EXPLORING BIBLIOTHERAPY FOR PASTORAL CARE WITH ADOLESCENTS STRUGGLING WITH SUICIDE

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This dissertation is submitted in fulfilment of the requirements for the degree

MAGISTER ARTIUM

(THEOLOGY)

In the Faculty of Theology

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April 2015

Abstract

This study explores the use of literature as a therapeutic technique in pastoral counselling, specifically with adolescents struggling with thoughts of suicide. Suicide is a pervasive problem among young people internationally and also in South Africa. Various creative resources have been used in the field of psychology to prompt responses from adolescents struggling with suicide. This study adapts the techniques of bibliotherapy and poetry therapy for the field of pastoral counselling. It explores the potential of bibliotherapy for pastoral counselling with adolescents who struggle with thoughts of suicide.

From a postmodern approach, the study develops a pastoral bibliotherapeutic process and explores its possibilities for pastoral bibliotherapy with adolescents who struggle with thoughts of suicide. The phenomenon of suicide is explored from a psychological and pastoral perspective and insights are applied to develop a pastoral bibliotherapy. The development of the existing fields of bibliotherapy and poetry therapy is traced in order to come to a deeper understanding of how these techniques can be utilized successfully in pastoral care with adolescents. The predominant existing models in both these fields are merged to form a pastoral bibliotherapy model. This model is put into practice by applying it to one Christian and one non-Christian resource in order to explore the potential of bibliotherapy for pastoral counselling.

Key terms

Pastoral counselling, adolescents, suicide, bibliotherapy, poetry therapy, young adult fiction, Christian fiction, Christian literature, literature, postmodernity.

Table of Contents

CHAPTER 1

BIBLIOTHERAPY AND ADOLESCENTS WITH SUICIDAL TENDENCIES

1.1. Introduction

Adolescence is a time of transition when individuals struggle to make sense of their emotions, experiences and behaviour. The transition from childhood to adulthood is fraught with psychological, sociological and physical change such as puberty, cognitive development, changes in self-concept and social relationships (Meehan, Peirson & Fridjhon 2007:557). Suicide and suicide ideation are a major concern during adolescence. Suicide has become one of the top five causes of the death of individuals of 18 years and younger (see Schlebusch 2005:56). Lourens Schlebusch (2005) has identified the following high risk factors which contribute to suicide among adolescents in South Africa: trauma, sexual abuse, mood disorders, poor problem-solving skills, interpersonal- and relational problems, aggression and stress.

The process of utilizing literature to gain a better understanding of social and personal problems is known as “bibliotherapy” or “poetry therapy”, depending on the type of literature used (see Tillman 1984:713). The use of narrative literature as a therapeutic technique has been explored from different perspectives such as narrative psychology, the use of metaphors, storytelling, journaling and bibliotherapy. Some suggest that bibliotherapy has evolved into poetry therapy which focuses on a wider variety of literature such as poetry, song lyrics, plays, short stories, fairytales, novels, essays, magazine articles, and film (see Kleyn 2011:131). The purpose of most of these materials is to function as a catalyst for communication. The materials also bring to the surface, and provide meaning to, repressed memories and experiences by providing a more hopeful and positive vocabulary (Edwards & Simpson1986:113; cf. Wolpow & Askov 2001:607). Biblio- and poetry therapy refer to a “form of psychotherapy in which the reading of prescribed texts forms an important part of the therapeutic process” (Colman 2009:89). Poetry therapy uses a variety of types of literature whereas bibliotherapy focuses primarily on narratives. Although Nicholas Mazza (2003) and Arleen McCarthy Hynes and Mary Hynes-Berry

(2012) suggest that these terms can be used synonymously, their historical development and structures differ. They will therefore be considered separately in this study.

1.2. Research question and study objectives

This multidisciplinary study proposes to explore what resources narrative literature can contribute to the therapeutic process with adolescents struggling with suicidal tendencies. The question is whether narrative literature and the field of bibliotherapy have something of value to offer to pastoral counselling. Another pertinent question is whether a “non-Christian” novel can be used as effectively as "Christian" novels to facilitate spiritual healing. The following are the objectives of the study:

- to explore suicide from a psychological and pastoral perspective in order to gain insight into suicidal tendencies and behaviour;
- to explore the therapeutic models in the field of psychology that make use of literary material;
- to investigate how bibliotherapy and poetry therapy can be appropriated into a pastoral approach;
- to generate strategies to apply bibliotherapy to pastoral counselling;
- to investigate whether “non-Christian” resources can be used in pastoral bibliotherapy as effectively as "Christian" resources.

1.3. Overview of existing research

1.3.1. “Bibliotherapy”

Sigmund Freud acknowledged the value of artistic expression and saw it as humanity’s first glimpse of the unconscious (Pehrsson & McMillen 2005:48). According to Freud (1956:27; cf Pehrsson & McMillen 2005:47), storytellers should be highly valued because they have insight “that are not yet dreamt of in our philosophy”. In the early 1800s, Benjamin Rush recommended reading for the sick

and mentally ill (see Mazza 2003:6). Bibliotherapy as it is known today, developed from the librarian tradition in the 1920s (Mazza 2003:8). Librarians searched out and offered reading materials specifically for their therapeutic potential (McCarthy Hynes & Hynes-Berry 2012:4).

The history of bibliotherapy is marred with inconsistent terminology and conceptualizations (see Cohen 1994:37). The term "bibliotherapy" was first coined in 1961 in the August issue of *Atlantic Monthly* (Wolpow & Askov 2001:606). Interest in the use of literature as a resource for therapy increased in the 1930's and died down to a certain extent by the 1990's. Prolific research was done in the course of the 20th century on the use of literature for therapy (Pehrsson & McMillen 2005:48). In the 1930's and 1940's bibliotherapy was used widely in psychiatric hospitals (Orton 1997:300). Originally research was associated with libraries in conjunction with medical professionals. Gradually the focus moved from the clinical setting and bibliotherapy was increasingly used in multiple therapeutic settings (Pehrsson & McMillen 2005:48). There was no consensus as to the aspect most responsible for "healing" in the bibliotherapeutic process: the facilitator, the book, or the reader (Wolpow & Askov 2001:606). Carolyn Shrodes (1950) was the first to attempt a psychological explanation of the bibliotherapeutic process (see Wolpow & Askov 2001:607). She remarked on the parallel nature between the client's involvement in literature and the client's involvement in psychotherapy (see Mazza 2003:8). Her work centred on prescriptive reading: she did not focus on critical interaction, but rather on how the reader used the content (see McCarthy Hynes & Hynes-Berry 2012:4). Shrodes (1950) is of the opinion that literature can be used to diagnose and treat emotional problems in a similar fashion to psychotherapy (see Cohen 1994:37).

In 1950 Caroline Shrodes described bibliotherapy as a "process of dynamic interaction between the personality of the reader and the literature" and as "guided reading that helps individuals understand the self and environment, learn from others, or find solutions to problems" (Edwards & Simpson 1986:112-113). Jack J Leedy (1969) describes bibliotherapy as the process of incorporating psychological, sociological, and aesthetic values from literature into human character and personality as the scientific application of literature towards therapeutic goals (see Lerner 1973:1336). Arleen McCarthy Hynes and Mary Hynes-Berry (2012) distinguish between *reading bibliotherapy* and *interactive bibliotherapy*. *Reading*

bibliotherapy was first described by Shrodes (1950) as a process in which "an individual reads a book selected specifically for its therapeutic potential for that person" (in McCarthy Hynes & Hynes-Berry 2012:4). In interactive bibliotherapy, "a trained facilitator uses guided discussions to help the clinical or developmental participant[s] integrate both feelings and cognitive responses to a selected work of literature" (McCarthy Hynes & Hynes-Berry 2012:10).

Divergent models developed to explain the bibliotherapeutic process, these models are split along cognitive behavioural and psychodynamic lines (Pehrsson & McMillen 2005:48). For Shrodes (1950) bibliotherapy is analogous to psychotherapy. Shrodes' explanation followed the psychodynamic tradition. The process consists of the following movements (Pehrsson & McMillen 2005:50):

- *Identification:* the reader shares a bond with the narrative's character.
- *Catharsis:* the reader is brought to feel involved with the character's experiences and crises that are subsequently resolved.
- *Insight:* the reader reflects upon personal circumstances and situations and internalizes coping behaviours depicted in literary works and learns that situations can be dealt with more effectively.

Norman Holland (1975:5) and Louise Rosenblatt (1978:3) agree with Shrodes (1950) that reading is not a passive act but a continuous process. Their concern is with exploring how the reader's personality affects the way in which literature is absorbed (see McCarthy Hynes & Hynes-Berry 2012:33). According to Mazza (2003:8), Rhea Joyce Rubin was the first to formally facilitate the dialogue about the individual's feeling-response. In the hands of McCarthy Hynes and Hynes-Berry (2012:4) this conceptualization evolved into what is termed *interactive bibliotherapy*. Collins, Furman and Langer (2006:183) deem bibliotherapy and cognitive therapy a logical fit with cognitive restructuring. Central to cognitive therapy is "the manner in which clients perceive their life situations and challenges is the most significant cause of emotion and behaviour" (Collins et al 2006:181). The thoughts of the participants are primarily outside of their awareness and bibliotherapy aims to bring them into awareness (Collins et al. 2006:183).

McCarthy Hynes and Hynes Berry reworked Shrodes' conceptualization of the dynamic interaction between client and literature to a triad between the participant,

literature and facilitator. McCarthy Hynes and Hynes-Berry (2012) developed a cognitive interactive bibliotherapy model that differentiated between *reading bibliotherapy* and *interactive bibliotherapy* (see Kleyn 2011:131). Due to the diversity between the populations that benefit from *interactive bibliotherapy*, however, practitioners generally distinguish between *clinical bibliotherapy* and *developmental bibliotherapy*. *Clinical bibliotherapy* is used in conjunction with other therapies in a specific program or treatment plan. For example, it is used to treat emotionally disturbed individuals, inmates of correctional institutions and chemically dependent individuals (McCarthy Hynes & Hynes-Berry 2012:7). *Developmental bibliotherapy* is focused on the regular process of growth and development and used as the need arise to develop certain capacities "to confront personal feelings, to improve self-awareness, and to enhance self-esteem" (McCarthy Hynes & Hynes-Berry 2012:8). It aims to "normalize individuals' experiences, letting them know that they are not alone" and creates an environment where individuals can build and maintain supporting friendships (see Becker, Pehrsson & McMillen 2008:232). For example, it is used to enhance beneficial development during transition periods such as childhood and adolescence, transition into senior citizenship or with individuals who share certain interest or challenges, such as, for example support groups and public library patrons (McCarthy Hynes & Hynes-Berry 2012:9, 10). McCarthy Hynes and Hynes-Berry (2012:31) describe *interactive bibliotherapy* as a fourfold process:

- *Recognition*: the literature engages the participant, triggering a pattern of response and catharsis.
- *Examination:* this is an intensification of recognition, when the participant asks "what?", "when?" and "why?" questions.
- *Juxtaposition:* new impressions are compared with original responses.
- *Self-application:* this comprises a twin process of evaluation, which stimulates self-awareness and the integration of insights.

Most cognitive therapies are of limited duration and are focused on problem solving (see Collins, Furman & Langer 2006:181). Bibliotherapy offers an effective, low-cost alternative, particularly for brief counselling interventions with the aim to maximise therapeutic impact (see Pehrsson & McMillen 2005:50). By the 1990's Pardeck and

Pardeck (1993) reported that bibliotherapy was widely used by school counsellors, psychologists and medical professionals (see Orton 1997:300).

Interactive bibliotherapy emphasizes the triadic interaction between the participant, literature and the facilitator. In poetry therapy there is a similar triadic relationship, but with a more encompassing scope regarding the resources. It makes use of "metaphor, narrative, storytelling, journal writing, song lyrics, poetry, and related language arts" (Mazza 2003:33). In the 1960's the link between poetry therapy and bibliotherapy was made. That later led to the terms being used synonymously by Mazza in 2003.

1.3.2. "Poetry therapy"

Poetry therapy was first introduced for mental health purposes in the early nineteenth century (see Mazza 2003:5). Poetry therapy gained formal recognition when the Association of Poetry Therapy (APT) was established in 1969. In 1989, the APT became incorporated as the National Association of Poetry Therapy (Mazza 2003:7). Between these significant years in the formalization of poetry therapy, in 1973, Arthur Lerner founded the Poetry Therapy Institute. It was the first of its kind as it was a "legally incorporated non-profit organization devoted to the study and practice of poetry therapy" (Mazza 2003:7). It was disbanded in 1992. Mazza's poetry therapy model built on Freud's psychoanalysis, Alfred Adler's individual psychology, Jacob L Moreno's psychodramatic theory and Gestalt theory (Mazza 2003:12).

According to Freudian theory the unconscious is responsible for the production of fantasy, fiction and literary work (Freud 1956:27). Adlerian psychology understands the individual within the social context. The creative self pursues fulfilling experiences in the social context or, if not found, creates them (Adler 1964:38). Moreno (1940:124) coined the term "psychodrama" before poetry therapy was formally recognized. Moreno's psychodrama used various artistic techniques to affect group psychotherapy. This includes: role-playing, the use of actions, empathetic identification and catharsis (Moreno 1940:127). Gestalt theory lays a humanistic foundation for the use of poetry therapy (Zinker 1977:4). Zinker (1977:4) describes creativity as personal expression as well as social action. Gestalt theory focuses on the use of metaphor. The ultimate goal of Gestalt theory is the

transformation of thought patterns. The model developed by Mazza (2003:17) from these various theoretical backgrounds, includes three components:

- *Receptive/prescriptive mode*: introduction of literature into therapy situation.
- *Expressive/creative mode*: the use of participant writing in therapy.
- *Symbolic/ceremonial mode*: the use of metaphors, rituals and storytelling.

According to Nicholas Mazza (2003:75) adolescents can project themselves onto the literature, thereby externalising them. He finds that introducing poetry breaks down the initial resistance adolescents might have and helps build a trusting relationship with the therapist (Mazza 2003:81). He understands suicide as an extreme form communication. By providing a less radical way to communicate they can be helped to identify "warning signals of suicide, while also serving as an emotional safety valve" (Mazza 2003:82). Mazza's (2003:19) choice of literature follows the iso-principle originally adapted from music therapy by Leedy (1969). According to the iso-principle the resource should have a similar theme as the difficulties the patient is facing. The iso-principle is usually used when the resource has a more optimistic outcome which can also have a positive effect on the patient.

1.3.3. Creative writing and spirituality

In *Create through me, oh God this hurts: Creative writing, spirituality, and insanity*, Cheryl Sawyer and Darline Hunter (2004) present a spiritual perspective on writing as therapy and point out the consequences medication has for creativity. The point of departure of study is that intense emotion, whether joy or pain, stimulates creative expression. The Psalms of David can, for example, provide insight into "an ancient ruler's soulful expression throughout both times of trial and success" (Sawyer & Hunter 2004:200). According to Sawyer and Hunter (2004:200), creativity links humanity with God, their co-Creator, through their suffering. Creativity, accompanied by trauma, can result in emotional instability and depression as seen in the lives and suicides of Anne Sexton and Sylvia Plath, both acclaimed literary geniuses (Sawyer & Hunter 2004:203). Creative therapy has the potential to stimulate the healing of traumatic wounds as individuals attach meaning to traumatic events and experiences. Sawyer & Hunter (2004:205) point out that, with regard to pharmaceutical medication, "the same chemistry that protects the trauma survivor from the tortures of their own destructive imagination can stifle or halt the nurturing

imagination". On account of the exploratory nature of their study, Sawyer and Hunter (2004) did not make a recommendation regarding creative writing and the use of pharmaceutical medication as strategies for the treatment of trauma.

Donna Owens (2006:133) also explores the connection between healing and spirituality by making use of the Psalms as a therapeutic tool. Relational constructivism serves as a theoretical basis for her study, as it emphasizes that constructing meaning, through language, is a vital part of being human. She explains her use of the Psalms as a prompting text as poetry "facilitates self-awareness through its reflective nature" (Owens 2006:136). Owens (2006:149) finds the Psalms valuable as a therapeutic resource in the identification of archetypal characters in people's narrative which provide clues to the issues they are facing.

1.3.4. Narratology

Narratology can be understood as the theory and systematic study of narratives (Currie 2011:5). The theory developed throughout the twentieth century and began as a "systematic description of the elements of narrative and their functional relationships" (Sommer 2009:89). It overshadowed historical perspectives to literary narrative for several decades, until the 1980's when it was utilized in post-structural and postmodern approaches (Currie 2011:5). Postmodern narratology can be understood as a shift away from authorial theories and is capable of making itself relevant to narratives wherever they exist. According to Mark Currie (2011:6), humans are *homo fabulans*, narrative animals, the tellers and interpreters of stories. A working understanding of postmodernity will be briefly explored before turning to postmodern narratology.

According to postmodern thought identity is not situated within an individual as a fixed characteristic of that individual (see Currie 2011:25). There are two arguments as to the origin of identity. The first sees identity as relational, "meaning that it is not to be found inside a person but that it inheres in the relationship between a person and others" (Currie 2011:25). The second is that identity does not lie within an individual because it exists only as narrative. This can be understood as an externalization of the self: by self-narration individuals can select events which characterize them. Essential to this conceptualization is the understanding that self-narration is only possible from the outside: "from other stories and particularly

through the process of identification with other characters" (Currie 2011:25). Here in lies the potential for growth in the process of conceptualizing the self and inner life.

The insight of postmodern narratology is that the structure of narrative was *created*, rather than revealed by the deductive approach of structuralist analysis (Currie 2011:54). This implies that analysis projects the structure of its categories and distinctions onto the literary work. Postmodern narratology serves as an ideology criticism and represents a movement away from formalist and structuralist narratologies (Currie 2011:6). It allows for the abolishment of the "assumed distance between a narrative and its reading" (Currie 2011:54). The two elements become identical and inseparable.

Each reading of a narrative will have a unique interpreted narrative as a result. A "critical reading can no longer assume its own transparency to the narrative under analysis and must instead constantly declare its own active role in producing that narrative" (Currie 2011:55). No two readings of a narrative will have the same interpretive conclusion, as each reader plays an instrumental role in the production of the interpreted narrative. There are two movements within postmodern narratology: communication theories and rhetorical theories. *Communication theories* regard narrative as an "interaction between an author and the readers through the text" (Sommer 2009:90). *Rhetorical theories* regard the narrative as a purposive communicative act which integrates the author in its own literary framework. Texts are created to affect readers in specific ways. They are designed to influence readers through the manipulation of words, structures and literary techniques (Sommer 2009:91). It is for this reason that an exploration of the novel's technical elements is included in the facilitator's exploration of the literature.

Cognitive narratology is a movement in postmodern narratology which can be described as "the study of mind-relevant aspects of story-telling practices" (Herman 2009:84). According to David Herman the mind-narrative nexus can be studied from two dimensions. The narrative can function: as "a target of interpretation" and as a "means of making sense of experiences – for structuring and comprehending the world" (Herman 2009:84). Both of these dimensions are relevant to the preliminary process of the facilitator's exploration of the literature. Narrative here is used as a

target of interpretation as it is a resource for therapy, but as it is used in therapy it is also a means of making sense of the world to those participating in therapy.

1.4. Research gap

1.4.1. Adolescent fiction

In the twenty-first century "children's literature has become so mainstream it is impossible to ignore" (Langbauer 2007:502). According to Laurie Langbauer (2007:503) adolescent fiction or young adult literature "is by definition meta-fictional". Young adult literature can be defined as "a kind of writing that takes on the border between fiction and criticism, which takes that border as its subject" (Langbauer 2007:503). Young adult literature emphasizes central themes of identity formation and coming-of-age. It creates a reflective space for young readers as they struggle through adolescence (see Rosenberg 2012:1). There is a dissolving of boundaries between childhood and adulthood. According to critical theorist Julia Kristeva (2007:716) adolescence does not refer so much to a particular age as it does to a debilitating experience in which the self can be seen as borderline and self-conscious. Adolescence is a time of transition that is associated with the development self-awareness, future goals and personal values (Rosenberg 2012:6).

Given the "elaborate consumer-focused mechanisms that determine which books get printed and promoted, and how these books get edited and marketed," a careful examination of the products that survive this process will provide important insights about contemporary readers (Aubrey 2011:10). Nina Rosenberg (2012:11-20) identifies the following three popular themes commonly used in young adult literature:

- Societal imposed identity: *The outsiders* by S E Hinton (1976) and *Monsters* by W D Myers (1999).
- Self-discovery: *Catcher in the Rye* by J D Salinger (2010) first published in 1951 and *The Perks of being a wallflower* by S Chbosky (2012) first published in 1999.

- Adolescent sexuality: *Forever* by J Blume (2001) fist published in 1975 and the *Twilight Saga* from S Meyer (2007) first published in 2005.

The young adult genre can be divided into a vast array of subcategories, which cater to the specific needs of the young adult population. Related to the exploration of sexuality are novels written for adolescents struggling with their homosexual or transgender identity and their journey towards self-acceptance, such as *Boy meets boy* by D Levithan (2003) and *Adam* by A Schrag (2014). There are titles that explore loss and bereavement, such as *The sky is everywhere* by J Nelson (2010) and *Heart-shaped bruise* by T Byrne (2012). Some titles focus on specific concerns, for example *Thirteen reasons why I killed myself: And you are one of them* by J Asher (2011) focuses on suicide, whereas *Wintergirls* by L H Anderson (2009) focuses on eating disorders. *Just one day* written by Gayle Forman (2013) explores self-discovery, relationships, and the transition from school to university.

Through literature the tension created by the contrasting experiences of universality and isolation associated with adolescence can be explored. Literature confronts the individual with the deeper reality of the self, a reality matching with scenarios depicted in literature. This confrontation is describes as “so overwhelming that most people can confront it only in the guise of fiction” (Aubrey 2011:30). These merging parallels between childhood and adulthood and the therapeutic implications of the novel increase the relevance of children’s literature in academic scholarship and catalyse the use of Young adult fiction (Langbauer 2007:504). This genre is marketed to both children and adults, which confirms that adolescence is a representational frontier, “one that encompasses the otherwise irreconcilable categories of child and adult” (Langbauer 2007:505). An overlooked benefit of the young adult novel is that it promotes the “sense of solidarity that it produces not merely with fictional characters, but also with other actual and potential readers who respond in a similar fashion” (Aubrey 2011:36).

1.4.2. A bibliotherapy model for pastoral counselling

Joy Sawyer (2007:155) adapted the McCarthy Hynes and Hynes-Berry bibliotherapy model for the pastoral therapeutic context. She identifies a parallel between pastoral psychotherapy and bibliotherapy “with [its] use of images and symbols that seek to portray the human condition”. The case study Sawyer (2007:156) presents in her

article, “Toward a pastoral psychotherapeutic context for poetry therapy: A biblio/poetry therapy process adaption of the McCarthy Hynes and Hynes-Berry bibliotherapy model”, focuses more on the process of writing, than reading. Such a pastoral adaptation is followed by this study which then takes the adaptation of the McCarthy Hynes and Hynes-Berry model for pastoral counselling further and combines it with Mazza’s poetry therapy model. Sawyer’s (2007:157-161) process which consists of the following movements, forms the point of departure:

- *Clarification:* the act of identifying a powerful emotion.
- *Cohesiveness:* the emotional content of the writing begins to solidify into a coherent story.
- *Organization:* the author begins to develop a sense of clarity and control.
- *Integration:* the incorporation of life story takes place and the author can move forward with life.

In Sawyer’s (2007) adaptation and limited application of the McCarthy Hynes and Hynes-Berry (2012) bibliotherapy model the writing process correlates as follows with the interactive reading process:

Joy Sawyer’s writing bibliotherapy model (2007:157-161)	McCarthy Hynes and Hynes-Berry bibliotherapy model (2012:31)
Clarification	Recognition
Cohesiveness	Examination
Organization	Juxtaposition
Integration	Self-application

According to Sawyer (2007:162), self-expression and biblical self-discovery exposed the wounds of the participant in her study and aided her in developing a deeper relationship with God.

1.4.3. Research gap

Young adult literature is a growing genre in fiction. This study explores whether “non-Christian” literary resources can be used as effectively as “Christian” resources in pastoral bibliotherapy. This would aid inclusivity and enable the facilitator to

approach a variety of difficulties in the lives of the reader-participants. Sawyer's (2007) pastoral model of the bibliotherapy process is limited in the sense that it focuses primarily on writing. The more extensive application of the McCarthy Hynes and Hynes-Berry (2012) bibliotherapy model for pastoral counselling can contribute to a broadening of the possibilities of this therapeutic tool. The pastoral bibliotherapy approach proposed in Chapter 3 uses the McCarthy Hynes and Hynes-Berry model of bibliotherapy as point of departure and combines it with Mazza's poetry therapy model. Mazza's receptive, expressive, and symbolic modes are introduced in each phase of the bibliotherapy process. Whereas Saywer (2007) focuses predominantly on psychodynamic elements of bibliotherapy, this study expands on that and emphasizes the psychodynamic and cognitive elements in bibliotherapy.

1.5. Methodology

The epistemological approach of this study allows it to do a qualitative inquire as to the applicability of bibliotherapy for pastoral care. The exploratory nature of this study requires a multidisciplinary approach through a qualitative research method. This approach makes room for the complexity of each literary work, the subjective nature of interpretation, and the flexibility of interpreting. It is open to findings based on this flexible process and enquires as to the appropriateness and effectivity of narrative literature for pastoral counselling. The transparency of interpretation allows for the identification of commonalities identified from the perspectives and insights of other academic fields. The approach of this study is postmodern. According to a postmodern perspective, identity does not originate from inside an individual, but is rather created through relationships with others, or through narrative (see Currie 2011:25). Identity is relational and socially constructed. Identity as a narrative construct is created through the stories one tells and believes. These conceptualizations of identity are applied in the pastoral bibliotherapy process, as it involves group interaction and the narration of the participants' own beliefs and experiences. The approach proposed in Chapter 3 is theoretically linked to clinical *interactive bibliotherapy* as developed by McCarthy Hynes and Hynes-Berry (2012).

The models used in this study include McCarthy Hynes and Hynes-Berry's bibliotherapy model (2012) and Mazza's (2003) poetry therapy model. McCarthy Hynes and Hynes-Berry (2012:31) include the following phases: recognition, examination, juxtaposition and self-application. Mazza's (2003:11) poetry therapy model includes the following modes: receptive/prescriptive, expressive/creative and symbolic/ceremonial. These theories will be combined and incorporated into a pastoral therapy approach. Each of Mazza's modes will be represented in all of the phases in the bibliotherapy process.

Suicide will be explored from a psychological and pastoral perspective to gain insight into this phenomenon. A pastoral bibliotherapy approach will be developed. This approach will consist of two phases: the preliminary phase and the pastoral phase. The preliminary phase focuses on the facilitator's interaction with the literature. Each literary work is put through several stages of interpretation. The first interpretation is from the application of the iso-principle (Mazza 2003); the second is from the bibliotherapeutic criteria (McCarthy Hynes & Hynes-Berry 2012). This is done to gauge the novel's appropriateness for bibliotherapy. The second interpretation is from a narratology perspective. The third interpretation is from a cognitive perspective and the fourth is to identify the coping skills employed by the protagonists. The pastoral phase focuses on the application of the literature by the facilitator with the reader-participants. In this phase a strategy to apply the literary resources will be developed.

1.6. Chapter outline

In Chapter 2 the phenomenon of suicide is explored from both psychological and pastoral perspectives. The third chapter explores how bibliotherapy and poetry therapy can be combined and incorporated into a pastoral approach. The fourth and fifth chapters explore strategies to apply this approach to a Christian resource and a non-Christian resource respectively. The sixth chapter presents the findings of the study and indicates some future possibilities for the use of the proposed approach.

CHAPTER 2

SUICIDE

2.1. A psychological perspective on suicide

2.1.1 Introduction

Suicide is the eleventh leading cause of death worldwide (see Wenzel & Beck 2008:189). Suicide claims the lives of approximately one million individuals each year (see Ribeiro & Joiner 2011:169). According to Schlebusch (2005:35), in 2000 "the estimated global figures suggested 1 death by suicide every 40 seconds and one attempt every 1 to 3 seconds". By 2020 "this is estimated to increase to 1 death every 20 seconds and 1 attempt every 1 to 2 seconds" (Schlebusch 2005:35). A more recent study conducted in 2011 has shown that suicide accounts for 1.5% of all deaths each year (Windfuhr & Kapur 2011:28). The Diagnostic and Statistical Manual (DSM) was developed by the American Psychiatric Association (APA) and updated in 2013. It suggests that suicidal behaviour disorder should be more thoroughly researched and possibly included in the DSM (APA 2013:801). According to the DSM there are similarities between known disorders and the behaviour of those experiencing suicidal tendencies (APA 2013:802):

> Approximately 25%-30% of persons who attempt suicide will go on to make more attempts. There is significant variability in terms of frequency, method, and lethality of attempts. However, this is not different from what is observed in other illnesses, such as major depressive disorder, in which frequency of episode, subtype of episode, and impairment for a given episode can vary significantly.

In Appendix 1 the DSM's proposed criteria for suicidal behaviour disorder will be included. The DSM is also used extensively in South Africa for diagnostic purposes. The inclusion of suicidal behaviour disorder in the DSM emphasizes the effect of suicidal behaviour on those who suffer from mental illness. This chapter explores the issue of suicide more generally in a global context. Adolescent suicide is a pervasive problem also in South Africa, which has not received sufficient attention. Therefore suicide will be explored more specifically in the context of South Africa as

well. This will be done by firstly clarifying relevant terms, secondly investigating the prevalence of suicidal behaviour, thirdly exploring the aetiology of suicidal behaviour.

2.1.2 Nomenclature

Nomenclature refers to a set of terms, for example those used in a particular field of study (see Silverman 2011:12). The term “suicide” is surrounded with ambiguity – not all suicidal behaviours are alike. There are no uniform set of terms which can be utilized when discussing suicide. Suicide ideation and suicide behaviour are commonly used terms but they are dependent on how suicide is defined. Sensitivity is needed when considering nomenclature for suicide. Such a nomenclature should enhance communication between professional and patients, be internally consistent and be easy to understand and apply (see Silverman 2011:17). The terms and classifications should express relations that are meaningful, utilitarian and relevant. There are multiple challenges for designing a nomenclature for suicide. This study chooses the nomenclature developed by Schlebusch in his book titled *Suicidal behaviour in South Africa* (2005), since his approach succeeds in overcoming some significant challenges. Each challenge and how it is met by Schlebusch’s nomenclature and expanded on in this study will now be discussed.

Firstly, it is difficult to agree on the terms to be used. There remains confusion about the difference between suicide, intentional self-harming and suicide-related behaviours (see Silverman 2011:12). Shlebusch (2011:13) distinguishes between suicidal behaviour and self-destructive behaviour in such a way that they are mutually exclusive. Secondly, it is difficult to develop a nomenclature that is free of bias. As the epistemological point of departure of this study is postmodern, it acknowledges that bias is a universal human phenomenon and that by stating one’s bias, the influence of it can be made visible. The nomenclature borrowed from the work of Shlebusch does not have the intention of stereotyping individuals, but to rather provide a way to understand and discuss their behaviour. Thirdly, it is difficult to remain internally consistent (see Silverman 2011:13). The nomenclature developed by Shlebusch provides a useful and clear description of suicidal behaviour. Fourthly, it is difficult to remain consistent with terminology when one includes the insights of academic fields that focus also on other forms of violence and unintentional injuries (see Silverman 2011:13). Shlebusch’s work is partly based

on data from the National Injury Mortality Surveillance System (NIMSS) and his definitions of terms are consistent with the NIMSS terminology. This allows for consistent use of terms for communication between various academic fields. Fifthly, it is necessary to decide which terms are prejudiced and should be abolished (see Silverman 2011:13). Silverman (2011:13) finds the following terms derogatory: "suicide gesture", "suicide threat" and "failed attempt". Shlebusch (2005) does not include such derogatory terms in his nomenclature. He distinguishes between "fatal" and "non-fatal suicidal behaviour". Schlebusch's (2005:6) nomenclature consists of the following terms and classifications:

- *Suicidal behaviour*: "a wide range of self-destructive or self-damaging acts in which people engage, owing to varying degrees of levels of distress, psychopathology, motive, lethal intent, awareness and expectations of the deleterious consequences or outcomes of the behaviour."
- *Fatal suicidal behaviour*: "self-committed, completed suicidal behaviour that embodied the victim's intent or aim to die and where that person managed to achieve that predetermined goal."
- *Non-fatal suicidal behaviour*: "self-inflicted suicidal behaviour that did not succeed in ending the victim's life."
- *Attempted suicide*: "non-fatal suicidal behaviour where there is a fortuitous survival of the intended suicide."
- *Parasuicide*: "non-fatal suicidal behaviour without the intention to die."
- *Suicide ideations*: thoughts, talking or writing about and/or planning suicidal behaviour.

