psychological treatment, maybe she could have been in a better space by now of dealing with the realities of the amount of death that had surrounded her. It appeared to the author that trauma had taken its toll on her.
- (ii) Secondly, Tina had expressed guilt for being unable to help her brother in distress. She felt guilty that she had not detected anything amiss in her brother’s behaviour that could have driven him to such an extreme. She felt that, whether right or wrong, she had failed her brother. She believes that if she could have been more caring or loving than she had been maybe her brother would be alive today. She had desperately wanted to ask him why he was doing what he did. But, unfortunately, by the time she got to the hospital he was already dead. He died without telling anyone the reason that forced this situation on him. As a result, no one

will ever know. “A dead man tells no tales,” is an English expression. That is also killing her inside because she would at least know why he had killed himself.

Thirdly, her mother was also not helping in the situation because she too was in a state of shock. She was bemoaning the fact that she had brought a killer into their family. She had ordered the poison for business purposes-to exterminate rodents. If she had not done so her son would be alive and well, she bemoaned. Her mother’s situation exerted more pressure on Tina. Her mother was supposed to be a pillar of strength to her, but under the circumstances she could not be.

(iv) By her expression it became clear that the community was not friendly towards their family because of this. Her mere expression reveals that the community was awful towards them. The author believes that the majority of our people have rejected the inborn feeling of Ubuntu. This then would make it obligatory to care for one another. It becomes painful, therefore, for a family to experience such hostility. The process of Ubuntu would bring healing instead of pain to the family. To cause others pain is not acceptable to the principles of Ubuntu. This behaviour obviously raised the levels of trauma to Tina.

(v) On the bright side, however, the church brought solace to Tina. The church did a great ministry of caring. The priest had buried her brother with no qualms at all, and helped them to deal with the burial. What the church did was highly unexpected in the community. It challenged the status quo. Cultural dictates had pointed to the opposite direction which could have added trauma to the family. The church stood its ground in this case and became pastoral. It brought a new way of dealing with suicide which challenged the community. To the author, that was a commendable stance taken by the church. That position assisted the author to achieve one of the objectives of this research—to create a liturgical pastoral care ministry. The position of the church reminded the author about what Gerkin once said about pastors; *“The Middle Ages also left us the imagistic legacy of the pastor as the physician of the soul. That image conveys to us that it is not enough for our care simply to express a superficial goodwill towards others. It is not enough simply to wish our parishioners well or to express our desire that they ‘have a good day.’ No, from some of our medieval priestly ancestors we learn that to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care*

deeply and intimately for them (Gerkin:1997:82). This marvelous action by the priest definitely brought joy to the hearts of the bereaved family, as Tina had indicated. Not only joy to family but also to the community that was scared about the curse brought by suicide. They had obviously expected the worst from the church because of the prevailing cultural situation. The action of the church served to communicate the understanding that the Priests and “the God they serve care deeply and intimately for them,” as Gerkin puts it. This is what is to be expected from the church and the men/women of God. The author’s heart was also overjoyed by this development. This will form part of people’s expectations from the church during these trying times. The result of which will be to bring joy to the sad hearts of the people in grief.

The second respondent was of course, Lucy. Out of the three children within her family, one of them, a girl, committed suicide. The name of the deceased was Nandi. The reader is aware of the story by now that, one afternoon, the mother and her daughter had what Lucy later called, “a minor altercation.” Her daughter had committed what Lucy regarded as a misdemeanor. She had called her daughter to order, with disastrous consequences that caused the death of her child.

Lucy’s scenario is slightly different from that of Tina.