Schlebusch (2005:7) also differentiates between the following forms of suicidal behaviour:

- *Suicide pact*: "where there is a mutual agreement between people to kill themselves, usually at the same time and place."
- *Cultural suicide*: "suicidal behaviours that are culture-specific or culture-related"
- *Religious suicide*: "suicidal behaviour within a religious context"
- *Rational suicide*: "where a person is guided by a rational philosophy of life that includes a belief in the right to die and the right to carry out the suicide."

- *Collective/mass suicide*: "whole groups who commit suicide."
- *Protest suicide*: when a person commits suicide in protest of a situation or event, for example "a detained labour activist who reportedly jumped to his death in protest against fatal police beatings."
- *Latrogenic suicide*: "caused by the lethal side effects of certain medicines, especially when taken by the elderly."
- *Simulated suicide*: "when an individual pretends to be dead by his or her own hand by vanishing from known circles or by assuming a different identity."
- *Pseudo-suicide*: "an individual might swallow a small amount of harmless substance claiming it was poison."
- *Imitative suicide*: "the so-called 'Werther effect' or 'copycat' suicide that can occur when suicides are over-dramatised or romanticised, especially in the media."
- *Pre-emptive suicidal behaviour*: "when a person attempts suicide to avoid the fearful prospects of a disease such as AIDS."

Self-harming behaviour is related to and often confused with suicidal behaviour. The presence or absence of the intent to die is a key-factor in differentiating self-harming from suicidal behaviour (Silverman 2011:16). Related terms have been defined by Schlebusch (2005:7):

- *Self-destructive behaviour*: "can be seen as a variant of suicidal behaviour."
- *Direct self-destructive behaviour*: "deliberate self-harm."
- *Indirect self-destructive behaviour*: "survival is usually left to fate, chance or to significant others."

2.1.3 Prevalence

Available prevalence rates reflect an incomplete representation of suicide internationally and in South Africa. The available data show suicide to be a significant health concern internationally and in South Africa (see Meehan, Peirson & Fridjhon 2007:553). Gender, age and ethno-cultural variations in prevalence rates will subsequently be considered. The prevalence of suicide will be briefly discussed by considering the statistics of the World Health Organisation (WHO) and the National Injury Mortality Surveillance System (NIMSS). The international prevalence

of suicide will be considered by using data the WHO collected as of 2009 in one hundred and four countries in six regions: Africa, the Americas, the Eastern Mediterranean, Europe, Southeast Asia, and the Western Pacific (Windfuhr & Kapur 2011:29). Several difficulties arise when attempting to interpret cross-national suicide rates (Windfuhr & Kapur 2011:29):

- differences between countries may reflect different procedures or prioritising assigned to recording suicide rates;
- crude rates are often reported which ignore the age structures of different countries;
- reports are often only relevant to parts of a country rather than a national representative;
- there are substantial differences in the most recent year of suicide data collected by the WHO, varying from 1978 to 2007;
- there is an estimated 40-60% of countries for which data are unavailable or inaccessible.

The prevalence of suicide in South Africa will be assessed by means of statistics collected by the NIMSS which collects data from participating mortuaries in South Africa regarding fatal injuries and non-natural causes of deaths (Meehan, Peirson & Fridjhon 2007:553). Schlebusch (2005:3) emphasizes the need for "greater accuracy and more knowledge" regarding suicide prevalence rates and proposes the following reasons for these incomplete and divergent prevalence rates in South Africa (Schlebusch 2005:41):

- inconsistent and inadequate reporting of suicidal behaviour;
- major historical, socio-political and economic events;
- the hidden burden of suicidal behaviour;
- cultural considerations.

Prevalence variations which should be considered will be discussed briefly. These variations include: gender, age, ethno-cultural variations, co-morbid disorders, and method of choice.

- *Gender variations*

Suicidal behaviour rates tend to be higher among the female population although the male population shows a higher suicide rate (Windfuhr & Kapur 2011:35). Although suicidal behaviour is more common among women, men show a higher rate of fatal suicidal behaviour. China is an exception to this general gender difference and in Hong Kong and India this difference is less pronounced: in China the ratio is 0.9:1; in Hong Kong the ratio is 2:1; and in India the ratio is 1.3:1 (Windfuhr & Kapur 2011:35). In South Africa the male to female ratio is 4.7:1, which is consistent with the international trend of a higher male fatal suicide rate (Sclebusch 1005:47). Prevalence rates among the 15 to 19 age group reflect that female adolescents (12%) show a higher prevalence of suicidal behaviour than male adolescents (7%) (Schlebusch 2005:55). Non-fatal suicidal behaviour is more common amongst girls "who are more likely to signal for help by threatening or attempting suicide" (Meehan, Peirson & Fridjhon 2007:555). Fatal suicidal behaviour is more common amongst boys, this trend reflect the same gender difference in adults, with men completing suicides more often than women (Meehan, Peirson, Fridjhorn 2007:555). According to the NIMSS report of fatal injuries in Gauteng for 2010 "there were just over four male suicides for every female suicide" (Sukhai 2012:8). This trend could possibly be linked to the differences in choice of method between genders. In Gauteng in 2010 61.2% of male suicides occurred through hanging, followed by poisoning (15.9). Whereas female suicides for the same year and area occurred primarily through poisoning (45.3%), followed by hanging (32.8%) (Sukhai 2012:8).

- *Age variations*

Globally suicide is the second leading cause of death among individuals aged 25 to 34 (Wenzel & Beck 2011:189). A downward trend is visible regarding the age of clinical populations of international suicide rates. Between the 1960s and 1980s there was an increase in young adult suicides (Windfuhr & Kapur 2011:35). Since the 1990s there has been a decline in suicide rates among 15-24-year-olds in various countries, including England, Scotland and Canada. These changes alter the age profile for suicide considerably although there are still a greater number of suicides among young adults (Windfuhr & Kapur 2011:35). Suicide has become one of the top 5 causes of death for 18 year olds and younger in South Africa

(Schlebusch 2005:56). The NIMSS report reflects the "highest fatal suicidal behaviour rates being in the 15 to 19 year age group, followed by the 10 to 14 year age group" (Schlebusch 2005:55). Up to about one-third of all non-fatal suicidal behaviour involved children and adolescents (Schlebusch 2005:56). When considering fatal suicidal behaviour, the NIMSS report shows that in 2010 in Gauteng 34.9% of all suicides involved individuals in the 15-29 age group, second to the 30-40 age group (Sukhai 2012:8). In the NIMSS report of fatal injuries for South Africa in 2008, 35.5% of all suicides involved the 15-29 age group (Donson 2009:9).

- *Ethno-cultural variations*

Although the prevalence of suicide "cuts across all ethnic, gender and age groups," there has been an increase in young, black South Africans who are being adversely affected (Schlebusch 2005:1). A hospital based research study in South Africa found that "24.5% of the total sample of suicidal behaviour admitted to the hospital where the study was undertaken were black youths aged 18 years and younger" (Schlebusch 2005:57). This increased prevalence is in correlation with international ethno-cultural variations. There is a convergence of suicide rates of African Americans and White Americans in the 1980s and 1990s (Windfuhr & Kapur 2011:36). This is occurring even though according to Winfuhr and Kapur (2011:36) African Americans have increased protective factors such as religion, spirituality, collectivist and communitarian ideologies, and greater familial and social ties.

- *Co-morbid disorders*

Internationally, mental illness is consistently linked with high risk suicidal ideations and behaviour. The most common co-morbid diagnoses include: bipolar disorder, major depressive disorder, schizophrenia, shizo-affective disorder, post-traumatic stress disorder, substance use disorders, borderline personality disorder, eating disorders, and adjustment disorders (APA 2013:803). This link between mental disorder and suicide is more pronounced in Western countries with a co-morbidity rate of 90-95%, compared to Asian countries with a rate of 60-90% (Windfuhr & Kapur 2011:40). The classification of mental illness also varies between developed and developing countries. For example, depressive disorders were diagnosed in more than two-thirds of suicide cases in developed countries, compared to one-third in developing countries (Windfuhr & Kapur 2011:40). In South Africa research

suggests a high co-morbidity rate between previous trauma, mood disorders and suicidal behaviour (Shlebusch 2005:94). In a university study, 28.9% of students reported suicidal ideations and behaviours, of which "63.3% reported contact sexual abuse and 63.7% reported non-contact sexual abuse such as exposure to exhibitionism, [and] sexual requests" (Schlebusch 2005:94). According to Schlebusch (2005:102), in the majority (98%) of cases of fatal suicidal behaviour a diagnosis of at least 1 mental disorder has been present. This includes: mood disorders (30.2%), substance-use disorders (17.6%), schizophrenia (14.1%) and personality disorders (13.0%). Among individuals with non-fatal suicidal behaviour, depression and other mood disorders were diagnosed in nearly two-thirds (63.9%) of the research participants (Shlebusch 2005:103). Alcohol abuse falls under substance-use disorders and is a serious co-morbid factor.

- *Method of choice*

Internationally methods of choice include: hanging, self-poisoning, and jumping from heights (Windfuhr & Kapur 2011:33). Hanging is the most prevalent method among male population while self-poisoning is the most prevalent method among the female population (Windfuhr & Kapur 2011:33). Due to the elevated variation in method of choice by country rather than age or gender, it can be deduced that availability of method is an important factor. The most common method of committing suicide according to the WHO report is listed by country or area (Windfuhr & Kapur 2011:33):

- *United States of America*: firearms;
- *Asian countries*: ingestion of pesticides;
- *Hong Kong*: burning charcoal.

The most common method of choice for fatal suicidal behaviour in South Africa is an overdose of chemical substances (63.63%) of which 60.06% use medication, which is equally divided between the use of over-the-counter medication and prescription substances (Cassimjee & Pillay 2000:52). The high prevalence of the use of medication as the choice of method is reflected in the NIMSS report as the second most favoured choice of method for suicide. In 2010 in Gauteng hanging was the most implicated choice of method at 56%, followed by poisonings (overdose) at 21.3% and firearms at 13.7% (Sukhai 2012:8). Similar trends can be seen in the

national fatal injury report of 2008: hanging (46.2%) followed by poisoning (17%) (Donson 2009:9). Overdose is also implicated as the most used method in non-fatal suicidal behaviour (Schlebusch 2005:70). Schlebusch (2005:71) identifies the following influences with regard to the choice of the method:

- accessibility to the method;
- knowledge or, conversely, lack of knowledge of the lethality of the method;
- experience and familiarity with the method;
- meaning and symbolism and cultural influence associated with the method;
- the potential suicidal person's state of mind and level of intent at the time.

- *Temporal variations*

Variations in fatal suicidal behaviour include temporal variations such as variations in month, day of the week and time of day. According to the WHO data of suicidal behaviour show a higher prevalence in spring/summer (Windfuhr & Kapur 2011:38). This corresponds with the months in which there is a higher prevalence of suicidal behaviour in South Africa: December (9.6%), August (8.9%) and April (8.9%) (Sukhai 2013:6). The days of the week when most suicides occurred are Monday (17.3%), Sunday (15.5%), and Tuesday (15.3%) (Sukhai 2013:6). The time of day when most suicides occur are: 07h00-10h00 (24.3%), 17h00-19h00 (17.5%), and 12h00-13h00 (9.1%) (Sukhai 2013:5).

2.1.4 Aetiology

Suicidal behaviour is associated with various complex factors including biological, psychological, and social influences. These factors will each be considered individually from an international perspective. Where the results of South African studies are available, the South African context will be discussed. The focus will be on suicide among adolescents.

- *Biological factors*

There is growing evidence from twin and migrant studies that suggest a predisposition to suicide is partly heritable (Windfuhr & Kapur 2011:39). Individuals struggling with suicide are "over ten times more likely than relatives of comparison subjects to attempt or complete suicide after controlling for psychopathology"

(Rihmer 2011:65). This implies biological or genetic factors as influencing an individual's risk of developing suicidal behaviour. Although this study focuses on psychological and spiritual factors that influence suicidal, biological factors will be considered in order to come to a more holistic view of suicidal behaviour. Two theories focused on biological factors in the development will be briefly considered. The *serotonergic system* has been signified as a factor in suicidal behaviour. There is evidence that "altered serotonergic function is related to clinical and behavioural traits" associated with depression and suicidal behaviour (Mann & Currier 2011:135). The *stress-response system* proposes that stressful events can trigger or exasperate an individual's predisposition or vulnerability for suicidal behaviour (Mann & Currier 2011:135). Two neurobiological systems are involved in the *stress-response system*: the *neuroendocrine hypothalamic-pituitary-adrenal (HPA) axis* and the *noradrenergic (NE) system* (Mann & Currier 2011:135-136). These two systems have a bidirectional relationship and are both activated by stress. There are multiple potential pathways through which stress may be involved in the biology of individuals struggling with suicide: "directly through the dysfunction of the HPA axis and the NE system and interactions between those systems, as well as indirectly through downstream effects on serotonergic system function" (Mann & Currier 2011:137).

- *Psychological factors*

For depression and other mood disorders to be diagnosed an individual's experience of depression should be marked by an extended duration, intense and severe mood disturbances, and dysfunction or interference with daily life (Schlebusch 2005:103). Mood disorders associated with suicidal behaviour include bipolar disorder and major depressive disorder (APA 2013:803). In Appendix 1 the diagnostic criteria for bipolar disorder and major depressive disorder will be included. A major depressive episode is a high risk factor for suicide behaviour: "15% of patients with major depressive mood disorder die by suicide and about half of them make at least one suicide attempt during their lifetime" (Rihmer 2011:59). Suicidal behaviour in mood disorder patients "occur almost exclusively during an acute, severe, major depressive episode" (Rihmer 2011:59). Suicidal behaviour is more prevalent among bipolar patients (28%) than in uni-polar patients (13%) (Rihmer 2011:61). Other mood indicators found in the South African context for suicidal behaviour include sadness, heightened feelings of anger, shame, hopelessness and loneliness.

Suicidal people often have poor communication and problem-solving skills (Schlebusch 2005:96). This leads to the inability to communicate emotional distress and feelings of isolation.

Chronic and acute stress are critical risk factors in suicidal behaviour. Stress can be understood as a deficit between an individual's perception of demands and their capacity to meet those demands (Meehan, Peirson & Fridjhon 2007:557). Early negative life-events, permanent adverse life situations, and acute psychosocial stressors play an important role in the development of suicidal behaviour (Rihmer 2011:64). According to Zoltan Rihmer (2011:65) acute psychosocial stressors are commonly dependent on the individual's own behaviour. Anxiety disorders that show a high co-morbidity rate include panic disorders associated with catastrophic content and post-traumatic stress disorder (APA 2013:803). In Appendix 1 the diagnostic criteria for panic disorder and post-traumatic stress disorder are provided.

Specific to adolescents is the stress of puberty, when an individual transitions from childhood to adulthood, which is filled with psychological, social, cognitive and physical changes (Meehan, Peirson & Fridjhon 2007:557). Other stressors include academic difficulty, non-supportive and over-demanding family environments (Schlebusch 2005:95). This can be linked to the higher prevalence of suicidal behaviour over weekends and towards the end of the year due to examination stress and festive periods (Schlebusch. 2005:72). Beautraice (2000) divides the risk factors for adolescent suicide into 3 categories: society and the family, the individual and personal identity, and the mental health of the individual (Meehan, Peirson & Fridjhon 2007:557).

Certain personality traits are linked with suicidal behaviour. It has been suggested by A Wenzel and AT Beck (2008:192) that these traits "can be viewed as dispositional vulnerability factors for suicidal behaviour". The two most widely studied personality traits are perfectionism and impulsivity. Perfectionism most relevant to suicidal behaviour is socially constructed perfectionism which is defined as "an interpersonal dimension involving perceptions of one's need and ability to meet the standards and expectations imposed by others" (Wenzel & Beck 2008:193). This is a multidimensional construct and is associated with self-critical evaluations of the self (Windfuhr & Kapur 2011:39). There is a wide range of operational definitions of

impulsivity which complicates the research. Some scholars define impulsivity as “a personality trait characterized by a focus on the present and a lack of planning”, other define impulsivity as “the inability to inhibit responding” (Wenzel & Beck 2008:191). Tentative conclusions can be drawn regarding impulsivity and suicide: there seems to be a correlation between the presence of impulsivity and suicidal behaviour (Wenzel & Beck 2008:191). It is proposed that future research focus on impulsivity as it refers to “characteristically similar behaviours that are determined by one of a number of underlying constructs” (Windfuhr & Kapur 2011:39). Other traits include neuroticism, psychoticism, sensitivity, dependency, and cynicism (Windfuhr & Kapur 2011:39). Rihmer (2011:64) lists the following personality traits associated with suicide amongst mood disorder patients: aggressiveness, hopelessness and pessimism. Wenzel & Beck (2008:193) lists the following personality characteristics associated with suicidal behaviour: novelty seeking behaviour, harm avoidance and passivity.

Certain cognitive variables influence suicidal behaviour. The cognitive model of psychopathology emphasizes that “the processing of external events or internal stimuli is biased and therefore systematically distorts the individual’s construction of his or her experiences, leading to a variety of cognitive errors” (Wenzel & Beck 2008:193). This implies that cognitive distortions are related to negative emotional experiences and maladaptive behavioural responses. Maladaptive cognitive content depends upon the nature of a person’s schema. A schemas are “relatively enduring internal structures of stored generic or prototypical features of stimuli, ideas, experience that are used to organize new information in a meaningful way thereby determining how phenomena are perceived and conceptualized” (Wenzel & Beck 2008:193). These schemas often stay dormant until they are activated, primarily by stressful events. Other cognitive variables include hopelessness, autobiographical memory, burdensomeness, rumination, dichotomous thinking, cognitive rigidity, and the lack problem-solving skills (Windfuhr & Kapur 2011:40).

- *Social factors*

Environmental factors that play a significant role in the South African context will now be considered. Suicidal behaviour in South Africa is a “complex, wide-ranging, multidimensional and multi-factorial” issue (Schlebusch 2005:5). Some of the most

important factors that affect the health of South African youth are: gender-based violence, sexual risk- taking behaviour, alcohol abuse, and general violence (Schlebusch 2005:56). High levels of alcohol use and abuse have been linked to disadvantaged communities. According to Banwari Meel (2009:71), “South Africans consume well over 6 billion litres of alcohol beverages’’ per year. The threat of violence for adolescents and young adults is visible in the fatal injury report for Gauteng for 2011, as violence is the leading cause of deaths for age groups 15-24 (37.4%) and 26-34(41.3%) (Sukhai 2013:4). The prevalence of trauma, sexual abuse and mood disorders, poor problem-solving skills, interpersonal and relational problems, aggression and stress are risk factors for suicidal behaviour. Factors that affect the prevalence of depression in South African adolescents include: high levels of violence and family problems, alcohol and drug abuse, availability of firearms and medication in the home, extreme poverty, unemployment, lack of social infrastructure, and inadequate health services, housing, recreational and transport facilities (Meehan, Peirson & Fridjhorn 2007:554).

2.1.5 Models for the understanding of suicidal behaviour

2.1.5.1 Introduction

Suicidal behaviour is caused by a multi-faceted and complex interaction of psychological, social, and biological influences. This study focuses on the psychological factors that play a part in the development of suicidal behaviour. A historical overview of the predominant models of suicidal behaviour from the last twenty five years will be briefly presented, after which three contemporary theories of suicidal behaviour will be explored. The first contemporary model that will be discussed is the interpersonal-psychological approach of Thomas E Joiner (2005), the second is the cognitive model of suicidal behaviour developed by Wenzel and Beck (2008), and the third is the integrated motivational-volitional model developed by Rory C O’Conner (2011).

According to O’Connor (2011:182), Sigmund Freud was credited with “championing the change of perspective on suicide, from a moral, legal, philosophical, or spiritual phenomenon to a clinical concern for which one should receive help”. The last fifty years “has witnessed a surge in scientifically based research designed to identify the

correlates of and risk factors for suicidal behaviour" (Wenzel & Beck 2008:189). A brief overview of predominant theories will now be presented.

Edwin S Shneidman (1985) proposed the cubic model of suicide which is centred on the concept of "psychache". According to him "all else- demographic variables, family history, previous suicidal history- is peripheral" (in Yufit & Bongar 1992:583). The cubic model proposes that a combination of: press, "psychache", perturbation and lethality contribute to the occurrence of suicide (O'Connor 2011:183). Some years later the diathesis-stress-hopelessness model was developed in 1987 by DE Schotte and GA Clum according to who "cognitive vulnerability ... accounts for the relationship between stress and suicide risk" (O'Connor 2011:183). The model implies that cognitive rigidity in social problem-solving skills is partly responsible for suicidal behaviour. Schotte and Clum (1987) found that negative life stress and poor problem-solving skills are linked with hopelessness and suicidal ideations. This is based on research done with college students and was confirmed with suicidal psychiatric patients. Roy Baumeister (1990) conceptualizes suicide as an escape from self or rather painful self-awareness (in O'Connor 2011:183). A chain reaction begins when an individual does not meet certain expectations, this failure is then internalized and which makes self-awareness painful, this generates negative affect; the individual attempts to escape from painful self-awareness and negative affect through increasingly drastic measures ending in suicide (Baumeister 1990:91).

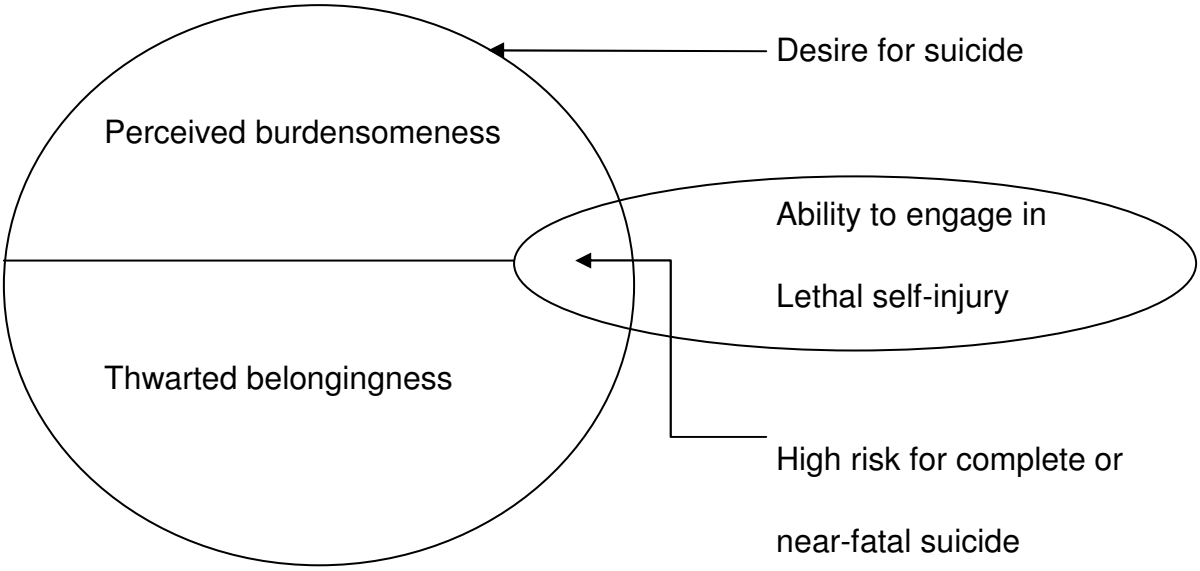
JJ Mann, C Waternaux, GL Haas and KM Malone (1999) developed a clinical model of suicidal behaviour. This model can be described as a stress-diathesis model "wherein suicide risk is determined not only by psychiatric disorder ... but by a diathesis" (O'Connor 2011:183).This model implies that stressors and predisposed vulnerabilities are equally responsible for suicidal behaviour. In their 1999 study Mann et al found that a "more pronounced impulsive-aggression trait characterizes individuals at risk for suicide attempts regardless of psychiatric diagnosis" (Mann, Waternaux, Haas & Malone 1999:184). This implicates aggression and impulsivity as indicators for possible future suicidal behaviour. D Rudd, TE Joiner and MH Rahab (2001) developed a cognitive behavioural model for suicide. This model is based on 10 CBT requirements and has four system characteristics of the suicidal mode: cognitive affective behavioural and physiological (O'Connor 2011:183). This model allows for the identification of suicidal belief systems and the assessment of the

affective and behavioural components of those beliefs (Rudd 2000:19). These components are related to the suicidal behaviour of the client which paves the way for a targeted treatment plan on which the professional and individual agree (Rudd 2000:32). Three contemporary approaches to suicidal behaviour will now be explored including: the interpersonal-psychological model, the cognitive model of suicidal behaviour, and the integrated motivational-volitional model.

2.1.5.2 Interpersonal-psychological model

Thomas E Joiner (2005) developed an interpersonal-psychological approach to suicidal behaviour. Joiner holds that “an individual will die by suicide only if he or she has both the desire to die by suicide and the capability to act on that desire” (Ribeiro & Joiner 2011:170). Joiner identifies two components: the desire to die and the ability to engage in lethal self-injury. The desire to die develops in the presence of two interpersonal states: “thwarted belongingness and perceived burdensomeness” (Ribeiro & Joiner 2011:171). A thwarted sense of belonging implies feelings of seclusion, alienation or disconnection from social networks. This is based on research on “basic interpersonal needs, which clearly demonstrates the negative effects of not fulfilling the need-to-belong” (Ribeiro & Joiner 2011:171). Perceived burdensomeness is related to the belief “that the self is so incompetent that one’s existence is a liability for or a burden on others” (Ribeiro & Joiner 2011:171). This implies that people believe that their death is worth more than their life. The second component is the ability to engage in lethal self-injury. According to Joiner (2005), there are inherent self-preservation instincts that are difficult to overcome. The ability to overcome instinct is developed over time as people are repeatedly exposed to painful and provoking events which increase their tolerance of pain and decrease their fear of death (Ribeiro & Joiner 2011:171). To acquire the ability to engage in lethal self-injury is a continuous process that increases intensity over time with repeated exposure to significant experiences.

The following diagram represents the interpersonal-psychological approach to suicide (Ribeiro & Joiner 2011:171):



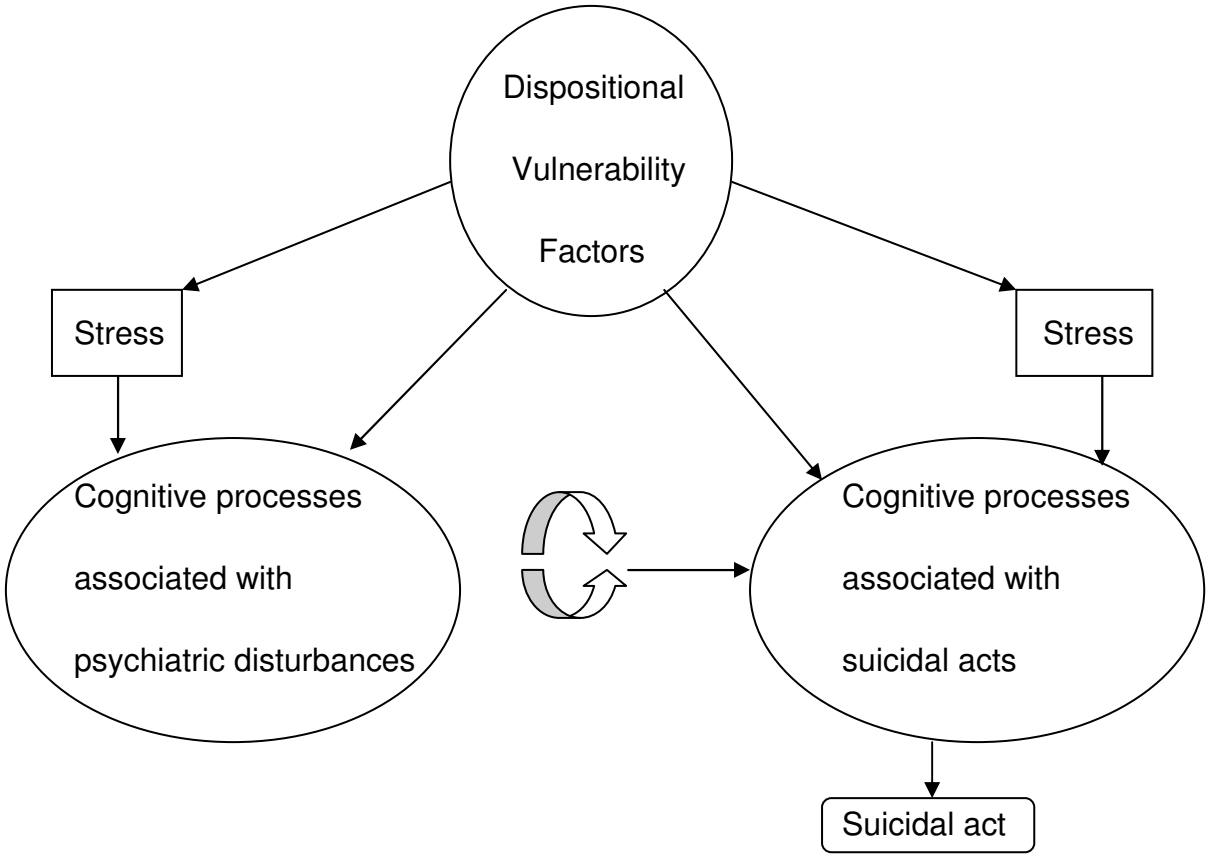
2.1.5.3 Cognitive approach

Wenzel and Beck (2008) developed a cognitive approach to suicidal behaviour. It is a diathesis-stress model with three constructs: dispositional vulnerability factors, cognitive processes associated with psychiatric disturbances, and cognitive processes associated with suicidal acts (see O'Connor 2011:183). Dispositional vulnerability factors refer to "long-lasting, trait like variables that confer non-specific risk for psychiatric disturbances ... as well as for suicidal behaviour" (Wenzel & Beck 2008:190). There are five main categories of dispositional vulnerability factors: impulsivity and related constructs, problem solving deficits, an over-general memory style, a trait-like maladaptive cognitive style, high-risk personality traits (Wenzel & Beck 2008:191). Impulsivity interacts with aggression and hostility in the development of suicidal behaviour (Wenzel & Beck 2008:192). Individuals struggling with suicide are less able to generate solutions to problems, are less likely to use the alternative solutions they generate, estimate a greater likelihood of failure, and are more likely to use denial and avoidance strategies (Wenzel & Beck 2008:192). Problem solving deficits surface "in cognitively rigid people under conditions of high stress, which should in turn prompt hopelessness and suicide ideations" (Wenzel & Beck 2008:192). Over-general memory style refers to the difficulty in the retrieval of specific memories, this "prevents people from adequately accessing their store of personal memories when they are called upon to make judgements and decisions

about specific situations" (Wenzel & Beck 2008:192). A trait-like maladaptive cognitive style refers to the "tendency to make non-specific cognitive distortions ... and endorse non-specific dysfunctional attitudes" (Wenzel & Beck 2008:192). The content of this maladaptive cognitive style is similar to a general approach to viewing the world. High-risk personality traits include: neuroticism, psychoticism, introversion, self-criticalness, sensitivity, passivity, dependency, and perfectionism (Wenzel & Beck 2008:192-193).

Cognitive processes associated with psychiatric disturbances refer to maladaptive cognitive contents and information processing biases that are associated with many psychiatric disorders (Wenzel & Beck 2008:190). These cognitive processes vary with symptom severity, "and their content is more specific to the particular pathology expressed" (Wenzel & Beck 2008:193). Cognitive processes associated with psychiatric disturbances facilitate biased information processing, negative attitudes about loss and failure, exaggerated beliefs about harm or suffering and one's ability to cope with it (Wenzel & Beck 2008:193). Cognitive processes associated with suicidal acts refer to maladaptive cognitive contents and information processes at work when an individual is suicidal (Wenzel & Beck 2008:190). Hopelessness is "a cognitive orientation that is especially pronounced in suicidal patients, rather than in psychiatric patients in general" (Wenzel & Beck 2008:194). Hopelessness can be defined as negative expectations for the future (Wenzel & Beck 2008:194). Wenzel and Beck (20081:194) distinguish between state hopelessness and trait hopelessness: *state hopelessness* refers to "the degree of hopelessness that is activated at any moment" and reflects the belief that "one's current situation is intolerable and cannot be changed"; *trait hopelessness* refers the degree to which an individual "has stable, negative expectancies for the future" (Wenzel & Beck 2008:194). Trait hopelessness falls under the category of cognitive processes associated with suicidal acts.

The following diagrammatic represents the cognitive model of suicidal behaviour proposed by Wenzel and Beck (2008:190):



2.1.5.4 Integrated motivational-volitional model

The integrated motivational-volitional (IMV) approach is represented by a three-phase model developed by Rory O'Connor (2011). It attempts to integrate psychological, social and behavioural elements to discriminate between individuals with suicidal ideations and those whom attempt suicide (O'Connor 2011:185). The first phase is the *pre-motivational phase* which consists of the "broader biosocial context for suicide" or what O'Connor (2011:185) calls the interactive diathesis-environment-life events triad. Background factors and stressful life-events fall under the pre-motivational phase. According to O'Connor (2011:185) a genetic or biological vulnerability can be triggered or exasperated by stressful social events. The second phase is the *motivational phase* which is the transition phase and it consists of the transition between defeat/humiliation and entrapment, and between entrapment to suicidal ideations or intent. The third phase is the *volitional phase* which consists of

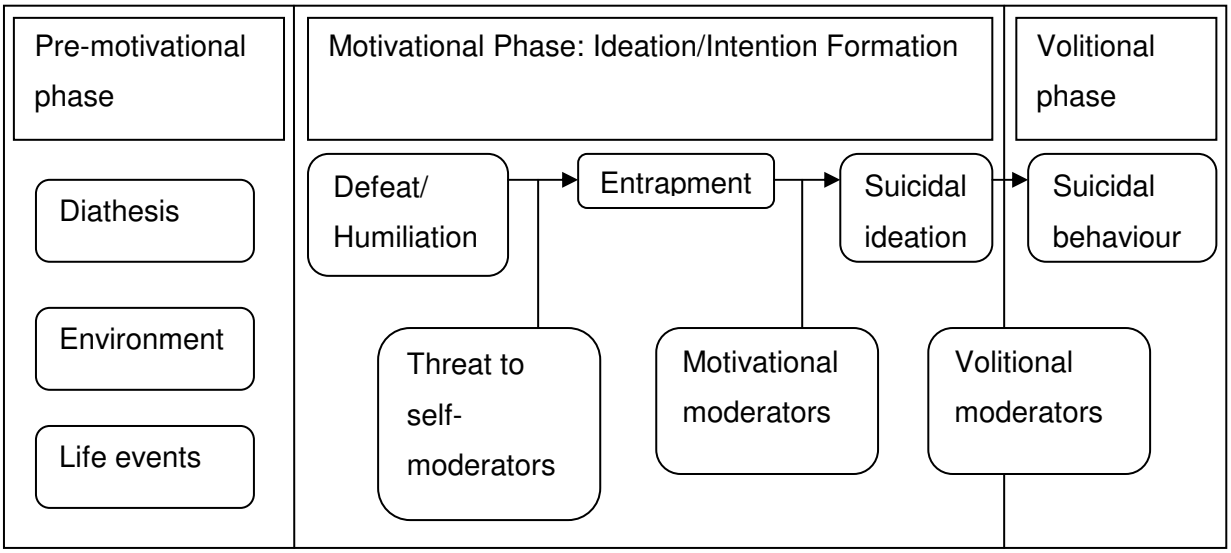
suicidal intent and behaviour. These transitions are determined by state specific moderators which include (O'Connor 2011:184):

- *a threat to self moderators*: linked with social problem-solving, coping, memory biases, and ruminative processes;
- *motivational moderators*: which include thwarted belongingness, perceived burdensomeness, the absence of future thought and goals, subjective norms, the lack of social support, and attitudes;
- *volitional moderators*: which include capability, impulsivity, implementation intentions, access to means and imitation.

This approach can be described as a perfectionism-diathesis approach. Socially prescribed perfectionism refers to "the degree of personal belief that others hold unrealistically high expectations of one's behaviour and that they would be satisfied only with these standards" (O'Connor 2011:189). Among individuals struggling with suicide such expectations are often excessive and if certain standards are not met it is considered a personal failure. Socially prescribed perfectionism lowers individuals' stress-threshold. The IMV process of developing suicidal behaviour can be summarized as follows (O'Connor 2011:187-192):

- the development of suicidal thoughts is based on feelings of entrapment which have been triggered by life stressors;
- when the "desire to escape from a defeating and/or humiliating situation is thwarted, feelings of entrapment ensue";
- the presence of threat to self moderators has the potential to increase the possibility that the experience of humiliation/ defeat leads to entrapment;
- the presence of motivational moderators increases the likelihood that feelings of entrapment will lead to suicidal ideations or intent;
- volitional moderators signify the transition from the motivation to the volition phase in the model as they determine the circumstances under which an individual is at an increased risk to participate in suicidal behaviour.

The following diagram represents the IMV model developed by O'Connor (2011:184):



2.1.6 The South African context

South Africa is a country with "diverse cultures, beliefs and language and a history of apartheid and violent atrocities, there are areas of extreme wealth and others of dire poverty" (Meehan, Peirson & Fridjhon 2007:553). South African society is marked by a lack of positive role models and emotional security due to social and cultural transition and materialistic values because of increased consumerism (Meehan, Peirson & Fridjhon 2007:553). Youth are confronted by conflicting social roles in a multicultural South Africa. Traditional values are contrasted with Western culture on a daily basis. Schlebusch (2005:100) emphasizes related factors such as: "acculturation, socio-economic pressures, high crime and violence rates, history of human rights violations" and the stressful process of transformation. With South Africa's cultural diversity it is also important to note that cultural factors "can modify the expression of depressive symptomatology" resulting in under diagnosis, although the exact influence of this remain unclear (Shlebusch 2005:106). This cultural diversity is also the cause of varying suicide patterns that is brought about "by the changes experienced by a particular population group and the resultant stress placed on that population group" (Meehan, Peirson & Fridjhon 2007:557).

The most recent NIMSS report shows that there is a decrease in mortality rates for all manners of death between 2009 and 2011, except for unintentional injuries (Sukhai 2013:11). This includes fatal suicidal behaviour which have gone down from

16.5/100 000 to 14.3/100 000 population. When considering this difference in percentage, the decrease in suicide rate can be estimated to be 00.02%. The health care community aims at an annual decrease in suicide rates. According to Schlebusch (2005:1) much of the relevant literature in South Africa is epidemiological or descriptive in nature. An authentic need exists in the South African context for both studies and "action to combat such self-destructive behaviour" (Schlebusch. 2005:3). Counselling strategies to help individuals with suicidal behaviour and co-morbid problems should be developed. This is where pastoral care and counselling can also play a role.

2.2. A pastoral perspective

2.2.1 Introduction

From a religious perspective suicide has often been associated with eternal damnation. Dante Alighieri (2005) in his work, *Inferno* (c.1321) based on Virgil's *Aeneid,* states that individuals who died by suicide find themselves in the seventh circle of hell (Mason 2014:16). In the *Aeneid*, Aeneas visits the underworld and there finds those who died by committing suicide:

> Other places were held by innocent, downcast
> people who'd caused their own deaths, hating the sunlight,
> ditching their lives. How they were willing to labour
> hard now in higher air and suffer as paupers!
> Gods' laws blocked them. Dreary, unlovable water
> constrain them: the nine-coiled Styx intervened and enclosed them.
>
> (Ver. Aen. 6. 434-439)

The *Aeneid* was written by Virgil between 30-20 BC (see McCrorie 1996:7). Much later in the fourteenth century Dante's *Inferno* expressed similar views. William Shakespeare in *Hamlet* (Shakespeare 1603) and John Milton in *Paradise Lost* (1667) first published over sixty years later, held similar views on the matter of suicide. This view is still prevalent among contemporary Christians. This section aims to deconstruct common myths about suicide in the Christian tradition. It

explores a theology and eschatology that can be useful to facilitators when helping individuals overcome suicidal ideations or behaviour. The role of pastoral care with individuals struggling with suicide will be explored.

2.2.2 Myths about suicide

Myths can prevent pastoral caregivers from helping individuals who struggle with suicide. These myths reflect not only beliefs held widely by Christians, but also beliefs held by most of the Western world. Karen Mason (2014:41) lists the following as persistent, prejudicial myths predominant in Christian communities:

- *Believers do not experience suicidal ideations*

According to Judeo-Christian tradition God blesses the righteous (Ps 5:12) and this should prevent a believer from becoming suicidal (see Mason 2014:42). This, however, does not reflect reality. There are multiple biblical references to believers who experience depression: Rebekah (Gen 27:46), Rachel (Gen 30:1), Job (Job 3:24), and Jeremiah (Jer 20:18). Psalm 102:3-11 (NKJV) depicts symptoms associated with depression:

> For my days are consumed like smoke,
> and my bones are burned like a hearth.
> [4] My heart is stricken and withered like grass,
> so that I forget to eat my bread.
> [5] Because of the sound of my groaning
> my bones cling to my skin.
> [6] I am like a pelican of the wilderness;
> I am like an owl of the desert.
> [7] I lie awake,
> and am like a sparrow alone on the housetop.
> [8] My enemies reproach me all day long;
> those who deride me swear an oath against me.
> [9] For I have eaten ashes like bread,
> and mingled my drink with weeping,
> [10] Because of Your indignation and Your wrath;
> for You have lifted me up and cast me away.

[11] My days *are* like a shadow that lengthens,
and I wither away like grass.

Other texts site experiences of suicidal ideations among biblical figures, such as: Job (3:20-22, 7:15-16), Moses (Num 11:15), Elijah (1 Kings 19:4), and Jonah (4:8). Some prominent theologians have struggled with suicidal ideations, for example: C H Spurgeon, a nineteenth century revivalist who suffered from depression, Martin Luther who experienced depression and anxiety (see Mason 2014:42). Contemporary pastors such as Kathryn Greene-McCreight, an Episcopal priest, and James Stout, a Presbyterian minister both suffered from bipolar disorder (see Greene-McCreight 2006:28). Edward J Carnell, a Christian apologist, described his own struggle with suicide and died of a drug overdose in 1967 (see Mason 2014:43). Christians too live in a world broken by sin and illness.

- Prayer is all a Christian needs

Many believe that prayer is all Christians need to provide healing and necessities. Francis de Sales counsels "not to expect transformation in a moment though it is possible for God to give it" (in Mason 2014:46). Prayer is not the only element that should be considered when engaging in human suffering. According to Mason (2014:46), prayer is often not enough to stimulate healing because "while [one's] soul needs healing through prayer, [one's] body need healing through medical or psychological interventions." Suffering is not eliminated by resurrection of Christ but is rather transformed by it (Greene-McCreight 2006:59). In James 5:13-15 forgiveness has no doubt of fulfilment. However, healing is possible but not guaranteed. Despite the absence of certainties, Christians should still continuously pray and ask God for healing (Jas 5:13) because whatever methods God uses (therapy, medication ...), he is the ultimate healer (Ps 103:3) (see Mason 2014:47). Even though James 5:16 assures that the prayer of the righteous is powerful, one cannot assume that the absence of healing suggests that an individual is not righteous. Isaiah 55:9 points out that God's ways cannot be understood by human beings.

- *"Suicidal individuals" seek attention*

Derogatory terminology and the stereotyping of individuals who struggle with suicide are biased and harmful. According to Shneidman (1996:56), approximately 90% of

individuals who died by suicide have talked about it with their loved ones and counsellors. He has also found that two-thirds of individuals who talk about suicide will die by suicide. When individuals talk about the possibility of suicide, they should be taken seriously and be considered a threat to their own life. The insights on suicidal behaviour thus far explored have shown that suicidal ideations and behaviour develop from psychological pain rather than attention seeking intentions.

- *Suicide is a selfish act*

To those left behind, suicide seems like a selfish act rather than the consequence of depression, hopelessness and perceived burdensomeness. According to Mason (2014:50), those who die by suicide believe that their death will be a blessing to their loved ones. According to Albert Hsu (2002:29), "suicide feels like a total dismissal, the cruellest possible way a person could tell us that they are leaving us behind". However, he came to the realization that it is not about abandonment, but rather about hopelessness. Individuals who attempt suicide believe that they are a burden to others. They believe that by committing suicide they are liberating others.

- *"Suicidal individuals" are angry and vengeful*

Anger and vengeance are not the normative motive of individuals struggling with suicide. When anger is associated with a suicide attempt it is indicative of the individual's temperament and personality. Joiner (2010:86) suggests that people who experience anger throughout their lives may express anger in their suicide attempt. Anger signifies a personality trait in an individual, such as aggressiveness or hostility. According to Brown, Comtois and Linehan (2002:202), suicide attempts were rather intended to lessen the burden on loved ones and express anger with the self.

- *Individuals can "push through" their depression*

Depression is the most common mental disturbance associated with suicide. Depression is a debilitating mood disorder. William Styron (1990:62) explains that "in depression ... faith in deliverance, in ultimate restoration, is absent." The pain is unrelenting, with no hope for healing. Depression is not an illness that one can "push through". It is a persistent, debilitating experience that leaves sufferers without energy, motivation or hope to initiate change.

- *"Suicidal individuals" can't talk about their suicidal ideations*

Approximately 90% of individuals who died by suicide had talked about it with their loved ones and counsellors (see Shneidman 1996:56). In a 2002 study, Eli Robins (2002:410) found that 69% of individuals struggling with suicide communicate their intent to die. These communications can be direct or indirect. Such individuals struggle with "suicide fear rejection" and perceived failure. It is important to be open to conversation and respond earnestly when one interacts with a person struggling with suicide and depression.

- *Talking about suicide can initiate a suicide attempt*

There are two erroneous motivators for avoiding to talk about suicide: the fear of initiating suicidal behaviour and the fear of embarrassment either to the suicidal person or oneself (Mason 2014:53). It is important to notice warning signs in others, such as depression, a deterioration in the person's ability to function, increasingly reckless behaviour, a neglect of hygiene and sleep disorder (Mason 2014:54). If these signs are present it is important to ask about possible suicidal ideations. This shows concern for this person and provides support and often useful information.

- *Suicide cannot be prevented*

According to Mason (2014:54), many people with suicidal thoughts or tendencies are ambivalent with regard to dying. Shneidman (1996:74) puts it as follows: "I have never known anyone who was 100% for wanting to commit suicide without any fantasies of possible rescue". Due to this ambivalence, there is always the possibility for prevention and intervention.

- *Suicide occurs most often during the holidays*

Prevalence studies have shown that suicide does not necessarily occur during the holidays. There are many temporal factors which are indicated in suicide attempts.

2.2.3 A theological perspective

2.2.3.1. Views on suicide

Religious attitudes reflect the complex, paradoxical nature and uncertainty of suicide which has kept "most religious communities from addressing suicide with the urgency and careful attention it deserves" (Mason 2014:57). Suicide will be discussed by considering the following theological points of departure: suicide as sin, suicide as not sin and suicide is a forgivable sin.

- *Suicide is a sin*

Those who consider suicide to be a sin often argue that the Bible's silence on the matter does not imply approval. The sixth commandment prizes the sanctity of life (see Ex 20:13, Deut 5:17) and if one fails to adhere to such a view, suicidal ideations can be the consequence (Mason 2014:60). Winslow (1972:38) points out that biblical narratives about suicide commonly do not end well. This suggests indifference to or disapproval of suicide on the part of the biblical tradition (Hsu 2002:100). According to Augustine (I:17) the law prohibits suicide, where it states that by committing suicide "[a man] left himself no place for a healing penitence". Augustine (I:16-20) proposes four further arguments:

- Christ never recommended it;
- Christian should live with faith and trust in God in the midst of suffering;
- death cuts off the possibility of repentance;
- suicide, a certain sin, should not be chosen above the more uncertain sins.

Based on the argument of the sanctity of life and the Bible's emphasis on the sacredness of life (Deut 32:39; Job 1:12, I Cor 6:19-20, Eph 5:29, Phil 1:20-26), Calvin deemed suicide a sin for the following reasons (see Mason 2014:62):

- only God can take life away;
- suicide goes against self-preservation;
- diabolical possession can be resisted.

This implies that suicide can be caused by possession. A more contemporary view in this vein is that suicide is a sin because it denies life: “It is the ultimate sin and absolute evil, the refusal to take an interest in the existence; the refusal to take the oath of life ... The man who kills himself, kills all men; as far as he is concerned he wipes out the world” (see Mason 2014:62). The view that people with suicidal thoughts and tendencies lack faith, is taken up by Dietrich Bonhoeffer (1995:189) who argues that, because there is a living God, suicide is reprehensible as it is the sin of unbelief. This implies that people struggling with suicide lack belief in God and relates to Augustine’s idea of the lack of trust and faith in God. According to this view, it is sinful to lose faith during times of suffering or hardship.

- *Suicide is not a sin*

Others believe that suicide is not a sin because it is an act caused by the inability to make rational decision due to mental illness or demonic possession. According to Martin Luther, suicide is not sinful because individuals struggling with suicide “do not wish to kill themselves but are overcome by the power of the devil” (in Mason 2014:58). This diminishes the responsibility of those who suffer. Suicide as a result of mental illness cannot be described as sin because individuals struggling with suicide are not entirely responsible for their actions. Another argument holds that suicide is not a sin because the Bible is silent about it. There are seven suicides mentioned in the Old Testament: Abimelech (Judge 9:52-54), Samson (Judge 16:30), Saul (1 Sam 31:4), Saul’s armour-bearer (1 Sam 31:5), Ahithopel (2 Sam 17:23), Zimri (1 Kings 16:18) and Judas (Mt 27:5, Acts 1:18). None of these accounts show any moral or theological judgement from the biblical authors (see Hughes 2003:59). Samson is listed among the heroes of faith (Heb 11:32) and is buried in the family tomb, as is Ahithopel; Saul received a proper burial, David’s lament of Saul and Jonathan holds no condemnation for Saul’s death (2 Sam 1:19-27). Not all contemporary Christians view the sixth commandment as prohibiting suicide.

Another reason given for the view that suicide is not a sin is that the early church was silent about it. According to H R Fedden (1938:10, 31), this silence was due to the merged conceptualization of suicide and martyrdom before the third century as seen in the views of Jerome and Bede who reverently referred to Christ’s crucifixion

as “suicide”. All voluntary death was grouped together and suicide was not condemned. An argument for suicide not being sin is based on the work of John Donne (1983:42) who himself struggled with suicidal ideations and wrote a treatise on the moral theology of suicide. According to Donne (1983), the context can justify suicide, for instance when one is battered and in danger of betraying the soul that God has given (Donne 1983:42); when God can be glorified in no other way – martyrs are an example of this (Donne 1983:60); when one is instructed by God to kill oneself, for example in the case of Samson (Donne 1983:81); because some biblical passages tell Christians to follow the Good Shepherd by sacrificing themselves (Donne 1983:96).

- *Suicide is a forgivable sin*

Some views support the idea that suicide is a sin, but a forgivable sin. Four such views include the Roman Catholic view, the idea of the universality of sin, the idea that suicide does not preclude repentance, and that all people will die with unrepented sins anyway (see Mason 2014:63). In the current Roman Catholic view, suicide is described as contrary to the just love of self, the love of neighbour and the love for the living God (Gallagher 1993:22). The Roman Catholic Church has included in its catechism that mental illness diminishes people’s responsibility for their actions (Gallaher 1993:22). This view also emphasizes the sovereign power of God who, “by ways known to [God] alone, can provide the opportunity for salutary repentance” (Mason 2014:63). The idea of the universality of sin forms the basis of the argument that suicide is a sin like any other. Biblically speaking, the only unforgivable sin is blasphemy against the Holy Spirit (Mt 12:31) which is the sin unto death (1 Jn 5:16). All sinners are equally in need of God’s forgiveness and grace. Suicide is therefore equalized with all other sins. Romans 8:38-39 emphasizes that *nothing* can separate humanity from God’s love. John Donne (1983:10) puts it as follows: “To presume an inability to repent because [one was] not nearby to hear is a[n] usurpation”.

Another view is that all people die with unrepented sin anyway. This is based in the understanding of God’s covenant as “one of steadfast love of his children, whom he knows to be sinners, rather than a transactional and mechanistic demand for repentance of every misdeed” (Mason 2014:64). Many Christians have died

unexpectedly with unrepented sins. According to Bonhoeffer (1995:199), the argument that suicide makes repentance and forgiveness impossible overvalues the last moments of life. Mason (2014:64) emphasizes God's mercy (Ex 36:6-7) and argues that God can be trusted to judge fairly (Is 16:8) because God is a friend of sinners (Luke 7:34).

2.2.3.2. Eschatology

Eschatology represents a branch of theology that is "devoted to the last things, such as death and judgement, heaven and hell, and the end of the world" (Arnold 2008:24). There is a distinction between cosmic eschatology and personal eschatology: cosmic eschatology refers to the "[s]tudy of the final end of things, the ultimate resolution of the entire creation", whereas personal eschatology refers to the "final state of individual persons" (Walls 2008a:4). Personal eschatology is relevant when reflecting on a pastoral approach to people with suicidal thoughts and tendencies and their beliefs about the afterlife that are a pertinent theme. A brief historical overview of how Christian tradition has shaped people's personal eschatology will be explored. The following aspects will be considered: Old Testament eschatology, New Testament eschatology, Protestant eschatology and general Christian beliefs about heaven and hell.

- *Old Testament eschatology*

Israel's theology was grounded in spatio-temporal circumstances, more specifically in the events of Israel's own history (Arnold 2008:23). The presence of eschatology in the Old Testament became more prominent in the prophetic literature. A distinction can be made between prophetic eschatology and apocalyptic eschatology. John J Collins (1974:21) sees the distinction in how judgement is anticipated:

- *Prophetic eschatology* focuses on God's work in history, for example, in the books of Joshua, Judges, Samual, Kings, Isaiah, Jeremiah and Ezekiel.
- *Apocalyptic eschatology* focuses on God's expected historic intervention as can be seen in Isaiah 24-27, Isaiah 33-35, Jeremiah 33:14-26, Ezekiel 38-39.

An alternative conceptual framework of Israel's eschatology traces it "along a historical continuum in the narratives of redemptive history, beginning with the

ancestral promises of Genesis (Gen 12:1-3)" (Arnold 2008:25). Views of eschatology changed over time:

- *Pre-exilic eschatology* challenges the optimism of Israel and "proclaim[s] the radical judgement of God" as seen in the use of "day of vengeance" to refer to the "Day of the Lord" in Isaiah 34:8, 61:2 and Jeremiah 46:10 (see Baker 2010:27).
- *Exilic eschatology* optimistically anticipates a new creation and salvation for Israel in its reference to spiritual renewal in Jeremiah 29:14, 30:3, Ezekiel 16:53 and Zephaniah 3:30 (see Baker 2010:27).
- *Post-exilic eschatology* can be seen in Zechariah 7 and 8 where the relationship between the past, present and ideal future is interpreted in terms of the relationship between divine initiative and human responsibility and the sufficiency of Zion as an eschatological reality (Gowan 2000:5).

The wrongness Israel perceived in this world leads to the disappointment of those who returned from exile to the Promised Land, "but found themselves still under foreign rule and with little prospect of ever being an independent nation again" (Baker 2010:29). This disappointed indicates that Israel expected radical change and an end to all evil in this world (see Gowan 2000:69).

Another way of approaching Old Testament eschatology is through the covenant tradition. The covenant tradition emphasizes two historical alternatives: obedience to the covenant which results in blessing (Deut 28:1-12) and disobedience which results in damnation (Deut 28:15-46). This covenant tradition requires moral self-reflection (Gowan 2000:71). Old Testament eschatology can be summarised as an expectation of the future discontinuous with the present, in which history will be transformed and the present reality will be redeemed by God (Arnold 2008:32).

- *New Testament eschatology*

Early Christians looked forward to the reordering of the world and believed there is still an unfulfilled element in salvation (see Rowland 2008:57). The New Testament "proclaims that a new and unprecedented act of God has taken place in the person of Jesus of Nazareth, yet a central aspect of this proclamation is that Jesus is the fulfilment of Old Testament hopes and expectations" (Baker 2010:34). Early

Christian may have experienced heavenly gifts and participated in the Holy Spirit (Heb 6:4), but salvation is still to be experienced by the individual and realized in the world (Rom 8:18-25, 1 John 3:2). In the New Testament, the resurrection and eschatological expectation are closely linked as can be seen in 1 Corinthians 15:20 and Philippians 3:21.

The statement in Mark 1:15 (NIV) that the "time is fulfilled, the kingdom of God is at hand" can be seen as eschatological. In Marcan literature, there is a focus "on responsibilities in the short and medium term as the essential prerequisite of achieving the eschatological inheritance" (Rowland 2008:60). According to Mark 3:28-29, Jesus described his own ministry in relation to the eschatological renewal of the Spirit (Dunn 1988:45). According to early Christian *kerygma* Jesus was appointed by God to conduct the end-time judgement (Bruce 1988:56). This view can be seen in Mark 14:62 where the son of man is seen seated at the right hand of Power.

According to Matthew 6:10, God's Kingdom will come and His will be done. This can be described as an "accurate exposition of the essential features of the Jewish belief concerning the eschatological and this-world character of the kingdom" (Rowland 2008:59). In Matthew a chain of eschatological events are described as already part of history (Hagner 1994:51). These events are connected with the future since they can be seen as constituting the foundation of eschatological events of the future. According to Matthew, the consummation of the age is a complex set of events involving the *parousia* and the final judgement wherein the righteous are rewarded and the wicked are punished (see Hagner 1994:54).

Lucan literature emphasizes that the arrival of the son of man initiates the process of human liberation. This implies that the "kingdom does not arrive in all its fullness with the coming of the Son of man; that is only part of the eschatological drama whose climax is still to come" (Rowland 2008:60). Jesus shares the eschatological views with many Israelites of his day, including John the Baptist; the message that distinguishes Jesus from others is the proclamation of the presence of the kingdom of God in Jesus' words and deeds as related in Luke 11:20 and 17:20-21 (Schweizer 1988:3). Luke 11:20 shows a distinct feature of Jesus' message: the kingdom of God as a present reality (Dunn 1988:29). This correlates with Matthew 12:28 and

together they are central to the concept of a realized eschatology (Dunn 1988:29). Luke 11:20 and Matthew 12:28 resolve the tension between a future and realized eschatology by describing the realized eschatology as an experience of God's final judgement already manifesting through Jesus (Dunn 1988:48).

Pauline literature emphasizes that Christ has replaced the law as the intermediary through which God interacts with humanity. This can be seen in Philippians 2:6-11 where it states that every knee will bow and every tongue confess that Jesus is Lord. Paul believes that this event will occur at the parousia and final judgement (Schweizer 1988:10). This is also evidenced in Galatians 1:1 where his greeting emphasizes that humanity has been liberated through an eschatological event (Silva 1994:145). This initiates a new situation: Christ has brought about the age of the Spirit and the power for moral change and an ethical life as described in Galatians 3:2-5 (see Silva 1994:151). Revelation is the heart of earliest Christian eschatological conviction (Rowland 2008:68). A different eschatological perspective is represented in Revelation 5:6-11 and 20:4-6: "a hope for this world rather than some transcendent realm" (Rowland 2008:69). This implies a transformation of this world and its structures and that heaven is not a final escape from an earthly existence.

- *Later Christian eschatology*

Post-biblical Christian eschatology is interwoven with the expectation of Christ's return to earth and is closely related to God's ultimate plan for humanity. Craig Hill (2002:4) makes a connection between eschatology and theodicy: "Eschatologies differ in how they conceptualize God's triumph, but they are essentially alike in asserting God's victory as the supreme reality against which all seemingly contrary realities are to be judged". This is related to eschatological faith which is understood to mean, "a daring hope" or an "insane expectation" that refuses resignation in the face of loss (Walls 2008a:6). Sauter (2008:249) points out that "God's acting from the beginning of the world and time ... culminates in Christ's incarnation, death and resurrection". Protestant theology portrays universal resurrection as a precondition of the last judgement (see Sauter 2008:249). Hope for salvation occurs simultaneously with the feat of eternal perdition. From this position redemption can be described as "an event in the spiritual and unseen realm ... in the private world of each individual

[the soul], and which effects an inner transformation which need not correspond to anything outside" (Sauter 2008:251).

Two main eschatologies can be distinguished in the Protestant tradition: eschatology as the destination of history and radical eschatology. The first entails that "individuals can understand themselves as part of an all-embracing process of transformation" (Sauter 2008:255). Each individual contributes to the course of events and can draw meaning and purpose from this. This meaning transcends individual experience. With regard to radical eschatology, the views of three proponents will be highlighted:

Karl Barth (2010) relates eschatology to the doctrine of the Trinity, God as Creator-Father, Redeemer-Son, and Holy Spirit. He sees the three persons in the Trinity in continuous movement toward one another. Sauter (2008:256) explains Barth's idea of eternity as follows: "God's endless eternity is not an endless continuation of time but God's being is external to time while constantly creating history and acting in and on the created timeline". Barth (2010) emphasizes that God's revelation in Jesus Christ is the focus of all history and his threefold coming to the world comprises his resurrection, the outpouring of the Spirit, and his final return. Barth's hope for redemption is the eternalising of a temporal existence, but he refrains from specifying what become of people after death.

For *Paul Tillich* (1927:278) the eschaton is the point of intersection between eternity and temporality. He describes history as a series of events in spatio-temporal circumstances which develop out of previous and continuous events. This remains in human's finite understanding of time. The eschatological *kairos* disturbs this self-evident life situation and leads humanity beyond the present situation and beyond itself.

For *Rudolf Bultmann* (1957) eschatology refers to the present interaction with Christ through the *kerygma* which Sauter (2008:257) describes as "the final decision about life and death that no human is able to make, but to which every human is called, either to accept or to reject". The crucifixion of Christ is the defining crisis and the end of all history (Bultmann 1957:43). This implies that the present community is the eschatological community, a radical renewal of human self-understanding in relation to temporality. According to Bultmann (1957:36), the consciousness of being the eschatological community means the consciousness of being taken out of the

present reality. This reduction of eschatology consequently means that all that can be accomplished is conceived as internal experiences and historical events are assumed to be insignificant (Sauter 2008:257). Sauter (2008:257) continues that Bultmann radicalized eschatology by stating that Christians do not expect anything, but rather are spoken to by the "word of the cross" (1 Corinthians 1:18) in a definitive way which awakens hoping against hope.

- *Heaven and hell*

The doctrines of heaven and hell are inseparable and can refer to cosmological or theological concepts. From a theological viewpoint, the topic of heaven and hell is largely avoided and most theologians focus on what happens before death: The drama of the future is decidedly this-worldly; it does not occur in a heavenly world" (see Schwarz 2000:399). According to David Hart (2003:322) God's power manifests in the *kenosis* of Jesus Christ. God's power lies in infinite peace and God's eternal love. The fullness of that love is the joy of an eternal outpouring. Heaven must be understood within the biblical faith narrative of the fall and redemption of humanity. For believers to see heaven is the climax of their faith narrative. In the New Testament, "heaven" is used synonymously with "kingdom of God", in some texts these two concepts are merged as can be seen in Matthew 3:2 and 5:3 which use the phrase the "kingdom of heaven" (see Schwarz 2000:400). Colleen McDannell and Bernhard Lang (1988) identify two distinct conceptions of heaven: an anthropocentric view and a theocentric view.

- *Anthropocentric* views describe heaven as an idealized version of life it is presently known. The focus is on families reuniting, on human relationships, and the activities that are interesting and meaningful to people (see Walls 2008b:402). It would be a anthropocentric fallacy to assume that only humans will participate in the kingdom of God. Romans 8:20 emphasizes that all creation will participate (see Schwarz 2000:404).

- *Theocentric* views describe heaven as dissimilar to the present life. The focus is on contemplation and rest. Thomas Aquinas (1937:12) takes this view to the extreme as he understands individuals as

> "rational creatures" and knowledge of God as the final end of humanity's intellectual quest (see Walls 2008b:402).