(i) Contrary to Tina, Lucy's had to bear the brunt of the insults hurled at her by the community. These were coming from the community. People around here have an obsession about the cause of death. In every funeral programme there is always a provision for someone to share about the 'cause' of death. The mood swing in a funeral is mostly dictated by the cause of death. If it so happen that the funeral is for a suicide victim, then we can expect some rumblings. People may be agitated. All around the community, people are apprehensive about suicide. The reason behind the agitation may be because it is a suicide death. Suicide has common elements in it. Let us analyse them;

a) Trauma: It has been established that all victims of suicide are all commonly susceptible to trauma. At a certain point they all experience symptoms of trauma. Some elements or symptoms are, anger, agony, stress, anxiety, hurt, hatred, confusion, etc. To lose someone close to you through death causes stress, depression and anger. The reactions in the community were still driven by the same inherent vendetta they have embraced against the suicide curse. They may not have been necessarily angry at Lucy and her family, but at the act of suicide, which they believed could bring misfortune and a curse to the community.

b) Stigma: It has also been established that suicide death brings a stigma along with it. All the victims of suicide get swallowed up in guilt, shame and embarrassment. *"I define shame as feeling unlovable, that one's life has a basic*

flaw in it. I tried to describe how we live in a shame-prone society in which fulfillment of our need to feel loved and cared for is rapidly disappearing; we begin to settle for any kind of relationship just to feel loved”. (Wimberly: 1999:

(ii). The hostility that sometimes surrounds people in this predicament is overwhelming. They find themselves confronted with a situation that is beyond their control. Instead of receiving love they encounter hostility, shame, isolation and rejection. It is a very awkward situation.

c) Culture: I believe that every community in the world has its unique culture and traditions that they follow. Depending on which side of the fence you are on, or which values one upholds, culture and traditions may be excellent or the opposite. The culture that is practised in the community under research, pertaining to suicide, is detrimental to those concerned. It distributes more agony instead of solace to the afflicted. All the communities commonly regard suicide as bringing a curse to their communities.

d) The Church: When suicide death occurs in the society, the churches become compromised. Much as the local community understands the policies of the church, they choose not to abide by them. When death comes knocking on the door, the situation become untenable. At different situations the church reacts differently. Sometimes the church will simply refuse to make a compromise. It will not allow itself to be misused and decline to conduct a funeral. Naturally the

church will be blamed for failing to pastorally care for the bereaved. In most instances it will be an unfair accusation.

e) Community: The community is, “*The people living in one place, district or country.*” (Hornby: 1975:172). A community is a group of people especially having the same religion or nationality and living in the same general area. The community under research fits into this category. They are all South Africans, and all of them (except a few) claim to be Christians. Against this background, the author has discovered that sometimes the meaning of the word is either not fully understood or deliberately ignored by the community. If the community is considered as a group of people living in the same area, then such erosion of human dignity would not exist. The lack of respect for human dignity displayed by the community is unacceptable in a normal, purportedly Christian, society. Maybe cultural norms had a role to play in as far as suicide is concerned. This attitude is common to all the cases under discussion. Mayhem (havoc): In all the cases that have been interviewed there had been havoc in their households. In one case a father was confronted by her daughter as she maintained that he was responsible for her brother’s death. His gun had become an instrument of death- murder weapon. In another case a husband accused his wife of causing the death of their son. Yet in another instance, the family accused the mother of being responsible. It is, therefore, evident that suicide brings mayhem into families.

d) Closure: It is a component in trauma that is seemingly very hard to accomplish. All those that have been interviewed have never found closure. Maybe it is because they have internalised it.

4.8 PRELIMINARY CONCLUSION

The stories shared in this chapter capture interviews which helped to expose the depth of pain endured by those affected by suicide death. In the next chapter the researcher will be dealing with findings, reflections on findings, recommendations and conclusion.

CHAPTER FIVE

5.1 INTRODUCTION

The stories of interviews reveal a certain pattern that is worth mention. They share the common pain, hurt, anger, shame, humiliation and rejection of community who view suicide as a curse. As mentioned in the previous chapter, this chapter is going to engage on the findings of this research, the reflections on the findings, recommendations and conclusion.

5.2. FINDINGS

Several findings come to mind. The stories also share a pattern of how pastoral care givers can enter into the space of those who are humiliated by suicidal deaths.

Let us review the aim of this study which is to:

- Enter into the world of the bereaved to understand the pain and the trauma they went through during the time of crisis.
- Help them out of their predicament by encouraging them to come out of the closet voluntarily and journey with them towards finding closure and peace.
- Explore how pastoral caregivers should respond to challenges that are pertaining to the trauma faced by families of suicide cases.

- Enlist the help and support of survivors in order to help others in similar situations.
- Create a liturgy that will empower pastoral caregivers in their work when engaging with families in distress because of suicide in their midst.

The author is of the opinion that some of those objectives above have already been achieved in that:

1. it has been established that suicide death traumatises those that have been affected by it. Trauma has hitherto been described as a ‘morbid’ condition of the body that is generated by outside factors. These outside factors could either be physical or emotional. The interviews that have been conducted revealed the extent of trauma that is experienced by these people. As a result some of them have not been able to find closure and decided to lock themselves into a cocoon, as if they are hermits. In other words, they are stuck at the stage of denial. A perfect example is that of Mrs. Violet Mfengu. After the double tragedy of the death of her children, she comes across as one who has given up hope on life. The death of her two children seems to have caused her to be in denial as a result. Her desire is to live out of her system is reality.

No amount of persuasion or therapy has succeeded in pulling her out of her cocoon. Themba would refer to this process as an attitude of ‘The will to die.’

This is the reason for what he wrote about his friend, Foxy, when talking about his heavy drinking problem. Though fictional, the book depicts the trauma when it tells that Foxy (his friend) had plunged himself headlong into a situation that was now untenable. He said of him; *“Every one of his colleagues gave him a dressing down. We told him that no more was he alone in this: it involved the dignity of us all. The whole location was beginning to talk nastily about us. Moreover, there was a violent, alcoholic concoction brewed in the location called Barberton. People just linked ‘Barberton’, ‘High’ and ‘School’ to make puns about us. Superficially, it hurt him to cause us so much trouble, but something deep down in him did not allow him really to care. He went on drinking hard. His health was beginning to crack under it. Now, he met every problem with the gurgling answer of the bottle.”* (Themba: 1972:65). Though the author could not find evidence of Mrs. Mfengu ever ‘hitting the bottle’ (as in the case of Foxy), it was evident that she was not listening to anybody offering any advice on her predicament. She had apparently disengaged. She had decided to remain as she was no matter what. To the author the effect appeared similar between Mrs. Mfengu and Themba’s Foxy, except that Foxy simply drowned his sorrows in drinking, and Mrs. Mfengu did not. She had just allowed the trauma to take over her life and run it for her. In the light of this, it has become evident to the author that some victims would decide (probably unconsciously) to disengage their lives and live a semi-hermit life

because of the traumatic effects of suicide. That, to the author, has largely contributed to her becoming anti-social, anti-Christ, anti-life and anti-almost everything. By her own admission she has lost interest in life. “*Andazi ukuba ndiphilela ntoni?*” she would say. (Meaning that, “*I have no desire to live*).

2. Though Thandi has not expressed the sentiments that she has given up on life, her emotions are not yet settled. Up to the time she had consultation with the author, she had been unable to find closure. She maintains that she is still haunted by the image she has of her late brother’s broken skull as a result of the shooting incident. She has, so far, been unable to erase that image of her brother from her memory. That image and memory simply refuses to leave her. This is having a negative effect on her life and that of her family. She had suppressed her true feelings all these years, until now. This must have made life very awkward for her. Wimberly had expressed these sentiments when he wrote; “*After I had preached about shame, a woman who had been sexually molested by her father came to me crying with joy. She said that for many years she had hidden from herself and everyone else the fact that she had been sexually molested. She said that she denied the experiences ever happened. She kept it a secret for nearly forty years and never allowed herself to face the truth about her father’s exploitation of her.*

For a long time, she continued saying, the hidden secret determined her life. It prevented her to have the kind of closeness she wished she could have with others.

She grew distant from her mother and siblings. She entered into a series of abusive relationships. She had a failed marriage, and she was not as effective a parent as she knew she could have been. She said she often wondered when things went wrong in her life.” (Wimberly: 1999:57). The same sentiments expressed by Wimberly could be duplicated in Thandi’s situation. After bottling up for all those years she ultimately came out of the closet.