The most existentially engaging topic related to the question of heaven, is who will go there and why. From the Christian perspective, the going to heaven is to be in a perfect relationship with God. This means that if Jesus is denied as being the Son of God, experiencing heaven will be impossible (Walls 2008b:404). Any images that are associated with heaven and hell rely on their respective relationships with God: heaven is associated with the presence and power of God; hell is associated with darkness (Schwarz 2000:402). It would create a severe theological problem for the Christian view of grace and love if some people were to be excluded from heaven (Walls 2008b:404). An inclusivist perspective would then be that, because Christ saves all and God's grace is bountiful, having specific knowledge of Christ or accepting him specifically in one's life is not conditional for salvation (Walls 2008b:404). According to Thomas Talbott (2001: 418) if some are to experience enjoy eternal joy, it must be open to all. The New Testament describes hell as: "deepest darkness" (2 Pet 2:17), "outer darkness" (Matt 22:13) and "eternal fire" (Matt 25:41). Hell is seen as a condition of pain, despair and loneliness (Schwarz 2000:402). Two views on hell will subsequently be discussed, namely the *punishment model* and the *choice model*. The punishment model is closely related to Luther's view of hell that death can be equated to unchangeable and eternal punishment (Schwarz 2000:401). The traditional punishment model consists of four theses (Kvanvig 2008:414):

- *the punishment thesis*: hell is to punishment for those whose earthly lives and behaviour warrant it;
- *the no-escape thesis*: it is metaphysically impossible to get out of hell once there;
- *the anti-universalism thesis*: only some will experience hell;
- *the external existence thesis*: hell is a place of conscious existence.

According to this, all can expect the same punishment in hell and all wrongdoing is about wronging God. Sins against others and God's creation are also seen as sins against God (Kvanvig 2008:414, 416). An alternative view, expressed in literature and art, is for example to be found in Dante's *Inferno* (c.1321) according to which the

severity of punishment is related to the severity of sin. Another possibility is a choice model which conceives of heaven and hell in terms of choice. Hell is not a punishment, but the purpose of hell is rather the consequence of the choices one makes: to either experience eternal life in God's presence or to choose non-existence (Kvanvig 2008:419). New Testament texts which can be interpreted to support this focus on choice include Matthew 7:13-14 and John 3:36 that refer to binary opposites: one gate leads to heaven and the other to hell. Obedience leads to life and disobedience to death. Some alternatives to this are the following (Kvanvig 2008:416):

- *annihilationism and conditional immortalism* which understands hell in terms of the state of non-existence (this view is popular with those who believes in the choice-model);
- *second-chance theories* propose that it is possible to still actively choose for heaven even after finding oneself in hell;
- *universalism,* according to which all people will be in heaven because God is a loving God who will not condemn people to suffering hell.

2.2.4 Pastoral care

Pastoral care and counselling attend to religious people who find their reason for being in God and traditionally see the soul as the point of connection between God and people (see Leeming 2001:115). Faith could constitute a powerful deterrent against suicide (see Mason 2014:17). The protective influence of religiosity and spirituality has been explored in multiple studies on suicide (see Windfuhr & Kapur 2011:36). Studies have found that within two years of a suicide attempt at least 80% of survivors will either leave their communities to attend another church or stop attending all together (Mason 2014:17). Biebel and Foster (2005:80) explain that the most common reason for this is disappointment due to unmet expectations as well as having suffered criticism or judgemental attitudes from others. Individuals struggling with suicide and their families are often experience social stigmatization, avoidance, negative attitudes and isolation (Wilkens 2003:388). Pastoral care-givers should approach a situation of suicide in a non-judgemental way and refrain from interpretations of sin or sickness (Hughes 2003:59). A caring understanding of

suicide sees it as a tragedy in which the imperfect subject is trapped by overpowering forces (see Hughes 2003:59). In this regard insights from psychology regarding the aetiology of suicide and related disorders are invaluable and should be explored and utilized in pastoral care and counselling.

The specific contribution of pastoral care includes a space for prayer; providing a sense of belonging and meaning; a focus on hope which is grounded in more than just what human life has to offer and a space to lament (see Mason 2014:102). Spiritual care creates a space for prayer and the role that prayer can play in an individual's life. Believers pray because they believe and experience that God hears and heals (Jas 5:14). Greene-McCreight (2006:35) articulates her personal experience of the value of prayer as follows: "many people were knocking on God's door for me strengthened me in putting up with the disease and sped the healing, even though the full healing was years in coming". Pastoral care can help to create a sense of belonging which is vital to individuals struggling with suicide. They often suffer greatly from feelings of isolation and loneliness. A sense of belonging to a group or community can act as a reminder of their belonging of God (Mason 2014:102). Biblical passages that refer to believers belonging in the kingdom of God are, among others, Romans 7:4, 12:5, 14:8, John 8:35, Galatians 6:10. Pastoral care can initiate an experience of meaningfulness in the lives of individuals struggling with suicide. This is especially significant in the lives of individuals who perceive themselves as a burden to others. By focusing on, for instance 1 Corinthians 12 and teachings about the use of spiritual gifts (Rom 12:3-10, Eph 4:1-13, 1 Pet 4:8-11), a pastoral care-giver can guide persons to a more hope-filled perspective on themselves and the value of their own lives. Richard McKeon (2009:63) suggests that care-givers should help patients to recognize that the burden they perceive that they place on family members pale in comparison to the burden the family will bear should they take their own life. Pastoral care can initiate a new experience of hope and bring relief (Hughes 2003:61). Christian hope can be very real to people and provide a powerful impetus to healing (Hsu 2002:134). According to Hebrews 6:19 hope is a firm and secure anchor for the soul. When people struggle God could feel distant and hidden (cf Is 45:15), but if believers seek God (cf Heb 11:6) and wait for God (cf Ps 130:5) they can find hope in God's mercy and power (Mason 2014:104). Greene-McCreight (2006:88) emphasizes the value of the community of believers for

someone who is struggling as follows: “Sometimes you ... cannot make it on your own, and you need to borrow from the faith of those around you”. People who are desperately unhappy in life need a space for lament. Care-givers should emphasize that both joy and suffering are part of the experiences of life (1 Pet 4:12, 2 Cor 1:8). To lead a meaningful life does not mean being free of suffering, but rather to manage it. Mason (2014:105) points out that God is acquainted with suffering (Is 53:3) and cares about the suffering of humanity (Ps 56:8). God accompanies people through suffering (Ps 23:4). Pastors and counsellors can assist individuals who struggle with suicidal feelings and tendencies by doing the following (Mason 2014:18):

- teaching a theology of life and death;
- engaging the issue of suicide without prejudice and stigmatization;
- emphasizing the importance of belonging and meaning in one’s life;
- offering community where relationships can be built and support gained;
- partnering with others in suicide prevention.

Some question the capacity of pastoral counselling to address suicidal tendencies and behaviour effectively because the pastoral focus because of religious ideas of an afterlife that could entice people to avoid this life and overcome the difficulties of life (Hughes 2003:60). Suicide is a complex issue and it is psychological insights are valuable for understanding the inner world of individuals who struggle with suicide and to overcome pastoral limitations. According to Nicholas Wilkens (2003:393), pastoral counsellors should work closely with mental health professional to confront issues such as suicide. The point of departure of this study is that psychology and theology are not opposing disciplines but rather collaborators in the engagement of individuals struggling with suicide. Psychology can be understood as “the science of systematic observation of mental processes and behaviour whereas theology is concerned with God and his revelation through Christ and the Bible” (Mason 2014:23). The Bible is a resource for Christians struggling with suicidal thoughts and tendencies, but psychology explores the complex relationship between a multitude of factors that contribute to suicide and can provide caregivers with helpful insight.

2.3. Combining psychological and pastoral insights

When applying the insights gained from both psychology and pastoral care in dealing with suicide, the point of departure of this study is, on the one hand that people are responsible for their actions and, on the other hand, that suicide is forgivable. An individual should not be held fully responsible for suicidal feelings or behaviour since they can be manifestation of a mental disorder. This aspect and that of personal responsibility need not be mutually exclusive and often function in conjunction, depending on the circumstances. People who struggle with suicidal feelings and behaviour should take responsibility for their behaviour, but at the same time should be treated with sympathetic care because of the knowledge and insights available today that social, biological and psychological factors can contribute to the development of suicidal behaviour. From a pastoral perspective Hebrew 12:1-3 can serve as encouragement:

> And let us run with perseverance the race marked out for us, fixing our eyes on Jesus, the pioneer and perfecter of faith. For the joy set before him he endured the cross, scorning its shame, and sat down at the right hand of the throne of God. Consider him who endured such opposition from sinners, so that you will not grow weary and lose heart.

Pastoral care-givers can make use of the insights of the social sciences while also focusing on God as an active contributor in the pastoral process, believing with the person in need in God's purpose for human lives.

The pastoral approach proposed in this study explores how the application of bibliotherapy and poetry therapy can enrich the pastoral journey with people who struggle with suicidal thoughts and tendencies. In the following chapters an approach for pastoral bibliotherapy will be explicated. The approach will consist of a preliminary process, which represent the interaction between the facilitator and the literature, followed by a pastoral process which constitutes the interaction between the facilitator, literature and reader-participant.

CHAPTER 3

PASTORAL BIBLIOTHERAPY

3.1. The bibliotherapy process

The pastoral bibliotherapy approach developed in this study consists of a combination of the bibliotherapy model developed by McCarthy Hynes and Hynes-Berry and the poetry therapy model developed by Mazza. Each of these processes will be explored. The bibliotherapy and poetry therapy models are integrated into a pastoral bibliotherapy approach for the use of literature in counselling with adolescents who exhibit suicidal behaviour.

The bibliotherapy process consists of four stages including: recognition, examination, juxtaposition and self-application. Each of these stages will be briefly explored.

- *Recognition*

According to Sophie Lazarsfeld (1949) fiction mirrors life, but what is mirrored depends upon the perspective of the reader (see Chavis 2001:95). Laura Cohen (1994:39) describes this as the recognition of the self in the literary character. This can only occur through the identification with the protagonist in the literary work (Cohen 1994:38). The unique reaction of the reader is as unique as the mirroring process (McCarthy Hynes & Hynes-Berry 2012:34). Fiction engages readers, invoking a personal resonance. Readers identify with a character or experience in the story. It is the understanding of this character or experience that engages readers. This understanding triggers a pattern of response and catharsis (see McCarthy Hynes & Hynes-Berry 2012:31). The therapeutic process helps people to recognize and acknowledge their pattern of response and emotional reactions. These patterns of response provide insights into deep seated attitudes and beliefs. In this respect the literature can act as a catalyst for growth (McCarthy Hynes & Hynes-Berry 2012:35). Recognizing and acknowledging one's own feelings about human relationships can ultimately bring about the experience of catharsis. Recognition cannot occur until the call of the story, calls forth a parallel or different story of the participant (Chavis 2011:49). Through storied experiences, individuals are invited to share their stories in a conversational relationship of mutual respect.

- *Examination*

Readers participate in imaginary situations. As individuals vicariously experience a character's crisis, they explore the selves and the world about them through the medium of literature (see Chavis 2011:95). The examination process asks: "who?", "what?", "when?", "why?", and "how?" to probe "feelings into cognitive awareness" (McCarthy Hynes & Hynes-Berry 2012:38). By asking "how?" and "what?" the facilitator invites elaboration. Individuals are encouraged to consider their own deeper issues and can be invited to consider alternative solutions and responses (Sawyer 2007:158). By asking "why?" the facilitator calls upon individuals' knowledge in order to speculate the implicit motives underlying a character's feelings and actions (see Chavis 2011:141). The responses to these types of questions bring forward the individual's "personality traits, memories of past events, present needs and preoccupations, a particular mood and physical condition" that influence unique patterns of responses (Chavis 2011:95).

- *Juxtaposition*

Fiction provides readers with an experience or living-through events rather than knowledge-reproduction. Literature offer surrogate-selves and then allows the individuals to move on (see Chavis 2011:97). It encourages individuals to rediscover themselves in new ways. Bibliotherapy provides a safe environment that allows individuals to look "for fresh connection among external stimuli and previously held attitudes and feelings" (McCarthy Hynes & Hynes-Berry 2012:39). Juxtaposition occurs when two impressions are put side by side to compare and contrast (see McCarthy Hynes & Hynes-Berry 2012:38). In bibliotherapy new impressions and original responses are compared to gain insights into how personal reactions affect an individual's present sense of self and circumstance (Chavis 2011:144). Insights are gained from correcting cognitive discrepancies, providing possible role models, and depicting alternative solutions to problems (Hynes & Hynes Berry 2012:39). The multidimensional nature of fiction allows individuals to explore different responses in their imaginations (see Chavis 2011:98).

- *Self-application*

The last phase consists of two processes: evaluation and integration. The evaluation process aims to help individuals reach new levels of recognition and examination,

gain self-awareness and consider how their attitudes and behaviours affect their new viewpoint (McCarthy Hynes & Hynes-Berry 2012:40). The self-awareness that has gradually been developing throughout this process comes into focus in the self-application process (Sawyer 2007:161). The bibliotherapy process can be seen as a naming-process: "the naming starts from the literature; that is, it begins with a universally applicable expression of a unique viewpoint, experience or image and then turns to the self" (McCarthy Hynes & Hynes-Berry 2012:41). The integration process goes beyond cognitive awareness and encourages individuals to personally commit to their new attitudes. The integration process aims to facilitate the participation act on insights gained from the bibliotherapeutic process.

In each of these stages, the poetry therapy modes will be present in the pastoral bibliotherapy approach proposed in this study. Mazza's modes of poetry therapy will be explored, after which the pastoral bibliotherapy will be explicated.

3.2. The poetry therapy process

Mazza's modes of poetry therapy include the: receptive/prescriptive mode, expressive/creative mode and the symbolic/ceremonial mode. Each of these modes will be briefly explored.

- *Receptive/prescriptive mode*

The receptive mode introduces literature as a resource into the therapy context. Literature acts as more than a catalyst in the way it is presented asks something of the participant (see Mazza 2007:19). One of the most common techniques is to read aloud and invite reactions. The facilitator then explores with the participant his or her reactions to the literature by asking questions like: "What does it mean for you?" or "Is there any particular line that reached you or that you could call from?" (Mazza 2003:19). According to Díaz de Chumaciero (1996) significant insight can be gained by noticing the content which the participants unconsciously recall in their discussions (see Mazza 2003:9). For example, participants might recall something more easily if they have experienced a similar situation or if an event held significance for them.

- *Expressive/creative mode*

The expressive mode involves the use of participant writing in therapy (Rosenfield 2007:195). According to Mazza (2007:20), writing plays a significant role in assessment and treatment. Writing could have a cathartic effect by releasing repressed emotions and reducing internal conflicts and anxieties (Mazza 2003:13). People can generally express themselves more freely by written rather than verbal communication (Mazza 2003:12). Writing provides a way for individuals to express themselves as well as provide them with a sense of control in their expression as it is always their choice to share their writings with others. Both of these elements have the potential to provide a historical perspective and a sense of connectedness (see Mazza 2003:20). There are multiple techniques that can be used in therapeutic writing. With regard to poetry, individually authored poems or collaborative poems in group settings are possibilities. Facilitators can suggest journal writing, mind-mapping, scrapbooking, or autobiography. Letter writing may or may not be sent to a person as a means of providing catharsis. Mind-maps are useful for exploring emotions and behaviour to gain self-awareness.

- *Symbolic/ceremonial mode*

The symbolic mode involves the use of metaphors and rituals. Richard U Rosenfield (2007:196) suggests that this mode has a great potential for transformation in the individual and group. This mode is the most accessible for pastoral care. Pastoral psychotherapy can be described as “intensive work related to crises or past traumas … that often employs the use of Christian symbols, metaphors, sacraments and rituals as means for release and resolution” (Sawyer 2004:155). Mazza (2003:11) emphasizes that literature can be approached from a problem-solving perspective. This symbolic mode can then be seen as a metaphor for the resolution of a problem or a decision made about a problematic situation. In this work it is important to distinguish between “metaphor” and “ritual”. *Metaphors* can be seen as symbols for emotions, actions and beliefs (Mazza 2003:21). *Rituals* can serve two purposes: it can validate an occurrence and promote transformation or change (Mazza 2003:22).

With the understanding gained from the exploration of the bibliotherapy and poetry therapy processes, a pastoral bibliotherapy approach will be proposed. The pastoral bibliotherpay approach consists of a preliminary process and a pastoral process. The

preliminary process focuses on the facilitator's exploration of the literature as a resource for therapy. This process consists of five phases: the application of the iso-principle; the application of the criteria for choosing bibliotherapy material; narrative interpretation; an exploration of maladaptive cognitions; and an exploration of coping styles. The pastoral process is a combination of the *bibliotherapy* stages developed by McCarthy Hynes and Hynes-Berry and the *poetry therapy* modes developed by Mazza.

3.3. A pastoral bibliotherapy approach

3.3.1. The preliminary process: Exploring the literature

3.3.1.1. The iso-principle

This study builds on Nicholas Mazza's (2003:19) adaption of the iso-principle from music therapy. The iso-principle is about matching the emotional state of the participant with similar experiences, while offering a positive ending – in this case by making use of literature. This technique can be counter-productive if participants experience the positive ending as the invalidation of their experience or as a reflection of the facilitator's lack of sensitivity to their particular struggle (Mazza 2003:19). It is for this reason that the preliminary process should be as thorough as possible. Another way of preventing this dilemma is to choosing material with an open ending onto which a conclusion can be imposed by the participant (Mazza 2003:76). The reader-participants can create hope for their own future. When the facilitator first encounters this literature, it is necessary to consider the perspective from which the target-participant will encounter the literature. After this first encounter the facilitator will consider whether the criteria for choosing bibliotherapy material have been met.

3.3.1.2. Criteria for selecting bibliotherapeutic material

McCarthy Hynes and Hynes-Berry's criteria for the selection of material provide the specific objectives for each of the four major therapeutic goals of bibliotherapy (McCarthy Hynes & Hynes-Berry 2012:64). These goals and objectives adapted from McCarthy Hynes & Hynes-Berry (2012:64) are as follows:

Goal 1: The literature improves the capacity to respond by stimulating and enriching mental images and feelings that:

- encourage verbalization and written responses;
- increase awareness of nature;
- increase awareness of sensory experiences;
- increase imaginative responses to experiences.

Goal 2: The literature enhances the value of personhood and self-awareness by:

- emphasizing the human body and its significance;
- exposing attitudes and emotions about self;
- stimulating the experiences of emotions and stirring memories;
- increasing the awareness of personal growth, time and change.

Goal 3: The literature sheds light on interpersonal relationships by:

- contrasting the effects of altruism and selfishness;
- emphasizing love, friendship or their absence;
- considering the experience of anger, hatred and jealousy;
- showing how to deal with frustration and success;
- emphasizing the importance of effective communication;
- emphasizing the experience of family relationships and responsibility to others.

Goal 4: The literature enhances reality-orientation by:

- *providing tools for everyday life;*
- emphasizing the meaning of life-style choices;
- considering the meaning of life and death;
- emphasing the importance of well-being and personal strengths.

3.3.1.3. Narrative elements for interpretation

Postmodern narratology represents a shift towards the identification of interpretive tools that can be used to gain understanding. The following elements will be considered for their potential use of the narrative in the pastoral process.

- *Synopsis*

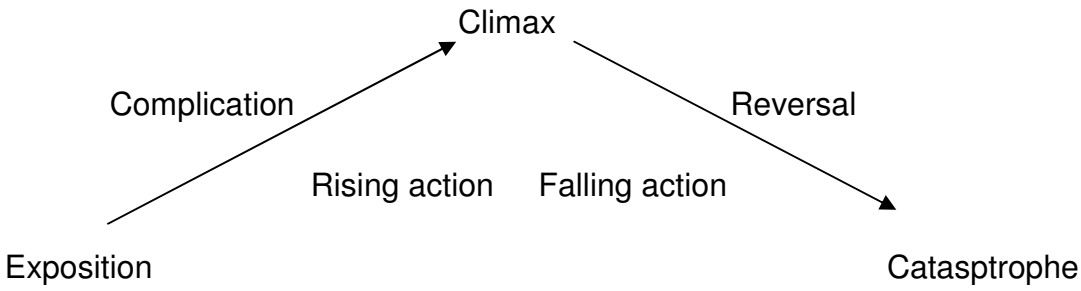
A synopsis is a delineation of a plotline of the narrative. A timeline can be created as an outline of the plotline for quick access. The facilitator can use this as a reference during the pastoral bibliotherapeutic process.

- *Plot*

The plot is the arrangement of events that form the structure of the narrative with emphasis on causality of events (see Prince 2003:73). According to Gustav Freytag (1900:114-140) the plot structure can be divided into the following movements:

- *Inciting moment*: is a provocative or problematic event or situation introduced at the beginning of the narrative.
- *Exposition*: introduces the characters, setting and theme to the reader. There can be a delayed exposition where the expository information is presented after the commencement of the action.
- *Rising action*: refers to the increasing conflicts between the characters. Rising action proceeds from the exposition and the tension in the novel rises as the narrative reaches its climax.
- *Complication*: in the narrative according in the middle of the rising action and meet the following functions: villainy, mediation, counteraction, and departure.
- *Climax*: refers to the eruption of conflicts and marks a turning point for the protagonist. This can be understood as the culmination or intensification of the narrative tensions.
- *Reversal*: is the inversion of the state of affairs.
- *Falling action*: refers to a decline in tension and the characters experiences the consequences of their action.
- *Dénouncement*: tensions are resolved and the characters' lives normalize. The narrative can end in resolution, revelation or catastrophe. *Resolution* refers to the experience of closure for the reader as it implies the end of dramatic changes in the characters' lives. *Revelation* refers to knowledge acquisition. *Catastrophe* refers to the events that bring the dramatic conflict to an end.
- *Moment of last suspense*: refers to an open ending to the narrative.

A diagrammatic representation of Freytag's plot structure (1990:114-140):



For the purpose of this study only the following elements will be considered: exposition, rising action, climax, falling action, and resolution. The novels interpreted in this study have been written for adolescents. Subsequently the plot structures are not so complex as to need an expansive interpretation of the plotlines. The need may arise to discuss other plot elements if the literary resource's complexity calls for it.

- *Narrator*

The narrator is the person who tells the story or the point of view from which the narrative is told (Prince 2003:66). The identity of the narrator and the manner in which that identity is designated in the literature provide the literature with its unique character (see Bal 2009:18). Point of view can be seen as a visual metaphor: a perspective from which a narrator views the fictional events and characters (see Currie 2011:26).

- *Characterization*

A reader's response to characters is not free of judgment. It is the result of an encounter between the reader's moral values and those symbolized by the fictional character (see Currie 2011:25). Characters do not already have moral personalities. Moral identities are created in the encounter between the reader and the narrative. Each reading will leave the reader with a unique impression of the character. The facilitator should take this into consideration in the encounter with the rhetoric of a narrative. Techniques are employed by the narrator to endow fictive individuals with traits that form their unique identity (see Prince 2003:13). There is direct characterization, which is descriptions or information given by the narrator; and

indirect characterization, which are those characteristics implied in the action and dialogue of the characters. The identity of the character is as much a creation of the narrative as it is a creation of the reader. The facilitator should consider the point of view of the target reader-participant group while exploring explicit and implicit characterization.

- *Setting*

The setting is the spatiotemporal context in which the events occur (Prince 2003:88). Narrative is the principle way in which human beings organizes their understanding of time (Abbott 2008:3). Narrative time can be understood as relating to events or incidents. Postmodern thought destroys the linear understanding of past, present and future with the logic of the *trace* which understands the components of any sequence in relation to each other (Currie 2011:84). This implies that events or situations only have meaning in context. Events are dependent on those that came before and those that follow to provide a contextual lens through which to interpret them.

- *Rhythm*

Where narrative literature is considered, rhythm has to do with the pace of the story. Rhythm refers to a recurring pattern in narrative speed and more generally patterns of repetition with deviations (Prince 2003:84). There is a difference between chronological time and narrated time. Chronological time relates to itself, as is referred to in terms of a number of seconds, minutes and hours (Abbot 2008:4). Narrative time refers to events or incidents. Narrative time and descriptive language adds greater complexity and slows down the pace of the narrative. An accumulation of events or incidents quickens the pace of the novel (Abbot 2008:5).

- *Complexity*

Narratives have different levels of complexity, depending on the intended reader's age group, the purpose, emotionality and the amount of conflict situations and relationships the protagonist is involved in. The presence of plot and literary devices also influence the complexity of the novel (Prince 2003:15).

- *Theme*

The theme is the macro-structural frame that connects textual elements to express events, emotions and experiences that the text is communicating (Prince 2003:99). This is usually visible in the repetition of motifs in the narrative.

- *Imagery*

The process of signifying all the objects and qualities of sense perception, include visual, auditory, tactile, thermal, gustatory, and kinaesthetic qualities (Abrams & Harpham 2005:129). Metaphors also fall under the category of imagery. Derridean theory uses the terms *trace* and *différance*. *Trace* relates to the meaning of a sign and that it is incomplete if not in the presence of the surrounding signs (Derrida 1997:60). *Différance* implies that the meaning of any sign is always in motion and related to those that precede and follow it (Derrida 1982:19). Signs can only be understood in the encounter between the literature and reader.

- *Tone and Style*

Tone and style refer to the manner of linguistic expression in prose by means of which to influence the reader's emotional response (Abrams & Harpham 2005:312). According to postmodern narratologists the word cannot be separated from the language process (see Currie 2011:87). In a novel the writing is exterior to what it means. It is capable of signifying in the absence of the writer, encouraging a sense of nostalgia for the moment when the author was present (see Currie 2011:88).

- *Language*

From a technical perspective language refers to the vocabulary, grammar and narrative style of the literature. When interpreting a novel careful consideration should be given to the linguistic techniques the writer employs to affect the reader.

3.3.1.4. Maladaptive cognitions

Maladaptive cognitions can be understood as unhealthy thought patters or internal cognitive distortions. Maladaptive cognitions are interrelated and sometimes difficult to distinguish from one another. The following list of cognitive distortions that lead to anxiety and depression adapted by practical theologian, Neil Pembroke (2012:253) from the work of Judith Beck (1995:119) will be considered:

- *All-or-nothing thinking*: viewing a situation at its extremes rather than along a continuum.
- *Catastrophising*: always seeing disaster.
- *Discounting the positive*: continuously discrediting one's own success.
- *Emotional reasoning*: basing decisions and actions on emotions and feelings.
- *Labelling*: defining self in negative categories, discounting contradicting evidence.
- *Magnification/minimization*: evaluating self or a situation in a way that magnifies the negative and minimizes the positive.
- *Mind reading*: the belief that one knows what others are thinking.
- *Overgeneralization*: making sweeping negative judgements based on one bad experience.
- *Personalization*: attributing negative behaviours to a personal lack of failing.
- *"Should" and "must" statements*: having a rigid understanding of the acceptable way to think and act.

3.3.1.5. Coping styles

Coping strategies can be defined as continuously changing cognitive and behavioural efforts to manage unique external and/or internal demands that are experienced as exceeding the individual's resources (Meehan, Peirson & Fridjhon 2007:558). The following coping strategies adapted by Meehan, Peirson and Fridjhon (2007:558) from the work of Seiffge-Krenke and Shulman (1990) will be considered:

- *Active coping*: seeking support and taking the advice of reliable sources.
- *Internal coping*: appraising the situation and searching for possibilities of compromise.
- *Withdrawal coping*: withdrawing from a situation and denying the conflict.

3.3.2. The pastoral process

3.3.2.1 Pastoral foundation

Christian tradition understands pastoral care as the "cure of the soul" (*cura animarum*) (see Anderson 2003:14; Louw 2008). Karl Barth ([1953-1967] 2010:886) understands it as:

> a concrete actualization of the participation of the one in the particular past, present and future of the other, in his particular burdens and afflictions, but above all in his particular promise and hope in the singularity of his existence as created and sustained by God.

Pastoral psychotherapy can be understood as a therapeutic effort to assist an individual in crisis or who is re-experiencing past traumas, through the use of a combination of Christian symbols, metaphors, sacraments and rituals (see Sawyer 2003:155). Pastoral psychotherapy is participated in on behalf of God. God is an active agent in the process which can be experienced as moments of holiness within the therapeutic process (see Grant 2001:1). Bibliotherapy correlates with pastoral psychotherapy in that it makes use of images and symbols to portray the human experience (see Sawyer 2004:155). Pastoral psychotherapy functions as a foundation for pastoral bibliotherapy.

From a theological perspective, pastoral bibliotherapy can be based on Matthew 25:31-46 and Luke 19:10. In Matthew 25:31-46 Jesus emphasizes the significance of showing kindness to the "least of these", those who are in need. This passage invites believers to the joy of seeing and participating the elevation of Jesus who was ridiculed (see Grant 2001:5). According to Luke 19:10, Jesus proclaims: "For the Son of Man came to seek and save the lost". Grant (2001:5) sees this passage as aligning the work of Jesus with intervention strategies for those people whose lives will be devastated or who will destroy themselves. The pastoral bibliotherapy approach described here is in alignment with Grant's interpretation of this passage: this approach is proposed in order to help individuals struggling with suicide to become more hopeful.

3.3.2.2. The facilitator

Pastoral caregivers are called to be keepers of the gifts and to complete the integration of those gifts within their own lives by using them in the service of others (see Grant 2001:7). In pastoral psychotherapy the therapist (facilitator) is decentred in the therapy process. The facilitator is not regarded as an authority in the person's life, yet can still be influential in assisting the therapeutic process (see Alexander & Cook 2008:19). The facilitator is called to "hear the suffering" of others and to facilitate healing and transformation with the liberating power of God (Grant 2001:13). Bibliotherapy decentres the therapist as he or she is only one of three role players, along with the literature and the reader (see McCarthy Hynes & Hynes-Berry 2012:3). In the pastoral bibliotherapy approach there are four role players: the facilitator, the reader-participant, the literature and God. God is understood to be an active agent in the formation and re-formation of individuals (see Grant 2001:1).

It is the relationship between individuals that promotes interaction. Grant (2001:21) is of the opinion that healing is the expression of God's grace which is only discernible in relationships. The therapeutic process is an empathic conversation or dialogue. In the case of bibliotherapy and poetry therapy the dialogue is initiated by literature, but the focus remains on the reader-participant for whom the literature provides the stimulus. It is essential for the facilitator to be able to bridge the gap between the character in the novels and the reader-participants. Reader-participants should be encouraged to relate empathically to fictional characters in order to gain insight and re-assess their own affective states, circumstances and behaviour. In this regard it is important for the facilitator to encourage reflection and persuade participants to overcome their resistance (see McCarthy Hynes & Hynes-Berry 2012:95). Simultaneously, the facilitator should encourage reader-participants to share their own stories and experiences in such a way that new insights can be gained in light of the literature and dialogue. Facilitators recognize the magnitude of the obstacles and wounds that people bring to them and instil hope (see Grant 2001:7). The skills required to do this effectively include accurate perception, effective communication, suspending judgement and paraphrasing, (Alexander & Cook 2008:2; cf. McCarthy Hynes & Hynes-Berry 2012:94).

3.3.2.3. Pastoral bibliotherapy goals

The goals of narrative therapy with adolescents as stipulated by Cook, Fenwick and Youngs (2008:178) are combined in this study with the goals for bibliotherapy distinguished by McCarthy Hynes & Hynes-Berry (2012:15). Though in this study the focus is on adolescents as the reader-participants, similar goals can be pursued with various other groups of reader-participants. The goals stipulated by Cook, Fenwick and Youngs (2008:178) are the following:

- *A new experience of themselves*

The first goal is for the individual to have a "new experience of themselves within the counselling relationship" (Cook et al 2008:178). From a pastoral perspective, the facilitator should communicate to the adolescents that they are precious and loved by God and that God is genuinely interested in their experiences. From a bibliotherapeutic perspective, the facilitator aims to enhance reader-participants' capacity to respond and explore their feelings and to gain self-awareness. The approach proposed by this study allows individuals to externalise their experiences, thoughts and feelings in order to explore their implication and consequences. Reader-participants are encouraged to integrate what they have learned in order to become more self-aware and hopeful.

- *Bearing witness to the adolescents' growth*

The second goal is the act of "bearing witness" to an individual gaining experience (Cook et al 2008:178). This can be understood as "bearing witness" to the love and participation of God in the lives of the adolescents as they engage with the literature and the world in general. The role of the witness of God's participation is expressed by Acts 22:15: "You will be his witness to all people of what you have seen and heard". It is important to acknowledge that the facilitator bears witness not only to the reader-participant's transformation, but also to the transformative power of God's love and participation in the reader-participant's life. Literature as a resource acts as a catalyst and allows reader-participants to explore themselves and their problems (see McCarthy Hynes & Hynes-Berry 2012:95). This is parallel to increasing the reader-participant's self-understanding and –awareness.