The basis of this study is to deal with psychological trauma. The study, therefore, touches on the emotional aspects of people and not on the physical issues. It had taken Thandi 25 long years to finally pluck up the courage to talk about the trauma that she had bottled up inside for years. Twenty five years is a very long time for someone to be dying a lonely death inside and feeling vulnerable. As the author had intimated earlier that, there must be a lot of other people out there who are suffering the same fate silently. This emphasizes the enormous task that confronts Pastoral Caregivers on a daily basis. Moreover, to compound the situation and trauma, Thandi is having a constant reminder of her late brother in her own home. Her son, she maintains, is a perfect replica of her late brother in every respect. This must have been very hard on her. Her own son, by his mere presence, was constantly reminding her of a brother who so tragically demised.

The trauma of suicide does not confine itself to the affected family only. It snowballs outside the family into the community and to the church. The

community is highly susceptible to suicide. It has been established through these interviews that our communities still exhibit the age-old cultural adage about suicide. It emerged that suicide is still regarded by many as a curse to society. It is regarded as an anathema. It is stigmatic. Thandi was confronted with that situation head on. Their situation was made to be very difficult for her family by the community. The reason for this attitude has been attributed to the unacceptability of suicide death by the relevant community. Suicide is regarded as an anathema by the community, especially in Africa. They regard it as an evil that brings misfortune to their well-being. As a matter of fact, one of the respondents shared this painful story during the interviews. Her brother's grave site was relocated because it was suicide. There was nothing they could do about it. The person was buried away from other graves. They had to go and dig a grave elsewhere and not in the community cemetery. The order to relocate the grave came from the highest office in the community, the office of the Chief. The reason behind the order was that her brother would desecrate their forefathers' graves. He had killed himself. How traumatic that was to those concerned? In the researcher's community the Chief is regarded as a custodian of culture. Everything he orders has to be adhered to. He has the last word. This results in a lot of stress for many families who find themselves in this predicament.

The Church is also not immune in all this pandemonium. Most of the inhabitants in this rural community are worshippers in one church or denomination. Be it Anglican, Methodist or Zion. Because of that act the author believes that they qualify to be regarded as Christians. If that is the case, then some of the things that are happening should not be happening. The author refers to the fact that some of the churches will sometimes refuse to conduct funerals if it is a suicide death. This is as a result of the influence exerted on the church by the community regarding cultural norms and tradition. Unfortunately, the church sometimes succumbs to that pressure of culture. This creates a problem for the church and to the solemnity of worship. The refusal of the church to recite the last rites for the dead creates an anxiety. Thandi's brother was not buried 'properly' as a result. This action left a bitter taste in Thandi's mouth and was a cause of further trauma.

3. The Church does not seem to have a structured method to deal with such funerals, should a need arise. Generally the church locally does not have a structured service plan. True, most of the churches do have a liturgy/Prayer Book to perform the committal of mortal remains. But all of them are inadequate in respect of the burial of suicide victims. Perhaps, it is the belief in the church that all of us are equal before the Lord. An extract from the Preface for funeral services in the Anglican Prayer Book (A.P.B.) reads: *"But as the dead are commanded to the care of a loving Father, so too are those who have been bereaved. Their need*

at this time is for strength and solace in accepting their loss. The proclamation of the resurrection and the assurance of life with Jesus (John 14:1-3) goes much of the way in meeting this need. But the bereaved also need to be allowed to face the reality of death, perhaps to weep, and certainly to be prayed for as they face the days ahead.” (A.P.B.:2005:526). We will notice that there is no mention, in this extract, of how the deceased met his/her death. My belief as an author is that the dead are simply committed to the Lord, the Creator. To the author, that could be the reason that the church has no special service to cater for those who had committed suicide. A funeral service is for the dead, simple.

4. The interviews also brought closer to home the turmoil, anguish, and pain that the affected people go through. The author, through these dialogues with them and entering into their space was able to appreciate this pain. Suicide is an act of one taking away one's own life. (Incidentally, the South African Constitution forbids anyone to take away anybody's life. Suicide could, therefore, be a criminal offence in South Africa.) You needed to give a source for this interpretation e.g. has it been tested in the Constitutional Court? To those that are left behind it is a traumatizing experience. When a loved one dies, those who are close and love him/her become traumatized, naturally. But when death came through suicide, the anguish is exacerbated. This is primarily because the reasons behind the act could be a mystery forever.