- *A changed perspective*

The third goal is to address those areas where the individual's "context is unable to change [but where] their relationship with it can be" (Cook et al 2008:178; cf Dinkins 2007:46). It is essential to improve the reader-participant's orientation to reality. It is essential to encourage reader-participants to broaden their perspective to include hope as an affect or point of view. This is expressed in Romans 15:18: "May the God of hope fill you all with joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit". The facilitator encourages reader-participants to find experiences of peace, joy and hope in the literature, group interaction and in their own environment.

- *Self-awareness about their own beliefs*

A fourth goal that could be added to the bibliotherapeutic goals, is that adolescents should develop an awareness of their "own context and beliefs, while respecting and being curious about other people's ideas" and to challenge the dominant cultural practices (Alexander & Cook 2008:10). This corresponds with enhancing the reader-participants' awareness of their context and beliefs, curiosity about the beliefs and views of others and willingness to challenge the dominant cultural ways of being. From a biblical perspective this could be articulated as: "the wisdom of the prudent is to give thought to their ways" (Prov 14:8) and "the purposes of a person's heart are deep waters, but one who has insight draws them out" (Prov 20:5). It is the aim of reader-participants to become self-aware and life a purposeful life.

3.3.2.4. Characteristics

Respect, authenticity, creativity and empathy are characteristics intrinsic to the proposed pastoral process. Transporting and relational attributes are introduced by the use of literature as a resource in pastoral care, as well as language as a central element in the process.

Respect can be described as valuing both the feelings, worth and uniqueness of those involved in the therapeutic process (see McCarthy Hynes & Hynes-Berry 2012:96). From a biblical perspective, believers are to show love towards others and to honour the other above the self (Romans 12:10). The group setting should be open and welcoming to all participants to share their experiences in confidence with

their peers. The participants are encouraged to value one another's uniqueness and have reverence for one another's pain.

Authenticity is a second key aspect to the process of bibliotherapy. Spontaneity and openness are key features when one is genuinely interested in others (see McCarthy Hynes & Hynes-Berry 2012:96). These features should be visible in the therapeutic process. The participants are encouraged to show interest in one another's stories and perspectives. Collaborative writing facilitates group cohesion and develops sensitivity to group functioning (see Mazza 2003:47).

Creativity and making new and unexpected connections are at the heart of this therapeutic approach. According to Shrodes (1950) the interpretation of symbols and the creation of meaning are unique for each individual. This element of creativity allows for the uniqueness of individual experiences. Similarly, reading can be described as a unique individual experience (Cohen 1994:42). The participants should be encouraged to respond to the literature, the facilitator and one another in their own unique ways.

Transporting the reader into the world and experiences of the characters is a characteristic of this therapeutic approach (Cohen 1994:42). Reader-participants take part in what they are reading and can grow and learn from their experiences. It can also provide an escape from the reader-participant's world to the world of the character (Cohen 1994:42). This can mean escape from difficult life situations to something that gives them hope and comfort – a reprieve of sorts.

Bibliotherapy is *relational.* It focuses on the triadic interaction between literature, participant and facilitator. In group settings participants interact with their peers. These relationships can facilitate growth and support in difficult times. These relationships can also be understood as vehicles through which God actively participates in this transformational process. In a pastoral bibliotherapeutic process it is necessary to consider God as an active partner in the therapeutic process.

Language is central to the bibliotherapy process. Language is both the stimulus and agent for the therapeutic process. The language of the literature contains the subject of the discussion. The language of the dialogue acts as the catalytic tool. The language of the dialogue facilitates the naming process, examination of thoughts and

experiences and defining and asserting the self (see McCarthy Hynes & Hynes-Berry 2012:44).

Empathy can be understood as the ability to understand and enter into another person's emotions without experiencing them oneself (Colman 2009:248). The participants are chosen for the similarity in the concerns they experience or similarities in situation or perspective. Given this fact, there should be an innate sense of empathy with one another. The facilitator should not only show empathy towards the participants but also emphasize the natural empathy between the participants.

3.3.2.5. Structure

The approach proposed in this study, follows the structure of the McCarthy Hynes and Hynes-Berry model for bibliotherapy. The stages they have identified are shown as well as Mazza's modes and stages of poetry therapy are shown in the following diagram. The approach proposed in this study is created to use with groups of 8-12 individuals. The application proposed in this study follows the pattern of 10 group sessions, with the first and last session lasting 3 hours, and sessions 2 to 9 lasting an hour and a half. Each session will be divided to give equal attention to receptive and expressive methods and will include a symbolic activity. The following is a thematic exposition of the proposed approach:

Sessions	Stages	Receptive mode	Expressive mode	Symbolic mode
Session 1	Recognition	Watch film	Letter writing	Character as a metaphor
Session 2-6	Examination	Read extracts from novel	Various activities	Ritualistic mailing of activities (put in post box)
Session 7-9	Juxtaposition	Discuss maladaptive cognitions and coping styles, by using	Creating mind-maps and letter writing	Mount activities on a wall and mailing a letter to a peer in the group

		examples from the novel		
Session 10	Self-application	Read extract from novel	Poetry	Arrange previous activities to show parents

Each of the bibliotherapy stages in the table will be explicated and how the poetry therapy modes are integrated in each phase will be shown.

- *Recognition*

The first session will be divided into: a fifteen minute introduction of group members, an hour and a half to watch the film, a ten minute recess, and a 40 minute discussion period in which the film will be discussed. This will be followed by a ten minute conclusion period in which organisational aspects for the following session will be discussed.

Reader-participants are welcomed and introduced. Reader-participants are invited to watch a film which is followed by a discussion of the main themes. The film is the cinematic interpretation of the novel discussed during the following sessions. This activity falls under the term cinematherapy which can be defined as watching a prescribed film during or between sessions with the opportunity for discussion afterwards (Marsick 2010:311). Film is somewhat more accessible than books, since books are becoming less popular with many adolescents (Marsick 2010:311). This represents the receptive mode of this phase where the narrative is introduced to the participant. By means of the discussion afterwards participants are encourage to engage and participate in the group activity. Reader-participants are asked to identify with a character or experience from the film. This allows them to identify their own patterns of response and it initiates catharsis. Reader-participants are invited to share their own experiences and stories during the discussion. The facilitator communicates this to the reader-participants by his or her own loving interest. At the centre of this study is the idea that God is interested in who these individuals are and who they become (see Cook, Fenwick & Youngs 2008:182). The sharing of stories is then extended to an activity where letters are written to the fictional character with whom the reader-participant identifies. Letter-writing is the expressive mode of this

phase where the participant participates in the therapeutic process through creative writing activities. The character acts as a metaphor or symbol for the transformation process still ahead of the reader-participant. This is the symbolic mode of this phase where character acts as a metaphor for the experiences of the participant.

- *Examination*

Session 2 to 6 represents the exploration part of the therapeutic process. The discussion takes the psychodynamic course of questioning into the motives, thoughts and feelings of the characters in the novel and the participants themselves.

In the examination phase various extracts from the chosen novel will be read and discussed. The novel correlates with the film watched in the recognition phase. The group will participate in various expressive activities, such as letter writing, collaborative poetry writing, individual poetry writing and making collages. The symbolic/ceremonial mode will be facilitated by a ritualistic “mailing” of the expressive activities, participation in storytelling and the use of metaphors. By means of this process the facilitator gains access to an account of the reader-participant’s reality often denied to others (see Grant 2001:13). In the reader-participants’ interaction with literature, it is inevitable that they will reveal some aspects of the self (see Mazza 2003:25).

- *Juxtaposition*

Sessions 7 to 9 are aimed at gaining insight into the therapeutic process, although this endeavour is implicitly present in Sessions 2 to 6. In sessions 7-9 the focus turns to the maladaptive thoughts and coping skills of the characters and participants. Each session will be divided into two parts: the first half of the sessions will focus on the explanation of different maladaptive cognitions in Sessions 7-8 and coping styles in session 9, the second half of this session will be allocated to an expressive activity where the participants create: a collaborative mind-map to show maladaptive cognitions of the characters in the novel in session 7, collaborative mind-maps of the characters and individual mind-maps of their own maladaptive cognitions in session 8 and mind-maps of their own coping styles in session 9.

The facilitator should hope with the reader-participant that the identification of obstacles and wounds will carry them beyond what they believed was possible (see

Grant 2001:7). The literature allows the reader-participant to engage with previously held beliefs in the process of engaging with the literature. The essence of this phase is for reader-participants to contrast their cognitive distortions with healthy cognitive patterns as well as healthy and unhealthy coping strategies. Coping strategies can be defined as constantly changing cognitive and behavioural endeavours to control specific external and internal challenges that are taxing or exceeds the resources of the individual (see Meehan, Peirson & Fridjhon 2007: 558). Cognitive distortions will be addressed by first finding examples from the novel and then comparing them to healthy patterns in the literature. The reader-participants will then compare their own cognitive distortions to healthy cognitive patterns. A similar pattern will be followed when considering the coping styles of the characters and reader-participants. When the literature is explored to examine their cognitions and coping styles, reader-participants engage in the receptive mode. By actively considering their own cognitions and coping styles, reader-participants engage in the expressive mode of this phase. Reader-participants draw diagrams to remind them of these cognitions and coping styles which act as a prompt to become aware of what they have learned. These diagrams will act as a symbol of their own thoughts and behaviour. This constitutes the symbolic mode of this phase. Reader-participants should experience that the other has faith in their ability to overcome the obstacles with which they struggle and the wounds they carry. It is essential for them to experience hope through healing. According to Grant (2001:20), healing generates hope. Hope can be described as an affect and a perspective rather than confidence in specific outcomes. Similarly, these individuals should come to see that hope is a perspective or point of view. They should be shown love through earnest interest and respect as they undergo the process of transformation initiated by God.

- *Self-application*

This session concludes the process and focuses on the self-application of the skills developed in the therapy process. It also includes an element of moving forward, as the participants are given the opportunity to give feedback to their parents. The first hour and a half of this session will follow a similar pattern to Session 2 to 9, after which the parents will be invited to peruse and discuss the feedback of the participants.

The process of self-application constitutes an integration of new meanings with previously held perspectives; this enriches the quality of the individual's experiences (see Grant 2001:20). The expressive mode of this phase will be facilitated by reading a hope-filled extract from the literature and discussing it. The self-application process consists of two parts: evaluation and integration. The *evaluation* facet is initiated when the reader-participants open the mailbox and reconsider the expressive material they have created in the previous sessions. As they examine their previous work the self-awareness they have developed in the previous sessions comes into focus. The second facet, *integration*, takes place when the reader-participant reworks the material to make a collage which is the culmination of their work. This represents the expressive mode of this phase. At the end of this collage making, reader-participants affirm their commitment to act on the insights they have gained throughout the process. This affirmation represents the symbolic/ceremonial mode of this phase. Anderson (2003:20) understands that individuals are bestowed by God with a divine image which promotes self-worth, emotional health and vital faith in the face of life's inevitable pain and suffering. This requires self-care as well as care and interest from others as lovingly placed by God in this person's life. 1 Corinthians 2:9 articulate such a loving interest: "No eye has seen, no ear has heard, no mind has conceived what God has prepared for those who love him". This should be the attitude with which reader-participants are approached. Each individual has a unique purpose of which they could still be unaware. They should be approached with faith, hope and love (see 1 Cor 13). The pastoral bibliotherapy approach aims to aid participants to understand this and accept this truth for themselves. An intimate function is held for the reader-participants to celebrate the work they have done. The parents can bear witness to the growth and inherent value of the individual who has been struggling with suicide

3.4. Application possibilities

The preliminary process establishes the appropriateness of the literature for therapy and initiates the interpretive processes necessary to inform the pastoral process. The pastoral bibliotherapy approach proposed here includes psychoanalytic and cognitive elements. Psychoanalytic elements are present in Mazza's poetry therapy

model which allows the participant to experience catharsis through the expressive mode of therapy – an essential element in psychoanalysis. Cognitive elements are present in the juxtapostion phase of the bibliotherapy approach adapted from McCarthy Hynes and Hynes-Berry which encourages the participant to explore maladaptive cognitions and coping styles. The application possibilities to literary resources will be explored in the following chapters: Chapter 4 will focus in the application of the approach to a Christian resource and Chapter 5 will focus on the application to a non-Christian resource.

CHAPTER 4

APPLICATION TO A CHRISTIAN RESOURCE

4.1. *To Save a Life* as a Christian resource

To Save a Life (2009), written by Jim and Rachel Britts, is considered in this chapter as a possible Christian resource for pastoral bibliotherapy with adolescents struggling with suicidal behaviour. Firstly, the novel will be explored through the preliminary process to discover the appropriateness of the literature, interpret the literature, and initiate the process of identifying maladaptive cognitions and coping styles. Secondly, the insights gained from the facilitator's exploration of the literature will be utilized in an application of the pastoral bibliotherapy process described in the previous chapter. A strategy will be considered to apply pastoral bibliotherapy to a group of 8-12 adolescent participants.

4.2. The preliminary process: The facilitator's exploration of *To save a life*

4.2.1. Application of the iso-principle

To save a life is the story of Jake who struggles with the suicide of his friend, Roger. Jake befriends Jonny, who is also struggling with suicide and helps him to overcome his suicidal behaviour and ideations. This novel meets the criteria for the iso-principle: the novel struggles with the relevant issue, namely suicide and has a positive outcome.

4.2.2. Bibliotherapeutic criteria

The criteria adapted from McCarthy Hynes and Hynes-Berry in Chapter 3 will be applied to the novel *To save a life* to explore its value for the pastoral bibliotherapy process.

Goal 1: To improve the ability of the reader to respond

- *Encourage verbalization and written responses*

Throughout the novel, rhetorical questions are used to communicate Jake's feelings and thoughts. For example, "How did I get here?", "Could I have done something?", "How did I let this happen?" and "Am I missing something?" (Britts & Britts 2009: 94) These questions prompt the readers to consider them for themselves. At one point in the story Jake stumbles upon Roger's MySpace page where he wrote his suicide letter. The novel ends with a letter from Jonny to Jake with his suicide letter attached (see Britts & Britts 2009:129, 314). These letters could encourage a written response from the reader due to the emotional impact on the protagonist and reader.

- *Increase awareness of nature*

The narrator uses descriptive language to depict the environment. When Jake attends Roger's funeral, the rain is described as "the somber drizzle" and he stands on the "manicured cemetery lawn" (Britts & Britts 2009:7, 15). The school Jake attends is built on a "hill a mile away from the ocean", it has a beautiful view of "breaking waves and dazzling sand" (Britts & Britts 2009:27). The weather is described repeatedly throughout the novel. For example, in Chapter 14: "The pleasant sunny morning had become uncomfortably hot" and again in Chapter 19: "the 80-degree morning" (Britts & Britts 2009:99, 131).

- *Increase awareness of sensory experiences*

The narrator emphasizes the character's sensory experiences. These include tactile, visual, auditory, thermal, gustatory and olfactory experiences. Tactile experiences include: "His body was sandwiched up between two EC guys, their momentum knocking him hard to the wooden floor" and "his legs ached … his shoulders throbbed…and a bump pulsated on the back of his head" (Britts & Britts 2009:37-38). Visual experiences are expressed in descriptive language of the environment, such as in Jake's portrayal of the scene of the shooting: "the caution tape surrounding Senior Hall, metal detectors at the front gate, and camera crews and reporters clamoring for student interviews" (Britts & Britts 2009:28). Auditory experiences include the use of onomatopoeia by the narrator, for example: "CRACK! CRACK! CRACK!" for the gun and "[t]he final horn sounded, and a suspenseful hush fell over the crowd" (Britts & Britts 2009:24, 38). Thermal experiences include: "the coolness

of the dark granite chilled his aching body", "as Jake inhales the freshness of the evening breeze and shivers as it chills his sweaty body" (Britts & Britts 2009:17, 23). Gustatory experiences include: "The bitter liquid tasted sour in Jake's mouth" and "the other three began gulping down the nastiness with abandon" (Britts & Britts 2009:118, 135). Olfactory experiences include: "do I smell pot?" and "the stench of reeking sweat and stale beer" (Britts & Britts 2009:98, 119).

- *Increase imaginative responses to experiences*

Jake experiences a variety of experiences that do not normally occur in his suburban subculture. Through Chris and Cari, Jake experiences a mixed race marriage, and "lunch in a warehouse store" (Britts & Britts 2009:80). Through his church participation Jake meets a variety of students from different races and socio-economic backgrounds (see Britts & Britts 2009:200).

Goal 2: The literature enhances the value of personhood and self-awareness

- *Emphasizing the human body and its significance*

Emphasis can be placed on the human body through different channels. In the novel sensory experiences and kinesthetic descriptions place emphasis on the body. Examples of sensory experiences from the novel were discussed in the previous section. Kinesthetic descriptions are the description of activities performed by the characters. Jake's basketball and beer pong games are examples of kinaesthetic descriptions (see Britts & Britts 2009:36,118). Injuries emphasize the body and bring the consequences of one's actions into the spotlight, for example: Jake injures his shoulder in a basketball game and his ankle during a party (see Britts & Britts 2009:38, 53). Self-induced harm, as in the case of Jonny, also emphasizes the body and one's responsibility to take care of it (see Britts & Britts 2009:263). Jake and Amy have intercourse at the party and her pregnancy is the result of that choice. These events emphasize the body and highlight the consequences of not taking care of the body.

- *Exposing attitudes and emotions about self*

Jake has a negative view of himself throughout most of the novel. This can be seen in his rhetorical questions and how he labels himself: as a jerk, unsympathetic and stupid (see Britts & Britts 2009:63,123,234). His guilt over Roger's suicide and his

relationship with his father are central to his beliefs about himself. These insights give the reader a better understanding of Jake's character.

- *Stimulating the experience of emotions*

Much of the novel is written in such a way as to create a connection of empathy between the character and the reader. For example, Jake's use of rhetorical questions in his attempt to understand his experiences reminds the reader of situations in which they too felt grief, guilt, hopelessness, frustration.

- *Increase the awareness of personal growth*

Jake grows closer to God and the youth group. Jake's thought patterns change as he increasingly spends more time with the youth group (see Britts & Britts 2009:187). Over time, he learns more appropriate coping and communication skills from them (see Britts & Britts 2009:201). Jonny also grows as a person due to the experiences he gained from his participation in the youth group (see Britts & Britts 2009:213).

Goal 3: The literature sheds light on interpersonal relationships

- *Contrasts the effects of altruism and selfishness*

Andrea's behaviour is contrasted with Amy's behaviour when Amy first attends church with Jake. Andrea acts welcoming and accepting; Amy acts cold and jealous (see Britts & Britts 2009:135). Jake's behaviour is contrasted with Doug's behaviour towards Jonny. Doug played a malicious practical joke on Jonny at the party after their last basketball game (see Britts & Britts 2009:48). Jake acted friendly and accepting towards Jonny when he invited Jonny to join their lunch group (see Britts & Britts 2009:167).

- *Emphasize love, friendship and their absence*

At the last party Jake attends he realizes that he feels alone among his peers (see Britts & Britts 2009:120). On the other hand, as Jake grows closer to the youth group, he feels more accepted and cared for (see Britts & Britts 2009:199). In his letter to Jake, Jonny describes how much Jake's friendship means to him and places emphasis on how Roger possibly felt before his suicide (see Britts & Britts 2009:129,314). This contrasts Jonny's loneliness with his experience of being loved and cared for.

- *Consider the experience of anger, hatred and jealousy*

Jake has two very different experiences of anger in the novel. The first occurs at church when he is upset that the youth group seems not to care about the influence they have on others (see Britts & Britts 2009:145). The second occurs after Jake found out that his father had had an affair and his parents were getting a divorce (see Britts & Britts 2009:232). It is expressed in the novel as that Jake "seeped as much hatred as he could across the gap" between him and his father (see Britts & Britts 2009:233). Later in the novel, these feelings are resolved. In the novel, Doug's jealousy is explored. At the beginning of the novel it is implicit and becomes more explicit later on. For example, Doug says about Amy that "she's the one everyone wants" (Britts & Britts 2009:47). This implies that he wants to be in a relationship with Amy himself. Later on in the novel Doug confronts Jake and says: "It's always about you. Jake Taylor, the prom king. Jake Taylor, the MVP" (Britts & Britts 2009:171).

- *How to deal with frustration and success*

Jake experiences multiple successes and failures throughout the novel. He learns to share both with the people around him. Most of these experiences are explored later on in the study under "coping styles", but here one instance can be pointed out: Jake feels frustrated with his parents and their absence in his life. At the beginning of the novel, Jake thinks to himself: "forget them" when they didn't attend his last basketball game (see Britts & Britts 2009:38). Later on in the novel, Jake talks to Chris about his parents' neglect. Chris advises him to honour his parents even though it is difficult (see Britts & Britts 2009:203).

- *Emphasize the importance of effective communication*

There are multiple instances in the novel where one character attempts to communicate something of importance but it is lost because of the lack of communication skills. This is particularly the case with Jake and Amy. For example, when Jake attempts to talk to Amy about Roger, she does not understand his feelings (see Britts & Britts 2009:88). Later Amy attempts to talk to Jake about her pregnancy, but he interprets her behaviour as manipulative (see Britts & Britts 2009:139). When she does tell him about her pregnancy, Jake is too shocked to respond and a misunderstanding follows (see Britts & Britts 2009:229).

- *Emphasize the experience of family relationships and responsibilities*

Jake's parents are absent through most of the novel. Jake and his parents went for family counselling and learned there that Jake resented his father for his absence but strove to gain his approval (see Britts & Britts 2009:67). Jake's reaction to the news of his parents' divorce is described by means of an allegory: "like a wrecking ball to his guts" (Britts & Britts 2009:233). Their absence and Jake's negative experiences with them emphasize the necessity of healthy family relationships. Amy's pregnancy emphasizes the responsibility parents have towards their children. Parental responsibilities are also emphasized in Chapter 37 where Jake prevents Amy from getting an abortion (see Britts & Britts 2009:249).

Goal 4: The literature enhances reality-orientation

- *Provide tools for everyday living*

The novel teaches readers about the value of friends and family as resources in times of need. It shows the importance of empathy and acceptance. It contrasts inappropriate coping styles with healthy coping styles.

- *Emphasize the meaning of life-style choices*

The novel faces difficulties such as adolescent pregnancy, self-harming, absent parents, and drug and alcohol abuse. All of these relate to life-style choices present on any socio-economic level of society.

- *Consider the meaning of life and death*

When Jake and Chris talk about Roger, Chris asks: "If Roger could just kill himself like that, what does that say about life?" (Britts & Britts 2009:50). This is exactly what Jake is struggling with and it constitutes the main theme of the novel. Throughout the novel Jake struggles to find meaning in his life and in Roger's death.

- *Emphasize the importance of well-being and personal growth and strengths*

Jake's growth throughout the novel is summarized in the last paragraph of the novel: "Life was too short and Jake was done playing games" (Britts & Britts 2009:315). The underlying theme of suicide emphasizes the necessity of emotional well-being.

4.2.3. Narratology overview

The facilitator considers *To save a life* from a narratology perspective in order to gain insights to discuss with the participants.

- *Synopsis*

To Save a Life follows the story of Jake Taylor as he comes to terms with the suicide of a childhood friend, Roger. The narrative begins where Jake attends Roger's funeral. Jake reminisces about their childhood friendship, how Roger saved his life and got hurt in the process and how they drifted apart as they grew older. In their senior year Roger publically commits suicide at school. At the funeral Jake meets Chris, a youth pastor. A week after the funeral, school opens again, Jake plays his last basketball game and attends a party afterwards. Amy, Jake's girlfriend, deserts him at the party when the police show up. Jake calls Chris to drive him home. They talk about Roger and Chris. Jake starts going to Chris' youth services on Sundays and youth group on Wednesdays. Jake meets Andrea and the pastor's son, Danny. Jake and Amy fight and split up. Jake and Andrea start a lunch group at school. Jake invites Jonny, a social outcast and one of Roger's old friends, to their lunch group. Jake and Jonny become friends and Jonny joins the church group. Jake is baptised and makes a new MySpace page for Roger, called "Make My Life Count". Jake finds out that his parents are getting divorced and that Amy is pregnant. Jake stops Amy from getting an abortion. Jake's relationship with Chris is causing problems for Chris at the church. Danny steals Jonny's phone and sends a bomb threat to the school. Jonny is arrested and attempts suicide. Jake stops Jonny and tells the police it was Danny. Jake sits with Danny and talks about Roger. Chris and Mark, the pastor, resolve their differences and Mark takes a leave-of-absence to focus on his family. Jake and Amy meet Jan and Frank, the couple who are adopting Amy's baby, Emily. The narrative winds down with Jake's graduation, Emily's birth, and Jake leaving for Louisville. The narrative ends with Jonny's suicide letter. Appendix 2 provides a full time line for *To Save a Life*.

- *Rhythm*

Rhythm relates to the pace of the novel. *To Save a Life* starts very slowly because of the use of flashbacks and rhetorical questions. This contributes to the emotionality of the first two chapters. It also emphasizes the impact Roger's suicide has had on

Jake, which is the main theme of the narrative. As the conflicts develop, the pace increases with scenes overflowing with dialogue and action until the narrative reaches its climax. The pace of the story slows down again after Chapter 44 with more descriptive language until the final chapter where Jake reads Jonny's suicide note and gains a better understanding of Roger's suicide.

- *Imagery*

The novel is set in a middle-class, coastal, suburban area in the United States. The idealistic surroundings contrast with the dark feelings and conflicts the protagonist is facing. Kinaesthetic qualities are emphasized throughout the novel, as Jake's active lifestyle is contrasted with Roger's disability.

- *Language*

Throughout the novel the reader has access to the protagonist, Jake's, inner thoughts and feelings. The language reflects the informal language use that is associated with Westernized, middle-class adolescents. As a young adult novel, the vocabulary is appropriate to the adolescent age group.

- *Complexity*

The story in *To Save a Life* is fairly complex as it focuses on Jake's relationships with the people in his life. He is traumatised by Roger's suicide and is attempting to understand what happened. He is changing his lifestyle and beliefs as he becomes more involved in the local Christian community. He is building new friendships with Chris, Andrea, and Jonny, each with its own demands and responsibilities. He experiences peer pressure from his friends who drink alcohol and take drugs. His girlfriend, Amy, is pregnant. His parents are getting divorced. Throughout the story he is moving through these events and interwoven experiences, trying to understand them.

- *Plot*

The plot structure of *To Save a Life* (Britts & Britts 2009) follows the following arrangement:

Structure	Description	In To Save a Life	Chapter (page number)
Introduction	Characters are	Roger's funeral and Jake's	Chapter 1 – 4

	introduced to the reader.	struggle with Roger's suicide are introduced.	(pp. 7 -41)
Rising action	Characters are developed as conflict arise	Jake's old relationships worsen over time. Jake struggles with his newfound Christianity, Amy's pregnancy and his parents' divorce.	Chapter 5 -43 (pp. 42 - 282)
Climax	Major conflicts in the novel erupt.	The climax in the novel is the bomb threat at school and Jonny's attempted suicide.	Chapter 44 (pp. 283 - 291)
Falling action	This section follows the climax and deals with consequences of the erupting conflicts.	Jake develops a new understanding about what it means to follow God and build relationships.	Chapter 45 – 48 (pp. 292 - 312)
Resolution	The characters receive closure about the main theme/problem in the story.	Jake comes to understand why Roger committed suicide.	Chapter 49 (pp. 313 – 315)

Throughout the novel, the narrator explores Jake's experiences. Jake asks multiple rhetorical questions. The narrator uses these rhetorical questions to move the story forward and explore the conflicts and motivations of the characters. In the introductory part of the novel, Jake repeatedly asks "Why am I here?" (Britts & Britts 2009:8, 10)He asks questions that relate to this as well: "Why did I come here?" "What am I doing here?" and "How did I get here?" (Britts & Britts 2009:7, 11, 17). The repetition of these questions emphasizes their importance. The question does not only refer to Roger's funeral, but also to the circumstances in Jake's life. This first part of the novel is also filled with flashbacks. Flashbacks are narrations of a character's memories. Jake remembers when: Roger saved his life and hurt his leg,

the following soccer season when Roger's disability prevented him from participating, freshman year when Jake and Roger spoke for the last time and senior year and Roger's suicide. These rhetorical questions and flashback slow down the pace of the novel and provide insight into Jake's thoughts and feelings. The narrator also uses foreshadowing in the story to set the scene for the climax. Roger's suicide prepares the readers for Jonny suicide in the climax of the novel. This relates back to where Jake asked at the beginning of the novel: "Could I have done something?" (Britts & Britts 2009:17) With Roger, Jake could not stop him. In the climax of the novel Jake sees an opportunity to help Jonny and prevents his suicide.

- *Narrator*

The narration in *To Save a Life* is done by means of a third person limited omniscient point of view. The third person narrator does not participate in the actions that take place in the novel, but stands apart from them. The limited omniscient perspective allows the narrator to share the protagonist, Jake's, emotions and experiences with the reader in such a way that it focuses the attention on Jake. The knowledge the reader has is limited to the knowledge to which Jake has access. This is done in order to build an empathic connection between the reader and Jake. It allows the reader to gain knowledge through Jake's experiences as he experiences a various events such as, for example, insight into Amy's behaviour which is gained only after she has told Jake that she was pregnant. The reader is not privy to this information before Jake. Some events are narrated by means of the omniscient perspective. For example, the narrator contrasts what Roger is doing the evening before his suicide with what Jake is doing that evening (see Britts & Britts 2009:23). This scene occurs in Jake's flashback, but he has no knowledge regarding Roger's experience of that evening. Only the reader is privy to this information. In Chapter 34 Jonny cuts himself in an act of self-harming (see Britts & Britts 2009:236). This is not knowledge to which Jake has access and its only purpose is to give the reader insight into the other characters. The scarcity of the use of the omniscient perspective throughout the novel emphasizes the importance of the events which are narrated from this point of view.

- *Characterization*

The following characters in *To Save a Life* are examined to discover the explicit and implicit characteristics: Jake, Doug, Danny, Roger, Jonny, Chris, Mark, Amy, Andrea, and Jake's mother and father (see Britts & Britts 2009).

Character	Explicit characteristic and citation	Implicit characteristic and citation
Jake	six-foot-one, athletic (p 36), early riser (p 65), popular at school (p 24), crave recognition from peers and father (pp. 45, 65), not religious (p 40), cool (p 130), used to drinks at parties (p 52), stubborn (p 151), used to be a bully (p 48), remorseful (p 132), charismatic (p 38), reap benefits of father's work (p 180), bonded with Chris (p 192), absent parents (p 195)	leadership skills (p 32), hard worker (p 107), brave (p 25), impulsive (p 147), charming (p 45), respectful (p 40), accepting of others (p 39), responsible (p 171), sense of humour (p 195), supportive (p 195), lonely (p 227), open-minded (p 39), compassionate (p 39), sincere (p 171)
Doug	athletic (p 32), cool (p 31), bully (p 46)	arrogant (p 32), leadership skills (32), apathetic (p 33), cruel (p 48), judgemental (p 102), jealous of Jake (p 170), pretentious (p 165), disloyal (p 172)
Danny	pastor's son (p 72), not athletic (p 39), smokes cannabis (p 39)	not religious (p 73), apathetic (p 73), judgemental (p 73), disrespectful (p 137), spiteful (p 159), pretentious (p 184), self-important (p 184), jealous (p 185), sadist (pp. 184, 238), absent parents (p 293)
Roger	bullied (p 22), charming (127), lonely (p 129), sense of humour (p 127), feels unimportant (p 129), desperate to be recognized (p 129)	intelligent (p 8), creative (p 8), supportive (p 10), depressed (p 126)

Jonny	"loser", "geek" (p 46), unkempt (166), usually alone (p 166), bullied (p 32), participates in self-harming (p 177), cautious (p 174), sense of humour (p 179), scared (p 175), "emo kid" (p 179), socially awkward (p 225)	lonely (165), shy (p 166), self-conscious (p 166), creative (p 166), regretful (p 175), poor (p 179), gamer (p 179), self-aware (p 195), superstitious (p 179)
Chris, youth pastor	youth pastor(pp. 66, 74), feels guilty about roger (p 63), faithful (p 137), not religious (p 64), passionate (p 74), sense of humour (134)	compassionate (p 57), youthful (p 79), not judgemental (p 142), extrovert (p 157), insecure around mark (p 158), sincere (p 191), affectionate (p 191), discernment (p 240), empathetic (p 241)
Glen, Jake's father	loud (p 67), opinionated (p 134), charismatic (p 67), hard-worker (p 155), organized (p 153), unfaithful (affair) (p 233), ignore difficulties (p 204), dislike counselling (p 205), high expectations of jake (p 206)	not religious (p 154), apathetic (p 154), arrogant (p 155), unhappy (p 67), irresponsible (204), materialistic (p 180)
Pam, Jake's mother	beautiful (p 66), inability to face difficult realities (p 181), pretend everything is fine (181), dislike counselling (p 205)	obsessive-compulsive disorder (p 69, 181), weary (p 66), unhappy (p 68)
Andrea	"cute", 'weird" (p 73), petite (p 164), friendly (p 135), perky (p 167), affluent family (p 196), absent parents (p 197), divorced parents (p 224), used to cut (self-harming) (p 224), affectionate (p 216)	compassionate (p 100), empathetic (p 100), self-confident (p 164), optimistic (p 184), supportive (p 184), sincere (p 190), sense of humour (p195), humble (p 196), discernment (p 201)
Amy	self-conscious (p 132), beautiful (p 24), intelligent (p 21), popular (9 24), indifferent towards Doug (p	critical (p 137), persistent (p 64), manipulative (p 139), family problems (p 131), pretentious (p

	228)	165), vindictive (p 184), independent (p 231), loyal (p 229)

Each character will be considered in more detail.