The African people do not normally appreciate it when they do not know the exact cause of the death of their loved ones. This could be such that they could even invent the cause thereof. We are a people who have a strong belief about the cause of death. In the case of suicide those close to the deceased can never get that chance. These interviews have confirmed the notion that our people like to know the cause of death. This has become apparent to the author in that, in most programs of funeral services, the cause of death item will feature prominently. Interestingly, after it has been dealt with, most mourners will leave the venue to go and do their things outside. That is how attached we are to the cause of death. In a suicidal death, therefore, no one will ever know the real reason behind the death, and that frustrates the members of the family. The lack of knowledge thereof traumatizes them. This further entrenches their anguish and pain.

This research was sparked by a lady in the congregation. Her brother had died of suicide. Her story has already been narrated above. She internalized the pain for twenty five years until eventually she approached the author. The lady came across as one who was desperate for closure. In order to find closure the author had to make her to open up first. The process opened her to move from denial. Nick Pollard refers to it as “Positive deconstruction.” No one would ever know the trauma she was suffering unless she comes out of the shell herself. This she finally did by approaching the author, who happens to be her Parish Rector. She was now

ready to share her innermost feelings in order for her to receive pastoral care and counseling. The pastoral counseling would empower her and assist her on the road to recovery. At that point the author will have employed Gerkin's 'shepherding' to rehabilitate her to her former self. The journey required shepherding her through trauma.

5.3. REFLECTIONS ON THE FINDINGS

The study is based on the trauma suffered by families as a result of a suicidal death. Suicide and death are age-old phenomena. One of the oldest books in circulation, the Bible, has stories of people killing themselves. The author will sight only two examples. One is that of King Saul when he commanded his armor-bearer to kill him and he would not do it, "*so Saul took his own sword and threw himself on it*" (1 Samuel 31:4b) Good News Bible: 2011: 314) He died on the scene. The other is when Judas Iscariot was seized with remorse after betraying Jesus and returned the thirty silver coins; he was paid by the chief priests who turned him down. "*Judas threw the coins down in the Temple and left; then he went off and hanged himself.*" (Matthew 27:5b: Good News Bible: 2011: 42.) These two stories are an illustration that suicide has been around for quite some time. They were recorded more than a thousand years ago, but suicide is still prevalent in the world in 2015. However, this research is not about suicide but on its traumatic effects on families. It has also had nothing to do with the effects of

King Saul and Judas's suicides, but merely to remind us that suicide has been around for a very long time.

The data collected in Chapter Three has brought home to the author that suicide is still like a thorn in the flesh in our communities. It is prevalent. It is seen and done everywhere. It is common. Almost everywhere one goes in communities, there is a story told about suicide. The author has also found out that this suicide plague does not discriminate. The suicide plague attacks young and old, rich and the poor, white or black. There have been instances of school-going children committing suicide. There was a shocking report in a daily Newspaper from East London, Eastern Cape, South Africa, about children committing suicide. It read, *"An average of sixteen school children committed suicide in the Eastern Cape every month in the first half of this year according to a shocking "Learner Mortality" report by the Department of Education. Psychologists said the figure for the year could double last year's toll if the situation is not treated as an emergency."* (Daily Dispatch, Monday, September 19, 2011). The above was an eye opener to the reality of suicide. There have been instances of well-to-do people, politicians and professionals alike, falling into the suicide trap. It is a very strange phenomenon. One thing is certain though, and that is, as Professor Alonso-Betancourt indicated, *"it's never done pointlessly or purposelessly."* There must always be a reason for suicide. (We may not be privy to it, though.) But whatever

the reason for suicide may be, it is most likely preceded or engineered by “*the pain of feeling pain.*”

Secondly, it is traumatic. Death in whatever form is traumatic to humans. It does not matter whether you know the deceased or not, death is traumatic. Add suicide to that equation, and the trauma is escalated. This is evidenced by the pain and trauma encountered by the bereaved families in the cases of suicide death. It is evident to the author that those in this predicament need extra care from Pastoral Caregivers. The extra care is warranted, amongst other things, by the amount of stigma that accompanies suicide deaths. In treating the subject of caring for the community of Christians, Charles Gerkin states that, “*Care in the Christian sense of the word always involves both care of the community and care of the persons involved in any situation with which the pastor is confronted.*”(Gerkin: 1997: 115). It is in the perimeters of a Pastoral Caregiver to take care of the flock.

Thirdly, the church needs to play a pivotal role in such tragedies. To most people in our communities the church is their last line of defense. If the Church fails them, they have nowhere else to appeal to. It is evident that sometimes people do not get satisfaction from the Church. If that is so, the Church needs to put its house in order and be relevant to the situation.

The author will now embark, as promised, on creating a liturgy to assist the church in such incidents. It is not the intention of the author to change any existing liturgy, but to augment it where possible. At this point the author is going to have a look at liturgy.

5.4. LITURGY

Having said this reflection, the author now concentrates on liturgy which will be instrumental in addressing pastoral caring. The local church will be tested to ascertain its suitability. This idea of a liturgy was hatched by the fact that the church does not seem to have a direction regarding suicidal deaths. It is not the intention of the author to interfere with any existing liturgy of the church, but to supplement wherever needed. The liturgy will hopefully assist in empowering the Clergy in the confusion of suicide deaths and the funeral services.

The research has brought to light that sometimes a clash arises between the church and the cultural values of the community. When that happens, the author believes that, the church should take the lead. But the church must be careful not to be seen as ‘chopping down’ the deep-seated cultural values of the community it serves. That could have serious implications and undermine the authority of the church. The church and the community should strive to work together all the time for the

betterment of the community. This clash between church and culture has been highlighted in one of the funeral services. The proposed liturgy is as follows:

1 The Ministry of presence: The priestly function of Gerkin is relevant in this situation in that *“the pastor’s primary contribution to the caring process is that of offering caring interpretive leadership within the community of Christians in relationship to its tradition”* (Gerkin: 1997:37). The minister must be visible at that time of need. The pain, anger, confusion, trauma of the bereaved is abated by the presence of their shepherd in the Lord. This is especially so during the first day. Some interviewees bewailed the absence of their ‘Shepherd’ in their midst at that crucial moment.

2 The dead must be interred with dignity. The living cannot be penalised for the misdemeanor of the dead. The church needs to embrace that and educate the worshippers.

3 Whenever possible there should be constant visits by the Priest/Pastor to the bereaved family (before and after the funeral). This enhances the trust the community is having on the church. When writing about the subject of caring for the HIV/AIDS sufferers, Chitando lamented about the negativity of the church in its reaction to HIV/AIDS when he had this to say about the Church, *“Ridikobe Ntsimane, a South African scholar, cites one respondent who declared, ‘The*

church is the last place I would disclose my status.’ A woman in Swaziland living with HIV expressed her reservations with the church in this way: ‘when it comes to AIDS, the church suffers from a failure to love. It is an insensitive and judgmental institution that alienates people living with HIV.’” (Chitando: 2007:38). Though this study is about suicide and trauma, the sentiments expressed by Chitando fit well with the stigma endured in suicidal deaths. The church should not, and must not be associated with such notions from the flock the church is sent to shepherd. If the church is alienating part of the flock, as Chitando implies, then drastic measures must be taken by the church to reverse that notion. This is a terrible indictment of an insensitive church. Whether it is HIV or suicide is not the point; the point is that traumatic sentiments are the same.

4 The use of Church premises and property (church hall) for funeral services should be encouraged at all times. A Church is a place to worship the Lord.

5 Funeral services should be used to maximize healing to the bereaved rather than to extend trauma and hurt. The following statement could be ideal; *“I wanted to introduce the idea that the grievors did not have to worry about the soul of the departed because the same story was currently being enacted between the deceased and God. I wanted to emphasize that the soul of the departed was being cared for by God.” (Wimberly: 1999:119).*

6 Communities must be graciously persuaded and encouraged to hand over the funeral service to the church. This will assist them into the journey of healing.