Jake

Jake Taylor struggles with feelings of guilt about the suicide of a childhood friend, Roger Dawson. Jake sets up a MySpace page for Roger entitled “Make My Life Count”. Jake is invited by Chris, a local youth pastor, to attend a youth service at New Song Community Church. Jake starts participating in the youth community which causes his popular friends to shun him and Amy, his girlfriend, to break up with him. Later in the novel Jake finds out that Amy is pregnant. She considers having the baby aborted but decided to give it up for adoption. Throughout the novel Jake experiences tension at home and during the climax of the novel Jake’s mother asks for a divorce. Jake befriends Jonny Garcia who is a former friend of Roger’s. Jonny is introverted, does self-harming and attempts suicide. Jake prevents Jonny from committing suicide.

Father figures

Glen is described as a hard-working absent father. He has high expectations of Jake and wishes him to be successful. Jakes strives to meet those expectations and works hard to try and earn praise and affection from his father (see Britts & Britts 2009:68). Glen has marital problems and is having an affair (see Britts & Britts 2009:233). He avoids difficult situations: on p 204 Jake’s mother accuses Glen of having an affair, but only later, on p 233, does Glen admit to the affair. He does not take responsibility for his actions. When Jake overhears his parents fight, Glen calls it a “little argument” and defends himself by blaming Jake’s mother: “your mother just gets over-excited sometimes” (Britts & Britts 2009:204). He cares very much for Jake, but shows it by means of giving material gifts (see Britts & Britts 2009:180). As a character he loses his arrogance and pride at the end of the novel and tries to build a relationship with Jake (see Britts & Britts 2009:309). In contrast to Jake’s biological father, Jake finds a father figure in Chris, the local youth pastor. Chris is affectionate, sincere, and empathetic (Britts & Britts 2009:63). Later when Jake has a crisis, he turns to God and Chris for support and understanding (see Britts & Britts 2009:193).

The contrast between these two father figures plays an important role in the novel since earthly father figures can be seen as a metaphor for God, the heavenly Father. As a Christian, Chris exemplifies the characteristics associated with the Christian view of God. For example, Chris explains his view of God: “God’s not some genie, or a vending machine, or someone who magically solves every issue for you ... But God is on your side” (Britts & Britts 2009:243). Throughout the novel Chris supports Jake through his struggles.

Antagonists

Doug and Danny play conflicting roles in Jake’s life. Doug exemplifies the person Jake used to be and Danny exemplifies the stereotypical view the populace has of Christians. At the beginning of the novel, Jake is still friends with Doug and their similarities are emphasized. They are both athletic, popular and natural leaders (see Britts & Britts 2009:32). As the novel progresses Jake’s behaviour changes. He explores Christianity and Doug’s consistent behaviour acts as a backdrop to emphasize these changes. Doug partakes in parties, bullying, being “cool”. This is how Jake used to be (see Britts & Britts 2009:46). The tension between Jake and Doug builds up as Doug expresses his jealousy and judgement of Jake’s lifestyle (see Britts & Britts 2009:170). Jake and Doug fight in the gym, because Doug starts dating Amy and flaunts it (see Britts & Britts 2009:172). This marks the end of their competitive friendship. Doug is also contrasted with Roger. Both were Jake’s closest friends during his adolescence. Danny becomes increasingly influential in Jake’s life as he grows closer to God and the New Song Community Church’s youth group. Danny attends the youth group meetings even though he is not religious and associates with a clique of pretentious adolescents who smoke cannabis at school (see Britts & Britts 2009:39). He is judgemental, apathetic and spiteful (see Britts & Britts 2009:73,185). He is jealous of the attention Jake receives from Chris and tries to drive a wedge between Jake and Chris and the church (see Britts & Britts 2009:159). He sadistically enjoys it when other people are punished or hurt. For example, after he got Chris in trouble with the pastor he gloats to Jake about it (see Britts & Britts 2009:184). In Chapter 44, Danny steals Jonny’s cell phone and makes a bomb threat to the school to get Jonny into trouble (see Britts & Britts 2009:289). The Danny character embodies values Christians try to avoid: hatred, discord, jealousy, rage and selfish ambition (see Gal 5:19-20). This also functions to

showcase true Christian values in Jake, Chris and Andrea's lives: "love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control" (Gal 5:22-23).

Suicidal adolescents

Roger and Jonny both attempt suicide in the novel. Roger was successful and his death devastated Jake. This enabled Jake to change his lifestyle and he became the type of person who reaches out to people. Firstly, Roger's life before the accident that disabled him is contrasted to his life after the accident. In his pre-pubertal youth Roger was athletic, optimistic, extroverted, brave, and charming (see Britts & Britts 2009:8). After his accident he had to withdraw from sports but stayed supportive of Jake's endeavours. Roger and Jake had a meaningful friendship which is contrasted to his friendship with Doug. In their freshman year, Jake chose to walk away from his friendship with Roger for the sake of his own popularity (see Britts & Britts 2009:14). After that Roger became socially withdrawn, depressed, lonely and desperate to be heard (see Britts & Britts 2009:129). Roger was bullied because of his disability (see Britts & Britts 2009:22). Jonny likewise was bullied, because he was introverted and was described as a "loser" or "geek" (see Britts & Britts 2009:46). Jonny was depressed, lonely and cut himself (self-harming) to relieve his emotional pain (see Britts & Britts 2009:177). As Jake and Jonny became acquainted, Jonny's sense of humour and creativity became evident (see Britts & Britts 2009:179). Jonny was one of the few friends that Roger had and they used to play online computer games together (see Britts & Britts 2009:179). Jake became the friend to Jonny that he never was to Roger, which relieved some of his remorse. Jake was able to intercept Jonny's suicide attempt, which he was unable to do for Roger.

Amy

Amy and Jake have a long-term relationship in the novel. Her mother is a single parent and mistrusts religion. Throughout the first part of the novel Amy seems judgemental, pretentious, manipulative and vindictive. She does not understand why Jake is upset about Roger's suicide (see Britts & Britts 2009:89). She acts defiantly towards Jake as he attempts to become a Christian and manipulates him to leave the church (see Britts & Britts 2009:139). Amy starts dating Doug to spite Jake and stay in the popular group (see Britts & Britts 2009:184). Beneath all of this, she is

self-conscious and later scared when she becomes pregnant (see Britts & Britts 2009:229). Amy is scared of the future, her reputation, her mother's rejection and to face the consequences of their actions alone (see Britts & Britts 2009:230). Later in the novel, after she and Jake decide to put the baby up for adoption and they work on their relationship. She is supportive and loyal (see Britts & Britts 2009:310).

Andrea

Andrea and Jake become friends when Jake emerges himself in the *Souled Out* youth group. Andrea is friendly, compassionate and empathetic (see Britts & Britts 2009:100). As a friend she is optimistic and supportive, discerning what the other needs and sincere in her attempts to help (see Britts & Britts 2009:184, 201). She has struggled with self-harming in the past but has overcome those problems. She told Jonny that meeting God has saved her life (see Britts & Britts 2009:224). She comes from an affluent family and her parents are divorced (see Britts & Britts 2009:107). Most of the adolescent characters have absent parents who are too busy working to spend time with their families. Each one deals with it differently. Andrea has made the youth group her home but still longs to spend quality time with her family. Andrea and Doug are contrasted since both are friends with Jake: Doug has a competitive friendship with Jake while Andrea has a sincere and meaningful friendship with Jake. Both come from affluent families: Doug is arrogant, whereas Andrea is humble about her family's financial security.

Pam

Pam is Jake's mother who struggles with anxiety about her son and husband. She finds it difficult to "face difficult realities" and rather pretends that everything is well (see Britts & Britts 2009:181). For this reason, she dislikes counselling (see Britts & Britts 2009:205). She would rather avoid her problems than acknowledge them. This causes anxiety and depression. Jake can see that she is weary and unhappy (see Britts & Britts 2009:68). Her obsession with cleanliness and her avoidance of her problems can indicate Obsessive-Compulsive Disorder. (see diagnostic criteria for Obsessive Compulsive Disorder (OCD) in Appendix 1). Jake is a firsthand witness to Pam's struggle with her anxieties. In chapter 48, Pam attends one of Chris' sermons. This can indicate hope that she is opening up to the possibility of help (see Britts & Britts 2009:305).

- *Setting*

To Save a Life takes place in a coastal, suburban town in the United States in the 21st century. Most of the events take place at Pacific High, New Song Community Church or in Jake's suburb.

- *Theme*

The overall theme of the novel is suicide. Throughout the events in the narrative, the protagonist, Jake's, focus returns to Roger's suicide. The novel touches on social problems such as self-harming, adolescent pregnancy, divorce, peer pressure, and drug and alcohol abuse.

- *Tone and style*

The novel is written in simple, everyday diction. For the most part, the narrator uses short sentences and concrete descriptions. The narrator uses figurative language to emphasize heightened emotions and experiences. For example, "Jake was reeling in the darkness like a meteor hurtling through space" (see Britts & Britts 2009:230). The voices of the characters reflect the use of twenty-first century suburban slang with the use of words like "po-po" for police and "blab" for gossip (see Britts & Britts 2009:51, 100). This makes the novel accessible and understandable to modern adolescent readers. The tone of the novel fluctuates between depressive and dark and hopeful and light. Jake's old relationships are marked by depressed feelings and conflict. This includes his relationships with Amy, Doug and his parents. On the other hand Jake is building up relationships with new people from church which are characterized by hope, humour and support. These characters include Chris and Andrea. The ending of the novel is highly emotional and sad, but it shows how Jake has grown as a person. The novel ends with Jake gaining a clearer understanding of Roger's motives for his suicide.

4.2.4. Maladaptive cognitions

Maladaptive cognitions are dysfunctional thought patterns. The characters' maladaptive thought patterns in the youth novel *To save a life* (2009) can provide insights into the participants' own thought patterns. Each type of maladaptive adaptive patterns will be briefly discussed through examples in *To save a life* (2009).

- *All-or-nothing thinking*

All-or-nothing thinking can be understood as the tendency to view the world in extremes. Jake wonders how he will “pick up the pieces of his life” (Britts & Britts 2009:99).Therefore he is viewing his current situation in its extreme. His sadness and guilt about Roger is seeping into his perspective on life. Later on in the novel, Jake feels as though he deserves to lose everything. He allows a mistake he has a made in his relationship with Amy, or a fault he sees in himself, to influence his perception (see Britts & Britts 2009:144). Amy makes a similar mistake during her pregnancy: the only option she sees for herself is abortion (see Britts & Britts 2009:230). This is an extreme option, even for adolescent pregnancy.

- *Catastrophising*

When Jake tells Amy about his experience at church, she immediately grows defensive (see Britts & Britts 2009:87). She compares Jake with her father, who attended church but later left her mother and her. Jake also sees the worst possible outcome when Andrea first approaches him at school and asks how he is. His first response is to think that Chris shared his problems with the group (see Britts & Britts 2009:100). To Jake who values his reputation, the possibility of this is horrifying. With her pregnancy, Amy only sees the worst possible outcome: “You’re going to take your little birdie bag and move on with your life, even more than you already have” (Britts & Britts 2009:230). Amy can only imagine facing the consequences of her pregnancy alone. She disregards the possibility of attending Louisville as she planned. When she imagines talking to her mother, she only anticipates anger and resentment from her mother.

- *Discounting the positive*

Whenever Jake interprets his situation as disastrous, he fails to recognize his successes or positive characteristics. After his first visit to Chris’ church, Jake wonders how he will “pick up the pieces of his life” (Britts & Britts 2009:99). Jake interprets his situation without considering the positive influences of basketball, financial security and the admission to Louisville. Later Jake labels himself as a jerk (see Britts & Britts 2009:123). By doing this, he ignores his positive traits and accomplishments.

- *Emotional reasoning*

Jake drove to the youth group, but because of his fear and uncertainty he decided not to go in to the youth meeting (see Britts & Britts 2009:108). Amy interprets Jake's shock-response to her pregnancy through the bias of her fear and uncertainty (see Britts & Britts 2009:230). Her decision to choose an abortion is based on these feelings. When Jake finds out about his parents' divorce, his conversation with his father is marked by shock and anger (see Britts & Britts 2009:233). When Jonny attempts to confide in Jake, Jake is preoccupied with his own problems and emotions and reacts with frustration and anger (see Britts & Britts 2009:236).

- *Labelling*

When Jake talks to Chris about Roger he defines himself as "too cool" to be friends with Roger (see Britts & Britts 2009:63). Even though this concept has been used in a positive sense in pop culture, here is it used to describe himself as uncaring and insensitive. Later in the novel, Jake defines himself as a jerk: "What kind of jerk turns his back on someone who saved his life?" (Britts & Britts 2009:123). After Jake finds out about Amy's pregnancy, he describes himself as stupid for allowing it to happen (see Britts & Britts 2009:234).

- *Magnification/minimization*

Jake magnifies his responsibility for Roger's suicide throughout the novel, for example "and now he would bear the blame alone" and "they sure weren't carrying their friend's suicide on their shoulders" – implying that he is (Britts & Britts 2009:89, 106). Jake magnifies his failure to acknowledge Roger as his friends: "He identified at least a dozen times over the past few years when he had walked past Roger without saying a word" (Britts & Britts 2009:109). Similarly, Chris feels responsible for Roger's suicide in the following statements: "We … I … missed him" and "whatever he hoped to find here, he obviously didn't" (Britts & Britts 2009:63). Jake minimizes his achievements throughout the novel, for example after he organized a lunch group at school with the people from youth group he thought: "What just happened?" (Britts & Britts 2009:149)

- *Mind reading*

Jake thinks he understands the motives behind his father's behaviour: that his father is trying to live vicariously through Jake (see Britts & Britts 2009:68). Jake believes

he understands Danny's drug problem. Jake thinks Danny feels that he should assert control over his own life (see Britts & Britts 2009:137). Amy asks Jake whether they can talk somewhere else, not at the church and he believes that she is manipulating him to leave the church (see Britts & Britts 2009:139). Jake saw the similarities between Jonny and Roger and speculated that Jonny thought and felt similar to Roger before his suicide (see Britts & Britts 2009:176). Of all the assumptions Jake makes about the other characters in the novel, this is one of the few that is true.

- *Overgeneralization*

During his argument with Amy, Jake thinks "Women never fight fair!" (Britts & Britts 2009: 85). This is an overgeneralization of Amy's behaviour. Amy makes a sweeping negative judgment about Christians after her negative experience with her father (see Britts & Britts 2009:87). Her negative view on Christians is reaffirmed when she attends Chris' youth group and feels judged by Mark, the pastor (see Britts & Britts 2009:137).

- *Personalization*

Both Jake and Chris feel responsible for Roger's suicide (see Britts & Britts 2009:63). They attribute Roger's behaviour to their own failure to help him through his depression. Jake speculates that Roger chose Senior Hall to commit suicide because he knows Jake would be there (see Britts & Britts 2009:130). Jake also attributes Roger's accident to his own failure: "The car should have hit me" (Britts & Britts 2009:210). Jake feels responsible not only for Roger's death but also for Roger's disability and subsequent hardships.

- *"Should" and "must" statements*

Jake has the inflexible belief that he could have prevented Roger's suicide. In Chapter 2 he thinks: "Could I have done something?" (Britts & Britts 2009:17) Jake believes that if he had paid attention in freshman health class he would have had the resources to help Roger: "He simply had to find out what he could or should have done to help Roger" (Britts & Britts 2009:109). In a conversation with Amy, Jake asks why he did not do anything to help Roger, implying that he should have (see Britts & Britts 2009:122). In the same conversation he emphasizes this by saying: "He's dead, Amy, and I could have done something about it!" (Britts & Britts 2009:123)

4.2.5. Coping styles

A discussion focused on the coping styles used by the characters in To save a life (2009) can be helpful to the participants as they consider their own coping styles. Three main coping styles will be considered by looking at examples from *To save a life* (2009).

- *Withdrawal coping*

Withdrawal coping is when individuals withdraw from a situation and deny the conflict which has caused the withdrawal. Various characters in the novel manage situations by avoidance and denial. Amy distracts Jake from a difficult conversation about Roger's suicide by proposing they have sex: "Amy slipped her hands into Jake's back pockets and pulled him even closer to her" (Britts & Britts 2009:89). Later, Jake and Amy are upset with each other, but rather than talk about it, they ignore it and pretend that everything is fine. Amy asks: "Can we just pretend the last couple of days never happened?" and Jake nods in affirmation (Britts & Britts 2009:114). Jonny initially withdraws from others. When Jake first invites Jonny to have lunch with him, Jonny says he has a sketch to finish (see Britts & Britts 2009:167). The second time Jake reaches out to Jonny is when he asks Jonny if he would like a lift home. Jonny declines Jake's offer, but Jake persuades him (see Britts & Britts 2009:174). Later in the novel, Jonny cuts himself (self-harming): "Pressing it into his flesh, he carved temporary relief on the inside of his arm" (Britts & Britts 2009:263). Jonny avoids dealing with his emotions by cutting himself. His attempt to commit suicide is also a way of withdrawing from a difficult situation. After he is arrested, Jonny attempts to commit suicide by overdosing on medication (see Britts & Britts 2009: 290).

Glen, Jake's father, avoids conflict with his wife, Pam. He states that he has a meeting to attend. Pam believes that this is only an excuse to avoid her. He denies her accusations that he is having an affair. When he realises Jake overheard their argument, he says: "It's nothing; your mother just gets over-excited sometimes" (Britts & Britts 2009:204). Glen refuses to acknowledge that they have marital problems and that he is partly responsible. After their final confrontation, Pam asks for a divorce and moves out. She tells Jake: "I just can't right now." She is avoiding dealing with the consequences of their divorce. Earlier in the novel, Pam is described

as avoiding difficult situations by cleaning. Jake's description of his mother seems similar to Obsessive-Compulsive Disorder. Jake describes her as: "Pam was a neat freak in the worst way. She seemed physically unable to leave something out of place, and her favourite companions were a bottle of Windex and a roll of paper towels. The shrink has called it a 'coping mechanism'" (Britts & Britts 2009:69). Cleaning was a therapeutic escape to Pam (see Britts & Britts 2009:181). She cleans to avoid difficult situations or unsettling thoughts.

- *Internal coping*

As the novel is mostly written from Jake's perspective, Jake's internal coping techniques are most vividly described. Jake is looking for answers about Roger's suicide: "Why did I come here? What good will it do now?", "Where has she been? How could she have allowed this to happen?" (Britts & Britts 2009:7, 11). Later in the novel, he looks for answers about his parent's divorce and Amy's pregnancy: "How could I have been so stupid? How did they let this happen? How could dad do this? What do I have to do to make up with Amy? Why won't Mom call me back? Should I even try to call Amy?" (Britts & Britts 2009:234). Jake is trying to evaluate his situation and find ways to handle it. Jake searches MySpace for *Roger Dawson* to gain information about Roger and ascertain why he committed suicide (see Britts & Britts 2009:125).

- *Active coping*

There are multiple instances where a character attempts to seek advice or discuss a problem, but is denied this chance: Jake attempts to talk to Amy about Roger but she does not understand (see Britts & Britts 2009:88). Amy attempts to talk to Jake about her pregnancy but he interprets her behaviour as manipulative (see Britts & Britts 2009:139). Jonny attempts to talk to Jake about his fears about Andrea but Jake is too upset about his own problems (see Britts & Britts 2009:236). These characters were discouraged to persist in their attempts to talk about their problems. Jake, as the protagonist, shows the most growth in how he handles difficult situations. Jake and Chris talk about Jake's faith and Jake accepts and follows the advice Chris gives him (see Britts & Britts 2009:108). Jake learned to accept the good with the bad: "Today wasn't his best day ever, but all of a sudden it wasn't his worst" and later "even in his anguish over Amy, Jake also found himself smiling more" (Britts & Britts 2009:187, 200). Later in the novel, Jake and Chris talk about

Jake's parents. Chris advises him to always respect and honour his parents and Jake attempts to follow his advice (see Britts & Britts 2009:203). After Jake finds out about his parent's divorce and Amy's pregnancy he talks to Chris about his problems (see Britts & Britts 2009:240). He gains insight into how Amy might be feeling and what is motivating her actions. For Christians, prayer can be seen as active coping. Jake prays about Amy and asks for guidance (see Britts & Britts 2009:246). The next day Jake apologizes to Amy, changes his future plans in order to be with her and bear the consequences of their actions together (see Britts & Britts 2009:252). Empathy and active listening are important skills when building relationships. This can be seen in Jake's interaction with Amy. He had to show her empathy before she listened to his point of view. In another example, Chris shows compassion, sincere interest and understanding when Jake speaks to him.

4.3. The pastoral process: An application strategy for *To save a life*

The following is a summary of the stages, thematic division, and activities of the proposed pastoral bibliotherapeutic plan:

Session	**Bibliotherapy stage**	**Theme**	**Receptive Activity**	**Expressive Activity**	**Symbolic Activity**
1	Recognition	*To save a life*	Watch film	Write a letter to the character you associate most with	Character as a metaphor for self
2	Examination	Roger's suicide	Read extracts from pp. 23-25	haiku poem	"Mail" poems
3	Examination	Jake and Chris	Read extract pp. 62-63	Make a list of your own anxieties	"Mail"/ burn list of anxieties

4	Examination	Suicide note	Read extract from p 129	Collage of Social Media	"Mail" collage
5	Examination	Religious communities	Read extracts from pp. 108, 137 and 142	Write a collaborative poem	"Mail" poem
6	Examination	Social concerns	Read extracts from pp. 229, 231 and 233	Male a list of rhetorical questions you struggle with	"Mail" rhetorical questions
7	Juxtaposition	Maladaptive cognitions	Discuss examples of maladaptive cognitions of characters	Mind-map with examples from literature	Mount activities on wall
8	Juxtaposition	Maladaptive cognitions	Discuss examples of maladaptive cognitions of characters	Mind –map with examples from own life	Mount activities on wall
9	Juxtaposition	Coping styles	Discuss coping styles of characters	Write letter to self about coping styles	"Mail" letter to another reader-participant
10	Self-application	Jonny's letter	Read extract from pp. 314-315	Collaborative poem "I used to...but now..."	Mount on wall Brochure/ poster/

					arrangement of creative material

Each session consists of a receptive, expressive and symbolic activity. During the receptive mode the facilitator introduces a film, literature or music into the therapeutic context. The group of reader-participants partake in a facilitated discussion of the film, text or song. For the expressive mode the reader-participants take part in a writing activity. For the symbolic mode the reader-participants find a metaphor in the literature, participate in collaborative projects or ritualistically "mail" expressive activities. The topics and plan for each session will ne explicated.

Session 1: Initiation

The participants will be introduced to one another. As a group they will watch the film *To Save a Life* (Baugh 2010). Questions that can be asked to open up the discussion afterwards or involve the participants are:

- Have you watched the film or read the book before today? What did you think of it?
- What did you like or not like about the film? If you have watched it before, did your reaction to it change?
- Is there a character you liked or disliked? Why is that?
- Do you think the characters portray how real people would react in similar situations?
- Have you or someone you know experienced any problem similar to those the characters faced?
- The parents were absent in the film. Can you relate to absent parents?
- With which character do you empathize most?

This last question leads to the expressive activity for the week. The reader-participants are asked to write a letter to the character with whom they empathize most. They are encouraged to explore why they empathize most with this character and share their own experiences. There will be a "mailbox" through which the reader-participants can "mail" the letters to the characters. The characters also act as a

metaphor for the reader-participant which is essential to the symbolic activity. Most of the characters in the novel have positive outcomes with regard to their problems. By associating with these characters, the reader-participant is opening up to a hopeful outcome for themselves.

Session 2: Exploration of Roger's suicide

Participants are welcomed to the group. The receptive activity for Session 2 is to read aloud two extracts. The following excerpt about the night before Roger's suicide can be read (Britts & Britts 2009:23):

> A mere fifty feet away, a light shines from an upstairs window in the house across the street. Roger Dawson sits at his bedroom desk, typing intently on his MySpace page... Far beyond Jake's concern, and in much less celebratory mood, Roger, too, responds to voices only he can hear. He slips into his mother's room and searches through her night stand drawer. When he finds what he's looking for, the cold metal touching his skin sends shivers through his heart... Jake dribbles home right past Roger's house, never noticing the bedroom light, even when it goes out.

An excerpt about the day of Roger's suicide can be read (Britts & Britts 2009:24-25):

> And then, Jake sees him – in the middle of the hall, pointing his gun in the air, black hoodie pulled over his head. Even with his back turned, Jake immediately knows it is Roger's. The pulse in his ears quickens.
>
> What is Roger thinking?
>
> Jake's stomach lurches, and he forces himself to his feet, inching toward the hunched, black-clad figure of the boy he grew up with and had once called friend. Ten feet away, his shaking legs quit on him. He does not fully recognize the cracked voice coming from his own mouth.
>
> "Roger! Dude, what are you doing?"
>
> Roger spins around, bitter hurt in his eyes. "You."
>
> "What are you doing?" Jake tries to hide his fear.
>
> Roger's face twists into a sardonic smile. "What does it matter?"
>
> "We're friends."

> "Yeah," Roger repeats with a smirk. "Friends."
>
> "So put the gun down," Jake begs as he inches again toward Roger. "Rog, you don't have to do this."
>
> Roger gazes into Jake's eyes and utters four words that will haunt Jake for months afterwards.
>
> The pounding in Jake's head overwhelms him as he watches four security guards. Clyde at the front, crash through the doors behind Roger and rush the shooter. With a trembling arm, Roger raises the gun to his own chin.
>
> "NOOOOOO!" Jake yells, deafened by the final crack.

Questions that can be discussed afterwards are:

- What do you think Roger is feeling/thinking in the first extract? Have you ever felt like that?
- In the second extract Jake asks himself "What is Roger thinking?" What do you think is going through Roger's mind?
- In the second extract, Roger "utters four words that will haunt Jake for months afterwards". What do you think those four words were? And why were they significant?
- Why do you think Jake asks himself at the funeral: "What now?"
- Throughout the funeral service, Jake asks himself: "Why am I here?", "How did I get here?" and "Could I have done something?" Are all these questions about Roger? What are they about?
- What do you think happened to Roger? What do you think happens when someone dies? Do you think there is a heaven and hell?

The expressive activity for the week is that each reader-participant writes a short poem about "those four words". For example, which four words will haunt you if someone says them to you, or which four words do you wish you could say to someone? In the novel, those four words are: "What do you care?" Mailing these poems represent the symbolic activity for this session. Mailing the activities in this exploration phase is a ritual for expressing the feelings or thoughts and then letting them go.

Session 3: The impact of Roger's suicide on Jake

For the receptive activity of this session, the facilitator can read an excerpt about where Chris gives Jake a ride home and they talk about Roger (Britts & Britts 2009:62-63):

> Jake squinted out the window through his headache at what was once Roger's mailbox. His heart began to pound, and he started gasping for air, but couldn't seem to get enough. He stared at the dark house beside him, the particular bleak and judging second-floor window staring back.
>
> Chris turned the car's engine off. "Tell me about you and Roger."
>
> Jake was caught off-guard, and his reflexes pushed back. "What do you care?"
>
> Chris absorbed Jake's pointed response with a ragged exhale. "I just can't get him out of my mind." His fingers danced nervously on the steering wheel, and his eyes stared blindly into the swallowing darkness. "Roger came to my youth group once. The Sunday before –" His voice echoed in the car. "It must have been a last-ditch effort. And yeah, I talked to him – I shook his hand and moved to the next kid." He beat his palm on the steering wheel. "There he was, going through hell and hoping church or God might be the answer –" His voice broke, and he could only muster a whisper. "It didn't work. We...I...missed him. We let him down." ...
>
> "There was a kid at the party tonight," [Jake] blurted out. "They didn't let him in because he wasn't cool enough." He paused as the dam in his heart cracked even more. "Can you believe how messed up that is? He wasn't cool enough? ... The other guys didn't want Roger around, so I ditched him. They'd mess with him, and I didn't even say anything. It was every day. I'd see him walking to school or in the halls – I didn't even say hi. I was...too cool." Jake's voice finally collapsed, his eyes fixated on Roger's lonely bedroom window.
>
> They sat together in silence for several seconds. Then Chris quietly added, "I know what you mean. We have to own how we treated him."
>
> Jake turned to face Chris. "I was his only friend. And I –" He interrupted himself, half hoping Chris would absolve him of his sins, or at least give him some spiritual words of advice to make him feel better.

Chris did neither. “So we’re both living with regrets.”

The following questions can be used to initiate a discussion:

- Jake experienced some anxiety symptoms when the stopped in front of Roger’s old house. Can you identify them? Why do you think Jake experienced anxiety in this situation?
- Have you ever experienced anxiety? If you have, tell us about the situation in which you were.
- Both Chris and Jake feel responsible for Roger’s suicide. Do you think it is realistic for them to feel this way?
- Do you blame anyone for your own situation? Why, or why not?
- Let’s talk about mutual responsibility. Do you know what that means? Do you have any regrets?
- Do you feel responsible for something? Do you have some anxiety that is pressing down on you like a rock? If someone talked to you about it, what do you think they would say? What would you want them to say?

The last question introduces the expressive activity for this session: writing down a list of anxieties. The reader-participants share and discuss their anxieties with the group if they are willing to do so. They are then asked to burn this list, which is the symbolic activity. A candle or small fire can be provided. This can be understood as a metaphor for conquering anxieties. Some anxieties with which the reader-participants struggle, can be verbalised in a collaborative poem which can be “mailed”.

Session 4: Roger’s suicide Note

Participants discuss their experience and contemplate whether letting go of some of their anxieties has helped them through the week. For the receptive activity of this session Roger’s suicide note from his MySpace page can be read (Britts & Britts 2009:129):

> I feel so alone, like I’m the only person in the world who feels this way, and it does not even matter. It’s not important.
>
> Maybe because I’m not important.

I'm screaming out, doing everything I can do to be heard, yet even silence is louder than my screams.

What can I do to be heard, other than

Tear down this world,

Break apart my life,

DIE?

Sometimes I wonder whether or not I'm becoming more alive or dying. Sometimes I wonder if there is any difference.

Desperation is worse than frustration.

Is living worse than dying?

Is screaming worse than crying?

If I break apart this world around me, maybe people will start to understand. I just want somebody to think I'm not crazy, somebody to understand and to listen to me and not get crazy, somebody to understand and to listen to me and not get angry that I'm not content, because I'm not.

I'm not happy.

I feel like I'm trapped in a life that does not want me, in a world where I'm so completely different. I can't ever fit in or be understood. I can scream as loud as I want, but the screams will always fade away because no one really knows how to listen.

Maybe this will show them.

Questions that can be posed are the following:

- In his letter, he refers to "them". Jake wonders "Who is 'them'?" Who do you think Roger is talking about?
- Is Jake part of "them"? Do you think Roger wanted Jake to see his suicide? Did he want to give Jake a chance to stop him?
- Roger felt alone. What other feelings are associated with feeling alone? Can you see some of these feelings in the letter or think of any?