7. Prayer must be the cornerstone of every pastoral caregiver. But, we as priests should be able to decipher when and when not it is appropriate to pray. Chitando says; *“Compassion is closely related to healing. As we saw, compassion can facilitate healing. Unfortunately, the concept of healing is highly controversial in contexts of HIV. In fact, critics charge that claims of miraculous spiritual/faith healing of those of us with HIV constitute one of the most retrogressive aspects of FBO’s and churches in Africa. Others within the church maintain that fake divine healers have dealt lightly with the wound of God’s people by proclaiming ‘peace, peace’ where there is no peace.”* (Chitando: 2007:63). Priests as pastoral caregivers should be wary of incessant prayer with the intent of relieving the grief. A space should be provided to just sit back and listen without giving expectations of overnight solutions through prayer.

The order of service could be as follows:

(i)Hymn or Chorus

(ii)Introduction (who are you?)

(iii)Hymn or Chorus

(iv) Prayer which will be inclusive of, The Lord's Prayer.

(v) The Word- must be relevant to death, resurrection, salvation or hope. Share the Word graciously.

(vi) Invite all people to Prayer.

(vii) Summarise and give Benediction.

(viii) Socialise with the bereaved, sharing ideas, giving advice and departure.

This liturgy is not intended to replace any existing liturgy of any church. It could, however, be used to augment. The church-culture clash is really frustrating to all concerned, especially the church. Hopefully, this liturgy can go a long way to bridge that gap. With the above in mind, this research is now moving into the conclusion of this work. The work of healing must be centered in the worship service. The priest must concentrate on the living, and not the dead.

5.5. CONCLUSION

The aim of this study has been to explore the effects of trauma that befall family members that are left behind by their loved ones who have committed suicide. Then to understand, through dialogue with them, the turmoil, pain and anguish that

they go through. Then to pastorally endeavor to soothe whatever pain they may inhibit.

This research has brought home to the author that suicide is a common occurrence in the community. Suicide comes about as a result of a common emotion of helplessness and hopelessness. A feeling of *“There is nothing that I can do.”* (*Except commit suicide*) and *there is no one who can help me (with the pain I’m suffering)*. (Professor Alonso-Betancourt: Professorial Inauguration Lecture: Mthatha Health Resource Center: 18 April 2012). Suicide, like any other death, brings along with it turmoil, anger, anguish, trauma, or anything else that is painful. Those that are affected need to be rehabilitated, that is, to be brought back to their original selves. But this could not possibly be achieved unless one applies the method of positive deconstruction as described by Pollard. This is a process where people are helped to “take apart what they believe” in a positive way. This was accomplished during the interviews. The next step would be to guide them to recovery applying a method of caring for the flock as implied through Gerkin’s shepherding method of caring.

The author has established through this research that suicide does indeed bring trauma to those left behind. The interviews brought home that fact. Unfortunately suicide is not preventable as yet. It is doubtful if it will ever be preventable. The

only thing currently possible is to assist those that have been negatively affected by suicide. Those are the victims that are left behind, aggrieved and traumatized.

5.6. RECOMMENDATIONS

This study has confirmed the author's theory that there could be many people out there who are suffering silently. The author had this notion after he was approached by one of the respondents, Thandi. It has been established that suicide is traumatic wherever and whenever it raises its ugly head. The families, communities and even the church become heavily affected; the church being at the center of community life. The church has, therefore, to step up its leadership and pastoral role in the community. It has been established that many people look up to the church for pastoral care. It is not foreseeable that suicide could be humanly prevented. But the church could pastorally curtail its traumatic effects to families, the community and the church. It is, therefore, of utmost importance that the church ought to fully exercise its pastoral role in the community. This would certainly heal the scars of humiliation, anger, anxiety, pain and trauma that are caused by suicidal deaths. Further study is inviting as to the role of the church to circumvent or eliminate the traumatic effects of suicide in the community. It is the author's strong belief that the church could play an effective role.

5.7 RECOMMENDATIONS OF FURTHER STUDY

This study has brought to the fore some elements that are a great hindrance to healing after suicidal deaths. The cultural beliefs in the community enhance or promote trauma and anxiety. A study of the community's cultural beliefs in regard to suicidal deaths could assist in alleviating the trauma, hurt, and anger that always accompany suicidal deaths. One of the 'myths' that the cultural beliefs entrenches is that suicidal deaths bring a curse to the community. That study would greatly assist the pastoral caregivers and the church in their work of pastoral care to victims of suicidal deaths.

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