- Have you ever felt like this? In what situations have you felt like this?
- How have you dealt with these feelings in the past? What did you do?
- Have you ever attempted to communicate on a Social Media Network, such as Facebook or Twitter, when you felt like this? Did it make you feel less lonely?
- If you have used a Social Media Network, could you maybe print or write some of your posts on pieces of paper and make a collage? If you have not, you could maybe write down thoughts from the previous week and make a collage with them.

The last question represents the expressive activity for this week. The reader participants make a collage of their own social media posts. A computer and printer should be made available. For the symbolic activity, the reader-participants "mail" their collages.

Session 5: Religion

The reader-participants are welcomed and encouraged to talk about their week. For the receptive activity the facilitator can read excerpts about faith. Chris encourages Jake to earnestly believe in God (Britts & Britts 2009:108:108):

> Look I'm telling you, if you are willing - I mean really, truly willing- to search hard, and to ignore everything that friends might say or whatever or whatever might happen, I'm telling you, Jake, you're going to find that He's more than worth it ... Well, I don't know how it's going to happen, but Jake, give it some time. One thing I've learned about God is he won't leave you hangin'.

Amy's first experience of New Song Community Church is described as follows (Britts & Britts 2009:137):

> Danny's eyes also lingered on Amy, but definitely not in disapproval. Pastor Mark caught his son in the middle of his gaze and gave him an elbow to the stomach. Far from remorseful, Danny winked at his dad and sauntered along the back wall until he plopped himself on the grubby couch. Jake secretly wished the couch would swallow him whole.

> Jake put his arm around Amy's shoulders. Her eyes focused ahead, mesmerized by something on stage. He followed her line of sight to the plastic drum-shield a few feet to the right of Andrea and Kelsi. In its reflection, Pastor Mark's crossed arms and condemning stare could not have been more crystal-clear.

Chris shares his first church experience with the youth group (Britts & Britts 2009:142):

> ... boring, judgemental, hypocritical. We can sometimes be the exact opposite of what the Bible teaches ...That's not how it is supposed to be! This is supposed to be a place where you don't have to pretend like you've got it all together or you've got no problems, where you can be who you really are and not feel judged ...That's not how it was for me, though ... I remember my first time at church. I was seventeen years old ... For three month, I attended every week. And I felt like a leper. In all my time, nobody once ever sat next to me or remembered my name or included me in their group ...Years later, I met Jesus for real from my college roommate. I found out that Jesus went out of his way to hang with the outcasts, the forgotten, the lonely, the rejected. He did everything my church did not. And I swore that if I ever attended a church again I would do the exact opposite. So here we are. I know we're not perfect; in fact, I know that we've probably hurt many people along the way. If that's you, I want to say I'm sorry. I'm sorry we haven't shown the real Jesus to you...We've all been judged. We've all been mistreated. But I want you to take thirty seconds of silence and answer this question: Who have you judged, and what are you going to do about it?

Some questions that will open up the discussion of these passages include:

- What are your beliefs? Do you attend church? Could you share your experience of your community?
- Amy felt judged at church and saw them as hypocrites. Do you feel this way about the faith "community"? Where else have you felt you are being judged?
- What does "community" mean to you? What would you want it to mean?
- Who have you judged? What would you want to do in future?

- Chris says earlier in the story that he is not very religious. What do you think he means by that?
- What do you think happens after someone dies? Do you believe in an afterlife?

This last question is directed at participants who did not share their beliefs and thoughts when the subject was broached previously. The expressive activity for this session is that the reader participants write a collaborative poem about community. Each reader-participant should write at least one line. The group "mails" the poem. This represents the symbolic activity for this session.

Session 6: Jake's relationship problems

The participants are welcomed and encouraged to share their experiences of the past week. The facilitator can then turn to reading excerpts that illustrate how Jake deals with relationship problems. The following excerpt is about Amy telling Jake that she is pregnant (Britts & Britts 2009:229):

> "Jake, I'm pregnant," her voice cracked... "I missed my period, I took four home tests. I'm sure."
>
> The previous anger Jake had felt toward Doug was nothing compared to the rage that welled up within him now. Jake and Amy had almost always been careful, making sure that something like this could never happen. And in only a few weeks, Doug had swooped in and taken complete advantage of her. *Why did she have to come here and rub it in my face?* Jake felt like crushing something, someone, but could only clench his fist tight upon itself. His knuckles turned white and the tendons in his forearms popped out as a scream rose in his chest and lodged in his throat. He could seriously kill him.
>
> And then, as if she was reading his mind, Amy looked straight at him. "It's yours, Jake," she said weakly.

Jake confronts Amy about her decision to abort the baby (Britts & Britts 2009:231):

> He whispered, "What about the baby?"

> Amy attempted to slam the door shut, but Jake grabbed her hand pulling her grip off the handle. “Great!” she moaned through a rush of tears. “Why don’t you make me feel worse than I already do!” She turned the engine over with the door still open and shifted from neutral to first while staring venomously at Jake. “I’d thought maybe your religious thing might make you more sympathetic, but I guess I was wrong.”
>
> This was the knockout punch. Jake staggered back, releasing the door, completely at a loss. He didn’t want to fight with her. If only she’d let them talk this out.

Jake arrives home and learns about his parents’ separation (Britts & Britts 2009:233):

> Glen took a few moments to get his words out. When he finally spoke, they came out broken. “Your mom caught me with another woman.” He shifted his eyes away from Jake’s condemning glower and sunk back in his expensive leather chair.
>
> “She what?!” Jake shouted.
>
> “She wants me to leave.”
>
> The words hit Jake like a wrecking ball to his guts. He felt disembowelled. He took a few steps back and collapsed against the door frame. “How could you?”
>
> “I don’t know...But it’s a two-way street, it’s not just me,” his father feebly defended himself...
>
> *How dare he do this to us?* Jake thought about how he had wanted to grow up to be just like his dad when he was a little kid. Now he’d rather punch him. “You’re unbelievable, you know that?” Jake spewed, shoving the papers on his dad’s desk so they flew all over the room. “I don’t even want to look at you!”

These passages deal with Amy’s pregnancy and Jake’s parents who are getting divorced. Jake asks some rhetorical questions (Britts & Britts 2009:234) which can be used as point of departure for the discussion after the reading:

- Let’s discuss Jake’s rhetorical questions from p 234.

- Jake's first reaction is that of shock, after which he experiences anger. Can you describe from the passage the signs of these emotions?
- In the second extract Amy feels Jake is being judgemental. Do you agree? Why/why not?
- Do you think these things happened to Jake or to the people around him?
- Do you think Jake is responsible for what happened? Do you think he is sharing in the consequences of these actions?

For the expressive activity reader-participants discuss some of the questions with which they struggle. They can write these questions down. As part of the symbolic activity a candle or small fire can be provided by the facilitator to do burn the rhetorical questions. This can be understood as a metaphor for conquering the anxieties associated with these questions. Some of the rhetorical questions can be incorporated into a collaborative poem which can be "mailed".

Session 7: Exploring maladaptive cognitions of the characters

Cognitive distortions can be brought into the awareness of the participants during discussion groups. This will help the participant to understand to what extent these unhealthy cognitions affect their perception of their world and that they do not have to react impulsively to internal stimuli (see Collins et al 2006:183). For the receptive activity the facilitator explains each maladaptive distortion and shows an example of it from *To Save a Life* (2009). The reader-participants will be encouraged to engage and discuss each type of maladaptive distortion and identify other examples from the literature.

Each maladaptive cognition will be briefly discussed from the insight gained from the exploration of the literature through the preliminary process.

- *All-or-nothing thinking*

With all-or-nothing thinking an individual views a situation at its extremes rather than along a continuum. For example, after Jake first visit to church, he wonders how he will "pick up the pieces of his life" (see Britts & Britts 2009:99). The facilitator can ask the participants if they have felt like this before. Jake's sadness and guilt about Roger's suicide are seeping into his perspective on life. The facilitator can emphasize that it may be healthier to view the events and circumstances in one's life along a continuum.

- *Catastrophising*

Catastrophising is when an individual understands a situation as disastrous rather than unfortunate or sad. For example: Amy expects the worst outcome to her pregnancy: "You're going to take your little birdie bad and move on with your life-even more than you already have." (Britts & Britts 2009:230) Amy describes Jake as moving on with his life and therefore she imagines facing the consequences of her pregnancy alone. She disregards the possibility of attending college, adoption and withdraws from Jake because she believes that he will not take responsibility. It may be helpful to explore various outcomes to a situation rather than focusing on the worst possible outcome.

- *Discounting the positive*

Discounting the positive is a maladaptive cognition where people continually discredit their own success and achievements. After his first visit to Chris' church, Jake wonders how he will "pick up the pieces of his life" (Britts & Britts 2009:99). Jake interprets his situation without considering the positive influences in his life: his basketball success, his family's financial security and his admission to Louisville. Rather than discounting positive influences, an individual can make a list of positive events or circumstances which they benefit from.

- *Emotional reasoning*

When trapped in emotional reasoning an individual bases decisions and actions on emotions rather than logic. Jake drove to the youth group, but because of his fear and uncertainty he refrained from going inside and joining the others (see Britts & Britts 2009:108). It is important to acknowledge and name the emotion one is struggling with. This makes it possible to put the emotion aside and think about the situation or event more clearly.

- *Labelling*

People who are prone to labelling describe themselves in negative terms and discount all contradictory evidence. For example Jake defines himself as a jerk: "What kind of jerk turns his back on someone who saved his life?" (Britts & Britts 2009:123). It may be helpful to ascribe a characteristic to a specific behaviour rather than to one's identity. For example, "I acted like a jerk, but that doesn't mean I am a jerk."

- *Magnification/minimization*

Another example of maladaptive cognition is when people evaluate themselves or a situation by magnifying the negative and minimizing the positive aspects. Jake magnifies his responsibility for Roger's suicide throughout the novel, for example "and now he would bear the blame alone" and "they sure weren't carrying their friend's suicide on their shoulders" – implying that he is (Britts & Britts 2009:89, 106). Jake is maximising his responsibility for Roger's suicide. By doing this, he is also minimizing Roger's choice to commit suicide, Roger's experiences and other influence that may have contributed to Roger's suicide. It may be helpful to make a list of positive and negative aspects or other influences in order to come to a healthier view of a situation.

- *Mind reading*

Believing that one intuitively knows what others are thinking is maladaptive and falls under the category of mind reading. Jake thinks he understands the motive underlying his father's behaviour: that his father is trying to live through Jake (see Britts & Britts 2009:68). It may be helpful to ask someone what they are thinking than to believe one has intrinsic knowledge of their thoughts.

- *Overgeneralization*

Overgeneralization is to make sweeping negative judgements based on one bad experience. During his argument with Amy, Jake thinks: "Women never fight fair!" (Britts & Britts 2009:85) This is an overgeneralization of his interpretation of Amy's and, more generally, women's behaviour. It may be helpful to explore specific and unique ways to express one's emotions and views about an event. It may also be helpful to consider situational factors that contribute to others' behaviour.

- *Personalization*

When an individual attributes negative behaviours to a personal lack or failing, it constitutes the maladaptive cognition of personalization. Jake feels responsible for Roger's suicide even though he had no explicit influence on Roger's behaviour at the time (see Britts & Britts 2009:63). Jake speculates that Roger chose Senior Hall to commit suicide because he knows Jake would be there (see Britts & Britts 2009:130). It may be helpful to explore other possible influences on another's behaviour.

- *"Should" and "must" statements*

An individual who tends to make "should" and "must" statements often has a rigid understanding of the acceptable way to think and act. "[Jake] simply had to find out what he could have- or should have- done to help Roger" or to prevent Roger's suicide (see Britts & Britts 2009:109). Possible words that can be used in the place of "should" and "must" include: perhaps, maybe and possibly.

For the expressive activity, the group collaboratively creates a mind-map contrasting maladaptive distortions from the literature with possible healthier cognitions (see Appendix 4 for a template of a maladaptive cognitions mind-map). For the symbolic activity they mount the mind map onto a wall to show what they have learned during this session. The reader-participants are encouraged to explore their own thought patterns during the following week.

Session 8: Exploring maladaptive cognitions of the reader-participant

The reader-participants are welcomed and discuss whether the knowledge from the previous sessions has helped them during the week. For the receptive activity of the session, the facilitator initiates a conversation about the different maladaptive cognitions and contrasts them with healthy thought patterns from everyday life. For the expressive activity, reader-participants create a mind-map contrasting their own maladaptive cognition and healthy thought patterns. For the symbolic activity, these mind-maps will be "mailed".

Session 9: Exploring coping skills

The reader-participants are welcomed and discuss whether the knowledge from the previous session has helped them during the week. For the receptive activity of this session, the facilitator describes the different coping styles and indicates an example from the literature.

Each coping style will be briefly described with examples from the literature. These examples come from insights gained during the facilitator's exploration of the *To save a life* (2009) during the preliminary phase.

- *Withdrawal coping*

Withdrawal coping is when individuals withdraw from a situation and deny the existing conflict. For example: Jonny's self-harming behaviour can be seen as a way to withdraw from difficult events and circumstances in his life. Jonny cuts himself (self-harming): "Pressing it into his flesh, he carved temporary relief on the inside of his arm" (Britts & Britts 2009:263). Jonny avoids dealing with his emotions by cutting himself. His attempted suicide is also a way of withdrawing from a difficult situation (see Britts & Britts 2009:290). Another way to withdraw can be seen in Jake's description of his mother. Pam is described as avoiding difficult situations by cleaning. Jake's description of his mother seems similar to Obsessive-Compulsive disorder (OCD): "Pam was a neat freak in the worst way... The shrink has called it a 'coping mechanism'" (Britts & Britts 2009:69). Both Jonny and Pam suffer from serious conditions. Their coping behaviours have become maladaptive to the extent that it is influencing their function or decreasing their quality of life. It is necessary to actively acknowledge thoughts and circumstances which are difficult to cope with and find help to struggle through them.

- *Internal coping*

Internal coping is when an individual appraises the situation and searches for possibilities of compromise. Jake uses rhetorical questions to explore the events in his life. While he is looking for answers about Roger's suicide, he asks the following questions about Roger's mother: "Where has she been? How could she have allowed this to happen?" (Britts & Britts 2009:11). Later in the novel, he is looking for answers about his parent's divorce and Amy's pregnancy: "How could I have been so stupid? How did they let this happen? How could dad do this? What do I have to do to make up with Amy? Why won't Mom call me back? Should I even try to call Amy?" (Britts & Britts 2009:234). Jake is trying to evaluate his situation and find possible ways of coping with it. It may be helpful to explore these questions with someone who can help find answers to these questions.

- *Active coping*

Active coping is when people seek support and take the advice of reliable sources. For example, when Jake reaches out and talks to Chris about: faith (see Britts & Britts 2009:108), his parents (see Britts & Britts 2009:203), Amy's pregnancy and his

parents' divorce (see Britts & Britts 2009:240). For Christians, prayer can be seen as an active coping style as it represents entrusting difficult situations to God and asking for help. This is seen in the novel when Jake prays about Amy and her pregnancy (see Britts & Britts 2009:246).

Reader-participants are encourages to discuss examples from the literature and their own lives. For the expressive activity of this session, the reader-participants write "a letter to myself" that shows how they have coped with problems in the past, how they would have coped differently and how they would want to cope with them in future. For the symbolic mode of this session, each participant randomly draws the name of another reader-participant from a hat and addresses their letter to this person. The letter can be a poem or story, lyrics to a song, anything that illustrates how they have witnessed the growth of the other. These letters will be handed to the recipients anonymously at a next session. The reader-participants are encouraged to invite a parent, sibling, friend or mentor to attend the next session.

Session 10: Jonny's Letter

The participants are welcomed and discuss the knowledge and skills they have gained from the previous sessions. For the receptive mode the following excerpt can be read (Britts & Britts 2009:314-315).

> Dear Jake,
>
> I'm sorry if this paper smells like roses. I got it from my mom's room and I didn't realize the scent until I was almost done. Anyways, I wanted o say this in person but it's weird...Thanks for being my friend. I know you are like super popular and have tons of friends, but they have always been harder for me to come by. With my mom being in the Marines, we've always had to move every couple of years and it just didn't seem worth it anymore. So remember that time you asked me if I had ever felt the way Roger did? I said I didn't, but I lied. I thought about taking my life all the time. I even wrote the letter explaining why to my mom...
>
> But then out of the blue YOU came up and invited me to eat with you guys. I mean who does that? And then, when I hit very bottom, you threw

yourself in front of the car to save me. I don't want to think about where I'd be if you hadn't done that. I just wanted to say thank you.

P.s. Here's the letter I never had to leave for my mom.

Topics that can be introduced to initiate the discussion are:

- Jonny wrote: "Thanks for being my friend." Has a friendship ever meant as much to you? Do you think your friendship matters that much to anyone?
- Jonny wrote that he has felt what Roger felt. Do you think they would have benefitted from learning about maladaptive thoughts and coping skills?
- Jonny felt like "this world would actually be a better place without him." Do you think that is true: for him, for you? Why would the world not be a better place without you?
- Jonny wrote: "I do not want to think about where I'd be..." What do you think he means? Do you think this indicates that he really wanted to live, even if he only realized it afterwards?
- Jake felt grateful that his life could mean something to someone, even after he was not there for Roger. Do you think Jake failed Roger? Do you think it is important that Jake learned from what happened with Roger to help someone else?
- Do you think you can help yourself and/or someone else in the future with what you have learned from your experiences/situations?
- Do you think you can try to apply what you have learned from this group to be a happier person and to help others?

For the expressive mode of this session, the group writes a collaborative poem, each reader-participant contributes two lines in the style of "I used to ... but now". For the symbolic mode, reader-participants open the mailbox and reassemble everything they have "mailed" as well as the anonymous letter. They review the progress they have made. Each reader-participant receives a copy of every collaborative poem that was written to include in their presentation. They then present it to the family and friends they have invited.

4.4. The value of *To Save a life* for pastoral bibliotherapy

Compassion, sincere interest and empathy are characteristics essential to the facilitator. This is illustrated in Chris' interaction with Jake. *To save a life* can be utilized to facilitate suicidal adolescents to gain insight into their own lives and difficulties. The novel, written for the purpose of helping struggling adolescents, is an appropriate resource for pastoral bibliotherapy with this specific interest group. (See Appendix 4 for examples of expressive activities used in this chapter.)

In the following chapter, a "non-Christian" novel will be explored through the pastoral bibliotherapy approach. There is a wider variety of "non-Christian" literature available that explore psychological and social concerns in the lives of adolescents. It is for this reason that the approach proposed in this study is applied also to *The perks of being a wallflower* (1999).

CHAPTER 5

APPLICATION TO A NON-CHRISTIAN RESOURCE

5.1. *The perks of being a wallflower* as a non-Christian resource

The perks of being a wallflower (1999) written by Stephen Chbosky will be considered in this chapter as a possible non-Christian resource for pastoral bibliotherapy with adolescents who struggle with thoughts of suicide. Firstly, the literature will be explored from the perspective of the preliminary process in order to evaluate the appropriateness of the literature, interpret the literature and identify maladaptive cognitions and coping styles in *The perks of being a wallflower* (1999). Following the exploration of the literature a strategy will be devised for applying pastoral bibliotherapy to a group of adolescent participants.

5.2. The preliminary process: The facilitator's exploration of *The perks of being a wallflower*

5.2.1. Application of the iso-principle

Charlie's letters articulate his struggle with his friend, Michael Dobson's suicide. Charlie seems to suffer from post-traumatic stress disorder (PTSD) and suicide ideations. Suicide is a recurring theme throughout the novel: Charlie's Aunt Helen attempted suicide when he was younger; Charlie's favourite song, *Asleep* by The Smiths, uses sleep as a metaphor for death, implying suicide; Michael showed Charlie a poem of which suicide was the theme. This poem Charlie later reads to his friends. The novel does have a positive ending after Charlie had received help for his problem of PTSD.

5.2.2. Bibliotherapuetic criteria

The *Perks of being a wallflower* (1999) will now be considered by using the bibliotherapeutic criteria stipulated by McCarthy Hynes and Hynes-Berry.

Goal 1: The literature improves the capacity to respond by stimulating and enriching mental images and feelings that:

- *Encourage verbalization and written responses*

The perks of being wallflower (1999) was written as letters to an unknown recipient. Charlie addresses the letters to "Dear friend" which proposes a measure of intimacy between the Charlie and the recipient (Chbosky 1999:3). Charlie's reason for writing is to find someone who will understand his experiences and choices. Charlie believes that the unknown recipient is empathic and good-natured. Most readers would want to be associated with the empathic and good-natured recipient. The epistolary nature of the novel and the implied intimacy can create in the reader the desire to reply to Charlie's letters.

- *Increase awareness of nature*

Charlie uses descriptive language throughout the novel. In one of his letters he describes the weather as "nice and cool" as he walked home from school (Chbosky 1999:27). Other examples are: "the weather was so pretty" and "[the] sky was overcast with clouds, and the air felt like a warm bath" (Chbosky 1999:45). Later in the novel, Charlie describes a wonderful experience: "[t]here was this beautiful sunset. And there was this hill ..." (Chbosky 1999:182). Even though Charlie wishes to stay anonymous he divulges geographical information. Charlie relates that they drove through the Fort Pitt Tunnel and when they were out of the tunnel they were in Downtown with "[l]ights on buildings and everything that makes you wonder" (Chbosky 1999:42).

- *Increase awareness of sensory experiences*

Charlie describes his experiences when he experiments with contraband substances: "I ate the brownie, and it tasted a little weird ..." and later on "the room started to slip away" (Chbosky 1999:38). He describes himself as "blinking a lot and looking around, and the music sounded heavy like water" (Chbosky 1999:38). At a New Year's party Charlie takes LSD and hallucinates. He describes what he saw: "I was looking at this tree, but it was a dragon and then a tree" (Chbosky 1999:101). He describes winter weather as "cold and frosty" (Chbosky 1999:54).

- *Increase imaginative responses to experiences*

Charlie is struggling through his first year in high school. He is feeling lonely and is grieving the loss of his childhood friend, Michael Dobson. By the end of the novel, his

suppressed memories of being sexually abused surfaces. Through all of this, Charlie writes letters to an anonymous recipient whom he calls “Dear friend” (Chbosky 1999:3). This is a unique and creative response to his desire to be heard and understood. Bill, Charlie’s English teacher, advises Charlie to participate more in life. By the end of the novel Charlie tells the anonymous recipient that he might not have time to write letters in the future because he is now participating in life (see Chbosky 1999:231). Through the letters Charlie was able to cope with his first year of high school, grief and sexual abuse.

Goal 2: The literature enhances the value of personhood and self-awareness

- *Emphasizing the human body and its significance*

Since the writer of the letters is an adolescent male, the letters touch on topics like wet dreams, masturbation and sexual activity. After meeting Sam, Charlie dreams that they have sex (see Chbosky 1999:23). Patrick is the first person to inform Charlie about masturbation and Charlie shares with the recipient that he does it often (see Chbosky 1999:29). Charlie also shares when he gets an erection (see Chbosky 1999:41,119). Charlie describes the scene in detail when he witnesses a girl getting raped (see Chbosky 1999:33). Just before the end of the novel, Charlie and Sam make out and almost have sex (see Chbosky 1999:217).

- *Exposing attitudes and emotions about self*

Charlie reveals his feelings about himself throughout the novel. In the first letter, Charlie states that he is “both happy and sad” and that he believes his family is the reason for this (Chbosky 1999:3). Charlie describes himself as “pretty emotional” (Chbosky 1999:9). Charlie shares that he feels guilty for masturbating (see Chbosky 1999:29). Charlie’s loneliness and insecurity are apparent when he writes: “I didn’t know that other people thought things about me. I didn’t know that they looked.” (Chbosky 1999:41) Charlie does not feel that he would have worthwhile stories to tell when he grows up (see Chbosky 1999:55). Charlie is honest with himself throughout the novel. His sister, Candice, is not entirely honest with herself. She ascribes Sam and Mary Elizabeth’s behaviour to low self-esteem. However, it is she who suffers from low self-esteem but does not accept it. Her father dislikes a boy she dated, so she verbally abuses him until he beats her. She stays with him until he leaves her because she is pregnant. Her behaviour can be ascribed to low self-esteem, but she is in denial.

- *Stimulating the experiences of emotions and stirring memories*

In many of his letters, Charlie reminisces about past events. For example, he remembers Michael Dobson's suicide (see Chbosky 1999:20). Charlie experiences flashbacks about the aunt who lived with his family (see Chbosky 1999:18). Charlie reminisces about the time he spent with his family (see Chbosky 1999:19). He remembers when a girl was raped at a party (see Chbosky 1999:33). Most of these memories are highly emotional and stir a reminiscent mood in the reader. Throughout the novel, Charlie suppresses memories about having been sexually abused by his aunt Helen. When these memories surface Charlie suffers a "breakdown" and lapses into a catatonic state (see Chbosky 1999:225).

- *Increasing the awareness of personal growth, time and change*

The novel plays out in a 12 month period from August 25, 1991 to August 23, 1992. The dating of each letter adds to the flow of the novel, indicating time moving forward. Charlie writes reports and the feedback he receives from Bill helps him to improve his grammar. Bill advises Charlie to participate in life and Charlie attempts to follow the advice. This he only really achieves at the end of the novel where he states he might not write again because he is now participating in life (see Chbosky 1999:231). Charlie starts making future plans. He aspires to become a writer (see Chbosky 1999:49).

Goal 3: The literature sheds lighten on interpersonal relationships

- *Contrasts the effects of altruism and selfishness*

Charlie enters into various relationships during the year of his letter writing. Charlie's friends, Bill and Patrick, contrast one another. Patrick befriends Charlie but is too concerned with his problems to help Charlie through his depressive moods (see Chbosky 1999:148). Bill is Charlie's English teacher who builds an earnest relationship with him throughout the year. Bill is available to Charlie at all times and he considers Charlie a friend (see Chbosky 1999:194). Patrick's selfishness can be attributed to his youthfulness. Bill is older and as a teacher, he is observant to the needs of his students. Mary Elizabeth and Sam contrast each other as Charlie's love interests. Mary Elizabeth is more concerned with her own opinions than with getting to know Charlie (see Chbosky 1999:137). Sam is concerned for Charlie and really wants to get to know him (see Chbosky 1999:215).

- *Emphasizes love, friendship or their absence*

Charlie's first two letters emphasize his loneliness after the death of Michael. He writes: "that's what I'm doing until I meet a friend here" (Chbosky 1999:10). He befriends Patrick and Sam whom he meets when attending a football game. He goes to the game because he misses Michael and it was something they used to do together (see Chbosky 1999:20). Charlie likes spending time with Patrick and Sam. He writes that they are interested in him and include him in their conversation (see Chbosky 1999:22). Charlie grows closer to them as the novel progresses: Patrick and Sam give him advice about relationships; Patrick tells him about his secret relationship with Brad; he is included in their clique; he helps them out and performs in the Rocky Horror Picture Show. All of this allows Charlie to feel understood, care for and included. Charlie dates Mary Elizabeth. When he is shunned by his new friends because of his break-up with Mary Elizabeth he feels lonely and depressed. He writes: "[n]obody has called me since that night. I don't blame them ..." (Chbosky 1999:147). Charlie starts smoking cannabis frequently to avoid his circumstances (see Chbosky 1999:153). Charlie stands up for Patrick when he his bullied by the football team, after which his friends forgive him and accept him into their clique again (see Chbosky 1999:160).

- *Consider the experience of anger, hatred, and jealousy*

When Charlie is bullied by Sean he defends himself but attempts to understand why Sean bullies him rather than become angry (see Chbosky 1999:9). Charlie talks to Bill about his sister and her abusive boyfriend. Bill informs Charlie's parents and they talk to Charlie's sister. Charlie's father prohibits her to date an abusive person. She is upset and tells Charlie she hates him for letting their parents know, he replies that he loves her. She tells him that he is a "freak" because of his unusual reply after which Charlie went to his room and put a pillow over his head and "let the quiet put things where they are supposed to be" (Chbosky 1999:28). Charlie is in love with Sam but does not become jealous when she is in relationship with Craig (see Chbosky 1999:52). Charlie gets angry when the football team bullies Patrick and gets involved. After having hurt the football players sufficiently to stop them, he says: "[i]f you ever do this again, I'll tell everyone. And if that does not work, I'll blind you" (Chbosky 1999:163). Charlie seems to avoid these negative emotions as much as

possible throughout the novel. This could be related to his mixed feelings about his aunt.

- *How to deal with frustration and success*

In his extracurricular book reports to Bill he does not score as highly as in his English class report (see Chbosky 1999:49). When Bill gives Charlie a C on his report about *To kill a mockingbird*, Charlie accepts the criticism and works on his grammar (see Chbosky 1999:16). He receives a B on his report about *Peter Pan* and is happy that he has improved but does not feel as though he really did anything differently (see Chbosky 1999:49). When Charlie is shunned by his friends, he sees it as a personal failure: “I have made a terrible mess of things” (Chbosky 1999:141). Charlie writes: “I know that I brought this all on myself. I know that I deserve this.” (Chbosky 1999:148) Charlie’s behaviour can be described as passive-aggressive and he internalises his problems and blames himself when faced with failure and frustration.

- *Emphasize the importance of effective communication*

Charlie does not come from an affectionate and communicative family. Bill is one of the few characters in the novel with who Charlie has a consistent, open and honest relationship. For example, Charlie feels comfortable enough with Bill to tell him about his sister and her boyfriend (see Chbosky 1999:27). After Charlie has completed his final examinations, Bill invites him to his house (see Chbosky 1999:187). Bill tells Charlie how special and talented he thinks Charlie is and that he would like to continue their growing friendship the following year (see Chbosky 1999:194).

- *Emphasize the experience of family relationships and responsibility to others*

In his first letter, Charlie states that his family is the reason for his being happy and sad (see Chbosky 1999:3). Charlie writes about Chris, his brother. Charlie tells how Chris helped him when he first found out about Michael’s suicide (see Chbosky 1999:4). Candice, Charlie’s sister, drives him home after he had to defend himself against a bully (see Chbosky 1999:9). Charlie describes his family spending quality time together watching television (see Chbosky 1999:19). When Charlie’s sister is trapped in an abusive relationship, he tells Bill about it. Bill informs Charlie’s parents and they attempt to help her (see Chbosky 1999:27). Charlie relates both of his parents’ family histories in his letters. Both of them are from poor, abusive backgrounds (see Chbosky 1999:62, 92).

Goal 4: The literature enhances reality-orientation

- *Provide everyday tools of living*

Charlie learns coping skills throughout the novel. Charlie experiences catharsis as he writes to an anonymous receiver. Charlie learns something about himself in his letters (see Chbosky 1999:31). Bill also gives Charlie the advice to participate in life (see Chbosky 1999:30). Charlie learns how social interaction improves his mood. Charlie's first positive letter was written after he was included in Patrick and Sam's clique (see Chbosky 1999:45). Charlie learns that allowing suppressed memories to surface relieves his anxiety and depression (see Chbosky 1999:226).

- *Emphasize the meaning of life-style choices*

The women in Charlie's family struggle to make positive relationship choices. Charlie's grandmother's second husband was abusive when Charlie's father was still young (see Chbosky 1999:92). Charlie's aunt on his father side struggles with getting away from abusive relationships (see Chbosky 1999:94). Charlie's grandfather on his mother's side was abusive (see Chbosky 1999:62). Aunt Helen struggled with relationships, alcohol and drugs before she died (see Chbosky 1999:96). Charlie's sister struggles with an abusive boyfriend. After a pregnancy and abortion she turns away from abusive relationships (see Chbosky 1999:130). Charlie experiments with alcohol and drugs. After having experienced a "bad trip" he decides never to take LSD again (see Chbosky 1999:107). Charlie also realizes that he copes better with his depression and anxiety when he spends time with his friends. Abusive relationships, isolation, drugs and alcohol have a negative influence on quality of life.

- *Consider the meaning of life and death*

The letter writing is initiated when Charlie is lonely and misses his friend Michael who committed suicide the previous year (see Chbosky 1999:4). Charlie wonders about the reason for the suicide: "I think that not knowing is what really bothers me" and "I wish I knew. It might make me miss him more clearly. It might have made sad sense" (Chbosky 1999:6). Charlie's aunt Helen died in a car accident during his early childhood. Charlie blames himself for her death.

- *Emphasize the importance of well-being and personal strengths*

Throughout the novel Charlie struggles with symptoms of anxiety and depression. Bill attempts to help Charlie live in the present rather than the past or in fictional worlds (see Chbosky 1999:30). Charlie gradually develops the skills to actively

participate in life. Only the last letter gives evidence of his ability to successfully participate in life and the he stops writing letters (see Chbosky 1999:231). Charlie realizes that his aunt Helen sexually abused him but rather than blaming her, he takes responsibility for his life style choices: “even if we don’t have the power to choose where we come from, we can still choose where we go from there” (Chbosky 1999:228). Accepting and facing traumatic experiences and taking responsibility for one own life is essential for well-being.

5.2.3. Narratology overview

The perks of being a wallflower (1999) will subsequently be considered from a narratology perspective. Through this process the facilitator gains narratalogical insights in order to understand and discuss the novel with the participants.

- Synopsis

The *Perks of being a wallflower* (1999) tells the story of Charlie’s first year of high school. In his letters, the reader can see him struggling with past traumatic events: the suicide of his middle school friend Michael Dobson and the death of aunt Helen who died in a car accident in Charlie’s early childhood. Charlie’s English teacher, Bill, notices Charlie’s interest in literature and assigns him extracurricular books and reports. Charlie befriends two seniors: Patrick and Sam. Patrick is in a homosexual relationship with Brad, who is secretly homosexual and is the school’s football team quarterback. Charlie falls in love with Sam, who starts dating Craig. As he is initiated into their clique he experiments with tobacco, alcohol and drugs. Charlie found that socialising helps him control his flashbacks and depressive moods. Charlie enters into a desultory relationship with Mary Elizabeth who is also a senior and friends with Patrick and Sam. Charlie publicly humiliates Mary Elizabeth by making their clique aware of his infatuation with Sam. He is shunned by his friends and as he spends more time alone, his flashbacks return. Brad’s father finds out about Patrick and Brad’s relationship. Brad and Patrick break up and later fights at school. Charlie defends Patrick when he is bullied by the football team. Sam and their friends forgive Charlie and include him in the clique again. As the school year ends, Charlie feels increasingly anxious about his friends leaving. Just before Sam leaves for the summer, Charlie tells her that he likes her. They start “making out” but when Sam touches Charlie’s inner thigh, he experiences a flashback of aunt Helen sexually abusing him. Sam leaves for college the next morning and Charlie drives home. He

experiences “derealisation” and later his parents find him in a catatonic state. Derealisation refers to the event where an individual’s relationship to reality becomes unstable. Charlie is taken to a psychiatric facility and stays there for two months. He is supported by his family and friends as he faces his past traumas. The novel ends with Charlie’s release from the hospital. He drives through the Fort Pitt tunnel with Patrick and Sam. (See Appendix 3 for a full timeline of events.)

- *Rhythm*

The rhythm starts out slow with Charlie sharing past experiences about his family, Michael Dobson and aunt Helen. Bill, Charlie’s English teacher, tells him that he should participate in life (see Chbosky 1999:26). Charlie’s letters become less reminiscent, shorter and infrequent as he follows Bill’s advice. Later Charlie is shunned by his friends and his letters become more reminiscent and frequent again (see Chbosky 1999:141). Charlie struggles with smaller conflicts in his life before he remembers having been sexually abused during his childhood. The smaller struggles include: Candice’s dysfunctional relationship which reaches its climax when she aborts a pregnancy, Charlie’s despondent relationship with Mary Elizabeth, Patrick and Brad’s secret relationship. The novel reaches its ultimate climax in the letter written on June 22, 1992 when Charlie realizes that he has been a victim of sexual abuse (see Chbosky 1999:211). This is followed by the epilogue which contains Charlie’s last letter written on August, 23, 1992 which he wrote just after he went home from the hospital, to inform the anonymous recipient that he is doing well.

- *Imagery*

Charlie is the narrator in the novel. The images he describes in great detail emphasize specific themes in the novel. Scenes of a sexual nature are described in detail. Charlie walks in on his sister’s sexual encounter with her boyfriend and it is described in detail (see Chbosky 1999:13). Later in the novel Charlie remembers how a girl was sexually abused by her boyfriend at a party (see Chbosky 1999:33). Just before the climax of the novel, Charlie and Sam have a sexual encounter which is described in detail (see Chbosky 1999:217). All of these descriptions create sensitivity to sexual abuse in the reader. As narrator, Charlie emphasizes events which are of great significance to him. For example, events that include Sam and Patrick are described in detail because they are important to Charlie. This is

illustrated in Charlie's narration of his meeting with Patrick and Sam (see Chbosky 1999:15, 21).

- *Language*

The language in the novel is appropriate for adolescent readers. The narrator shows development in his grammar and vocabulary as the novel progresses. The language mirrors the informal language used among Westernized, middle-class adolescents in the early 1990's. Vocabulary choices that are authentic to the 1990's include words like "Ho-ho" which is a specific snack (Chbosky 1999:210), "faggot" which is a derogatory term for a homosexual (Chbosky 1999:162) and "fanzine" which refers to a magazine compiled by enthusiasts, in this case Rocky Horror Picture Show enthusiasts (Chbosky 1999:50). Phrases from the 1990's include: "baked like a ... cake" which indicates that someone is under the influence of cannabis (Chbosky 1999:36), "being cute" which indicates that one is trying to be humorous (Chbosky 1999:24), to "bum a smoke" which indicates that one is smoking another person's cigarette (Chbosky 1999:108).

- *Complexity*

The *Perks of being a wallflower* is a complex coming-of-age novel. Themes include: suicide, sexual abuse, homosexuality, grief, and family dysfunction. The epistolary nature of the novel emphasizes Charlie's experiences, which lends depth to the novel. The intimate and subjective nature of the letters emphasizes the implicit sharing of subconscious thoughts. This adds complexity to the novel. Charlie acknowledges this in his letter of October 28, 1991 where he states that "when [he] writes letters, [he] spends the next two days thinking about what [he] figured out in his letters." (Chbosky 1999:31). The tone of the novel fluctuates between elated and depressive. In the darker parts of the novel Charlie experiences flashbacks and difficult memories of his childhood. It also seems as though suicide is an implicit recurring theme. Charlie is instantly fascinated with the song *Asleep* by The Smiths and the poem he shares in his letter on December 21, 1991 is also on this topic (see Chbosky 1999:12, 75-77).

- *Plot*

The novel is written as letters in five parts. The plot structure of *The Perks of being a wallflower* (Chbosky 1999) is shown in the following arrangement:

Structure	**Description**	**In *The perks of being a wallflower***	**Letter (page number)**
Introduction	Characters are introduced to the reader.	Charlie is grieving for Michael and aunt Helen, Charlie feels alone as he enters into High School, Charlie makes friends with Sam and Patrick.	August 25, 1991 – October 28, 1991 (pp. 3- 42)
Rising action	Characters are developed as conflict arise.	Charlie experiments with tobacco, alcohol and drugs, Sam and Patrick finished their Senior school year, Charlie's anxiety about being alone intensifies.	November 7, 1991 – June 16, 1992 (pp 45 – 210)
Climax	Major conflicts in the novel erupt.	Charlie realizes that he was sexually abused as a child by aunt Helen who died.	June 22, 1992 (pp. 211 – 221)
Falling action	This section follows the climax and deals with consequences of the erupting conflicts.	Charlie describes his stay in a psychiatric hospital.	August 23, 1992 (pp. 225 – 229)
Resolution	The characters receive closure about the main theme/problem in the story.	Charlie's life normalises, this is shown in his time spent with Sam and Patrick.	August 23, 1992 (pp. 229 - 231)

- *Narrator*

The novel takes the form of a series of letters from Charlie to an unknown recipient referred to as "Dear friend" (Chbosky 1999:3). The epistolary style of the writing indicates a first person narrator. Charlie as the narrator is unknown to this recipient. He attempts to protect his anonymity by using generic names and not disclosing a return address (see Chbosky 1999:3). In these letters Charlie shares intimate details of his personal life with the recipient. The reader is drawn into Charlie's life because of this intimacy. Charlie's point of view is limited, which means that he could be unreliable as a narrator. Essential information is omitted due to Charlie's subjectivity. For example, in his last letter Charlie could not share any details about his "breakdown" as he was in a catatonic state and could not remember anything. The two months he spent in hospital are described briefly (see Chbosky 1999:225–227). This subjectivity creates an empathic relationship between the reader and Charlie since all the experiences are described from his point of view. Regarding the unknown recipient, Charlie heard that he or she was compassionate and hoped that he or she would understand his situation (see Chbosky 1999:3). Charlie also divulges that the recipient is older than he is (see Chbosky 1999:23). In his second last letter, Charlie repeats that he has heard the recipient is a "good person". The recipient is a friend of someone Charlie had a class with once. He believes that the recipient deserves "a nice life" (Chbosky 1999:221).

- *Characterization*

The explicit and implicit characteristics of the characters in *The perks of being a wallflower* (Chbosky 1999) are now being listed, followed by a more in-depth discussion:

Character	Explicit characteristic and citation	Implicit characteristic and citation
Charlie	Happy and sad (p 3), enjoys reading (p 10), scared of going to high school (p 7), grieving (p 5), intelligent (p 8), quiet (p 8), bullied by Sean (p 8), Fights well (p 9), not from an affectionate family (p 28),	Emotional (p 9), sensitive (p 9), introvert (p 8), shy (p 8), unpopular (p 8), compassionate (pp 9, 14), lonely (p 10), optimistic (p 10), hard-working (p 10), unprejudiced (p 15)

	blame self for Aunt Helen's death (p 98)	
Candice, Charlie's sister	Pretty (p 6), mean (p 6), bully (p 13), senior (p 6)	Low self-esteem (p 13), argumentative (p 10), pretentious (p 11), manipulative (p 6), intelligent (p 9)
Chris, Charlie's brother	Caring (p 4), in College (p 6), football player (p 6)	Racist (p 15), not academic (p 6)
Charlie's mother	Beautiful (p 18), quiet (p 14), feels guilty about Aunt Helen (p 95)	Emotional (p 6), practical (p 9), concerned (p 11), insecure (p 18), sentimental (p 18)
Charlie's father	Hard-worker (p 6), honest (p 6), stern (p 29), proud (p 14)	Authoritative (p 7), fair (p 6), pragmatic (p 8), compassionate (p 19), ambitious (p 9)
Aunt Helen	Charlie's favourite person (p 6), enjoys reading (p 7), does not like aggression (p 7), fun (p 18), sexually abused (p 96)	Intelligent (p 7), childhood trauma (p 7), overweight (p 18), irresponsible (p 18), alcoholic (p 96)
Bill	Charlie's English Teacher (p 11)	Honest (p 16), fair (p 16), observant (26)
Patrick	Homosexual (p 39), Senior (p 15), empathic (p 15), friendly (p 21), earnest (p 21), chain smoker (p 22)	Sense of humour (p 15), insecure (p 39)
Sam	Pretty (p 21), brown hair (p 21), green eyes (p 21), Patrick's stepsister (p 25), earnest (p 21)	Good-natured (p 24), non-judgemental (p 24)

Each character will be now considered in more detail.

Charlie

Charlie is a shy and sensitive adolescent boy who is writing letters to an unknown recipient. He articulates his trepidation of starting high school. He is grieving the loss

of his middle school friend, Michael, who committed suicide the previous year. Charlie is working through his childhood trauma: his aunt sexually abused him. This only ended when she died in a car accident on his birthday. Charlie befriends Patrick and Sam, step-siblings, who are social outcasts. Charlie is infatuated with Sam, but ends up in a desultory relationship with Mary Elizabeth. After an unhappy end to this relationship, Charlie is shunned by Sam and Patrick's clique (see Chbosky 1999:147). When Patrick is beaten up by the football team, Charlie helps him and is once again included in their clique. This helps him to avoid his loneliness and depression. Throughout the novel Charlie struggles with his feelings of guilt for his aunt's death. After he Charlie romantically connects with Sam his suppressed memories of his aunt's sexual abuse surfaces (see Chboksy 1999:220). Charlie is possibly suffering from PTSD because of this. His depression, suppressed memories, and flat emotional writing are linked to this. Please see Appendix 1 for Diagnostic criteria for PTSD. After these memories surface he experiences a "breakdown" and is admitted to a psychiatric hospital for two months (Chbosky 1999:225). The novel ends when he is released from the hospital. In his last letter Charlie implies that he is in a relationship with Sam.

Candice, Charlie's sister

In the novel her name is never mentioned, but in the film she is called Candice. She is a senior and is part of the Earth Club in order to meet boys. She and Charlie do not have an intimate relationship at the beginning of the novel but grow closer as the narrative progresses. She has low self-esteem which manifests as displacement when she tells Charlie that Sam and Mary Elizabeth have low self-esteem. She is verbally abusive and accepts abuse from her boyfriend (see Chbosky 1999:13). When her parents confront her, she continues the relationship secretly. They break up after she became pregnant. Charlie takes her to the clinic to have an abortion (see Chbosky 1999:125). Later in the novel she receives a scholarship to attend an Art Institute.

Chris, Charlie's brother

In the novel his name is never mentioned, but in the film Charlie calls him Chris. He attends College and plays football (see Chbosky 1999:9). He is not strong academically and had to attend summer school in his senior year. He and Charlie do

not have an intimate relationship and he is seldom home. He only visits during the holidays. He is described as compassionate. He helps Charlie when Charlie receives the new of Michael's suicide. He is understanding and patient with their grandfather (see Chbosky 1999:4, 61). Chris is ambitious and hopes to play professional football after college.

Charlie's father

Charlie's father is an authoritative man who is mostly absent in Charlie's life. At first he seems cold and uncaring, but later Charlie describes him as reserved and distracted. Charlie describes him as fair, hard-working and proud. He is respectful when he interacts with his wife's family. He came from an abusive background. His father died and his mother remarried. His step-father abused him and his siblings (see Chbosky 1999:93). Charlie put forward that this might be why his father dislikes disciplining his children. He is also very protective of his family and helps them financially (see Chbosky 1999:93). He feels guilty that his sister, Rebecca, married an abusive husband and later become a single mother raising three children.

Charlie's mother

Charlie's mother is a beautiful but insecure woman. Charlie describes her as always on a diet. His father tells her that she is beautiful but she does not hear it. She feels guilty over Helen's death. She is from a poor family and had an abusive father (see Chbosky 1999:62). She is an absent mother who seldom shows her love for her children. She does, however, care about her children and is concerned about their future.

Aunt Helen

Aunt Helen lived with Charlie's family and sexually abused Charlie (see Chbosky 1999:225). Charlie learned that she was sexually abused by a family friend of her parents during her childhood (see Chbosky 1999:96). This was the cause of her depression, alcoholism and drug problem. Charlie remembers her as loving, generous and friendly. She died in a car accident on Charlie's birthday, December 24, 1983 (see Chbosky 1999:96).

Bill Anderson

Bill is Charlie's English teacher. He observes how much Charlie enjoys reading and assigns Charlie extracurricular books to read (see Chbosky 1999:11). Charlie has an open and honest relationship with him. Bill shares some of his own experiences with Charlie, for example his argument with his girlfriend and his thoughts on becoming a writer. Charlie talks to Bill about his struggles and Bill encourages him to talk about his family. Bill is the one to inform Charlie's parents about the fact that Candice's boyfriend abuses her (see Chbosky 1999:27). Bill invites Charlie over for Christmas and the implication is that their friendship will continue after the conclusion of the novel.

Sam

Charlie meets Sam through Patrick, her step-brother. She is a kind and loyal friend to Charlie. She starts dating Craig, who cheats on her (see Chboksy 1999:49, 188). She was sexually abused as a child and used to be promiscuous before Patrick and his father entered her and her mother's lives. She is caring and earnest and attempts to help Charlie in his relationship with Mary Elizabeth and after his memories of being sexually abused resurfaces. At the end of the novel and the film it is implied that Charlie and Sam enter into a romantic relationship (see Chbosky 1999:229).

Patrick

Patrick is a senior and is openly homosexual. He is bullied by other students. Except for Sam, he is Charlie's closest friend. He is secretly dating the school's quarterback, Brad (see Chbosky 1999:49). Brad's father finds out about this, and hits Brad which leads to the end of Brad and Patrick's relationship (see Chbosky 1999:157). Patrick struggles with the break-up and the narrow-mindedness of the people in their school. He uses alcohol and drugs to avoid his emotional pain. Patrick seems self-absorbed and he does not help Charlie when Charlie needs a friend.

- *Setting*

The narrator attempts to stay anonymous and because of this discloses as little detail as possible. Charlie's first letter is dated August 25, 1991 and his last letter is dated August 23, 1992 (see Chbosky 1999:3, 229). The reader can assume that the

spatial setting is a suburban area in Pittsburg as Charlie, Sam, and Patrick drives through the Fort Pitt Tunnel (see Chbosky 1999:42, 230).

- *Theme*

The perks of being a wallflower (1999) is a coming-of-age novel. It deals with issues such as suicide, sexual abuse, sex, drugs, and homosexuality. The novel begins after Charlie's friend, Michael, committed suicide. The novel reaches its conclusion with Charlie facing the trauma of his childhood, namely having been sexually abused by his aunt. The coming-of-age theme is emphasized by the literature Bill assigns to Charlie (see Chbosky 1999). The themes of each of these books are the following:

- *To kill a mockingbird* by Harper Lee (p 10): loss of child-like innocence (Lee 2010).
- *This side of Paradise* by F Scott Fitzgerald (p 112): self-discovery (Fitzgerald 1996).
- *A separate peace* by John Knowles (p 67): finding oneself (Knowles 2003)
- *Peter Pan* by J M Barrie (p 31): gaining maturity and responsibility (Barrie 2010).
- *The great Gatsby* by F Scott Fitzgerald (p 67): social corruption and responsibility (Fitzgerald 2010).
- *The catcher in the rye* by J D Salinger (p 78): exiled and victimized by society (Salinger 2010).
- *On the road* by Jack Kerouac (p 110): finding confidence and strength in love (Kerouac 2011).
- *Naked lunch* by William S Burroughs (p 115): experimentation with sex and drugs and the consequences (Burroughs 2010).
- *Walden* by Henry David Thoreau (p 128): importance of self-reliance (Thoreau 2008).
- *Hamlet* by William Shakespeare (p 147): consequences of impulsive actions based on emotions (Shakespeare 2011).
- *The Fountainhead* by Ayn Rand (p 177): acting according to one's own principles (Rand 2007).

The metaphor of the "infinity tunnel" can also be seen as a metaphor for Charlie's coming-of-age narrative. The first time he drives through the tunnel with Sam and

Patrick Charlie experience a “few minutes of a lifetime truly spent” and he says: “I feel infinite” (Chbosky 1999:36). Charlie describes the scene when they come out of the tunnel in the following way: “... and there it was. Downtown. Lights on buildings and everything that makes you wonder” (Chbosky 1999:42). Charlie focused on the destination rather than the experience of driving through the tunnel. Charlie was still grieving the loss of Michael and his aunt Helen. At the beginning of the novel Charlie was still suppressing the memories of having been sexually abused. After the climax of the novel Charlie drives through the tunnel again with Sam and Patrick (see Chbosky 1999:230). By this time Charlie has faced his suppressed memories and feelings of guilt for the deaths of Michael and aunt Helen. Charlie writes: “I was crying because I was suddenly very aware of the fact that it was me standing up in that tunnel with the wind over my face. Not caring if I saw downtown” (Chbosky 1999:230). Charlie is truly present in that moment and has accepted his past. The tunnel metaphor emphasizes Charlie’s growth throughout the novel and also his participation in life. This metaphor indicates that Charlie has learned to value the journey of life, rather than focus on the destination.

- *Tone and Style*

The epistolary style of *The perks of being a wallflower* (1999) uses an informal and intimate mode. The letters are written in simplistic and everyday diction. The tone of the novel is mostly reminiscent and depressive. Some letters are more optimistic and even elated but these are few and infrequent. The novel concludes with a positive a letter, which turns the atmosphere from oppressive to optimistic.

5.2.4. Maladaptive cognitions

The maladaptive cognitions of the characters in *The perks of being a wallflower* (1999) will be explored. The insights gained will be used later in discussions with reader-participants during the pastoral process. Examples of each maladaptive cognition will now be considered.

- *All-or-nothing thinking*

In his first letter Charlie writes that he is “happy and sad” and that he thinks his family is the reason for this (see Chbosky 1999:3). Family life is a contributing factor with regard to a person’s mood, but is not the only factor. At the end of the novel Charlie

corrects this maladaptive thought patterns and writes: “even if we don’t have the power to choose where we came from, we can still choose where we go from here” (Chbosky 1999:228). Another example of all-or-nothing thinking is when Charlie is shunned by his friends after he has broken up with Mary Elizabeth. Patrick asks Charlie to “stay away until things got clear” (Chbosky 1999:148). Rather than interpret the situation as his friends needing space, he interprets it as his friends abandoning him. Charlie writes that he is “without a friend” (Chbosky 1999:155). Charlie’s sister is in an abusive relationship and her parents forbid her to continue seeing her boyfriend. She says that this boy is her “whole world” (Chbosky 1999:28). This is an extreme interpretation of the role of the romantic relationship in her life.

- *Catastrophising*

An example of catastrophising is when Charlie interprets Sam and Patrick’s absence between December 23, 1991 and January 1, 1992 in the most negative way possible. Charlie experiences depression and has suicidal thoughts. Charlie believes that socialising with his friends helps him to control his mood. When Sam and Patrick leave for the Grand Canyon, Charlie feels himself going to a “bad place” (Chbosky 1999:78). In a letter dated a week later he writes: “I don’t know if you’ve ever felt like that. That you wanted to sleep for a thousand years. Or just not exist” (Chbosky 1999:100). Later in the same letter Charlie speculates that he might start seeing the psychiatrist again because: “It’s getting that bad again” (Chbosky 1999:100). In a following letter Charlie expresses his understanding of the ending of the poem *A Person/ A Paper/ A Promise*. The last stanza reads (Chbosky 1999:77):

> That's why on the back of a brown paper bag
> he tried another poem
> And he called it "Absolutely Nothing"
> Because that's what it was really all about
> And he gave himself an A
> and a slash on each damned wrist
> And he hung it on the bathroom door
> because this time he didn't think
> he could reach the kitchen.

The mood of this stanza can be interpreted as disillusionment and a loss of hope. It also implicates suicide. Between December 23, 1991 and January 1, 1992 Charlie spirals into a dark depression. He possibly has suicidal thoughts. Suicide would be the extreme outcome of his friends' visit to the Grand Canyon. Charlie interprets the time he spends alone in the most negative way. In his letter on January 14, 1992 Charlie writes that he is putting his life back together which implies that his life had fallen apart (see Chbosky 1999:107). Rather than interpreting his situation as difficult, he interprets it as catastrophic.

- *Discounting the positive*

Charlie discredits his value throughout the novel. For example, Charlie tells Bill that his sister's boyfriend hits her. Bill informs Charlie's parents, who forbid her to continue with this relationship. Charlie's father tells him that he did the right thing in telling someone, but Charlie is unsure whether to accept the praise because it is "hard to tell sometimes" (Chbosky 1999:30). Another example of this is when Patrick says: "You see things. You keep quiet about them. And you understand" (Chbosky 1999:41). Charlie writes that he did not know that "people thought things about him" or that they saw him (Chbosky 1999:41). This emphasizes Charlie's belief that he does not have anything to offer. Later in the novel Charlie states that he wanted to participate in sports because then he would have worthwhile stories to tell his children later in life (see Chbosky 1999:55). Charlie believes that he does not live the type of life that is worth talking about. Almost at the end of the novel Sam asks Charlie why he did not ask her out and he replies: "[b]ecause I didn't think you would want me to" (Chbosky 1999:215). Charlie did not draw his own conclusions from her behaviour, believing that he could not understand the situation without guidance from others.

- *Emotional reasoning*

Charlie experiments with masturbation but feels guilty and ashamed about it. He attempts to hide under a blanket while masturbating because he "promised God [he] would never do it again" (Chbosky 1999:29). Another example of emotional reasoning is when Charlie blames himself for aunt Helen's death. He writes: "I know that my Aunt Helen would still be alive today if she bought me one present like everybody else. She would be alive if I were born on a day that didn't snow"

(Chbosky 1999:98). Charlie feels guilty about his aunt's death and refuses to accept that it was an accident. Charlie's sister also uses emotional reasoning when she continues to secretly date a boy who is abusive. She tells her parents that he is her whole world (see Chbosky 1999:28). She made future plans with him and wanted to get married after college (see Chbosky 1999:52). She bases her decision on her attachment to him rather than on logical reasoning. Rather than attempting to avoid abusive relationships she commits to one. Patrick also shows emotional reasoning in his choices regarding his secret relationships with Brad. Every time Brad was intimate with Patrick he excused his behaviour by saying that he could not remember anything because he was drunk (see Chbosky 1999:48). Later they entered into a relationship which had to be kept secret (Chbosky 1999:49). Charlie writes: "I asked Patrick if he felt sad that he had to keep it a secret, and Patrick just said that he wasn't sad because at least now, Brad does not have to get drunk or stoned to make love" (Chbosky 1999:49). Due to Patrick's attachment to Brad he decided to enter into an unhealthy relationship with Brad.

- *Labelling*

Charlie describes himself as strange, emotional and a faker. But he also accepts other labels imposed on him, such as a wallflower and a freak. Charlie labels himself as emotional when he defended himself from being bullied by Sean because he could not stop crying (see Chbosky 1999:9). Charlie labels himself and others as strange. He writes: "[o]r maybe just shrug at how strange everyone was, especially me" (Chbosky 1999:166). Charlie sees himself as a faker because he has been putting his life back together without anyone noticing (see Chbosky 1999:107). Charlie passively accepts when Patrick calls him a "wallflower" (Chbosky 1999:40). Patrick sees a wallflower as someone who is observant, understanding but passive (see Chbosky 1999:41). Accepting this implies that Charlie does not actively help or intervene when it is necessary to do so. This is also the case after Patrick and Brad break up. Later in the novel Sam confronts him about this. She says: "[y]ou can't just sit there and put everybody else's lives ahead of yours and think that counts as love" (Chbosky 1999:214). Sam further explains that it is sometimes necessary to intervene in a friend's life because they are hurting themselves (see Chbosky 1999:215). Charlie also accepts it when his sister calls him a "freak" replying that he is "trying not to be" (Chbosky 1999:28).

- *Magnification/minimization*

Charlie often exaggerates the negative interpretations of himself or his situation. Regarding home life Charlie wrote that "a lot of other people have it a lot worse" (Chbosky 1999:7). He is referring to aunt Helen who was sexually abused during her childhood. It can be seen as referring to himself as well. Later in the novel, Charlie's memories of having been sexually abused resurface. Charlie categorizes himself with people who have difficult home environments (see Chbosky 1999:6). When Charlie is bullied by Sean he writes that he "could have hurt him a lot worse" (Chbosky 1999:9). Rather than being thankful that his brother taught him how to defend himself Charlie focuses on a possible negative outcome of the situation. During the Christmas holidays, Charlie struggles to stop thinking about his aunt Helen and the "bad things that happened" (Chbosky 1999:95). Rather than enjoying spending time with his family, he is focusing on past negative events. Charlie writes that he is putting his life back together (see Chbosky 1999:107). He is ignoring the positive influences and experiences in his life and focusing on the negative ones.

- *Mind reading*

Charlie's perspective is the filter through which the reader explores the story. Charlie's interpretations and insights into others' behaviour and thoughts function as the explicit source of knowledge for the reader. Charlie feels that people are looking at him strangely and ascribes it to the fact that he does not decorate his locker (see Chbosky 1999:9). Charlie also expresses his views on Candice's boyfriend: "I could see this boy at home doing homework and thinking about my sister naked" (Chbosky 1999:14). Charlie has no evidence on which to base this statement, he imposes actions and thoughts on Candice's boyfriend. Charlie also believes that Bill prescribes *Peter Pan* to teach him a lesson (see Chbosky 1999:31). Charlie and his mother visit aunt Helen's grave and share stories about her. Charlie shares a story about how Aunt Helen let him stay up and watch television with her. Charlie interprets his mother's smile as: if she were young "she would have wanted to stay up and watch, too" (Chbosky 1999:95). Another example is when Patrick's clique show interest in Charlie he believes that it is because he is the youngest and they want him to feel included (see Chbosky 1999:37). Charlie cannot accept the possibility that he could be an interesting person. This occurs again when Charlie

fears that Patrick only spends time with him because he is sad after his break-up with Brad (see Chbosky 1999:186).

- *Overgeneralization*

Charlie wonders “if anyone is really happy” while he observes people at school (Chbosky 1999:26). This occurs after Patrick gave him advice about relationships saying that girls try to change the boys they date. Charlie generalizes this advice to refer to all romantic relationships. Another example is when Charlie spends time with his extended family. He believes that no one really likes the other and that fights are all similar (see Chbosky 1999:60). He generalizes his experience of his family environment to be universal to all families. Charlie goes on his first date with Mary Elizabeth to the Sadie Hawkins dance. In his letter about the dance he writes: “I would describe it to you ... but then again, maybe you knew the same people when you went to your high school dance” (Chbosky 1999:123). Charlie is implying that all schools have the same stereotypes. For him “everything is messy”. In fact it is his relationship with Mary Elizabeth which is “messy” (Chbosky 1999:121). Charlie writes that “girls are weird”. In fact he finds it difficult to relate to Mary Elizabeth (see Chbosky 1999:131).

- *Personalization*

Charlie blames himself for Michael’s suicide and aunt Helen’s accident. Charlie believes that Michael could have talked to him about his problems but chose not to because, as the counsellor said, he “didn’t feel like he had anyone to talk to” (Chbosky 1999:5). Charlie feels responsible for aunt Helen’s accident because she died when she went out to buy him a birthday present (see Chbosky 1999:98). When Charlie and Mary Elizabeth break-up Charlie writes: “I have made a terrible mess of things” (Chbosky 1999:141). Before this happened Charlie’s letters were filled with complaints about Mary Elizabeth’s behaviour: she was not empathetic (see Chbosky 1999:143), she did not listen and was opinionated (Chbosky 1999:137-138). Both share the responsibility for their relationship. The break up was not due to failure on Charlie’s part. Charlie struggles through his depression and questions his behaviour: “something really is wrong with me” (Chbosky 1999:147). Rather than seeing his depression as something with which he is struggling, he interprets it as failure to behave, think and feel as is expect of him.

- *"Should" and "must" statements*

Charlie has a rigid understanding of what is acceptable. After Michael's suicide he finds that if he were there for Michael, Michael would have had someone to talk to and would not have felt as lonely (see Chbosky 1999:5). After the death of aunt Helen, Charlie exhibits "magical thinking: by connecting himself to her death. These are two separate matters and making a connection is irrational. He blames himself for her death because his birthday is in winter when it snows and because she always bought him a birthday present and a Christmas present (see Chbosky 1999:98). Charlie seems to think that these are things over which he could have had control. He also writes that he "should have said goodbye" (Chbosky 1999:97). This is impossible, since he did not know that she would die in a car accident that day.

5.2.5. Coping styles

The coping styles from *The perks of being a wallflower* (1999) will now be explored. Unhealthy coping styles, for example withdrawal coping and internal coping, will be explored. Active coping will be explored as a healthy coping style.

- *Withdrawal coping*

Charlie is a passive person who withdraws from difficult situations. Charlie's brother hosted a party at their house. Charlie stayed in his room. An adolescent boy and girl came into his room and asked if they can use it. Charlie said yes and witnessed how the boy raped the girl. Charlie just covered his ears because he did not want to hear what they were doing (see Chbosky 1999:33). Charlie felt bad but it went away without him knowing why (see Chbosky 1999:110). Charlie stays passive for the duration of his depressive mood. He withdraws until he finds his situation more positive again. Later in the novel, Charlie breaks up with Mary Elizabeth in a passive aggressive manner to avoid conflict and confrontation (see Chbosky 1999:149). When playing truth or dare, Charlie is dared to kiss the prettiest girl in the room and he kisses Sam rather than Mary Elizabeth (see Chbosky 1999:145). He is shunned by his friends and to avoid the inner conflict he was going through, Charlie starts smoking cannabis (see Chbosky 1999:149). After Brad and Patrick break up, Patrick starts drinking excessively and uses physical intimacy with strangers to avoid his emotional pain (see Chbosky 1999:173). Patrick does not face his emotions about Brad. Charlie "just follow[s] him around" rather than showing him that his behaviour

is unhealthy. When Patrick kisses Charlie, Charlie "just let him", rather than stopping him and saying that it makes him feel uncomfortable (Chbosky 1999:173).

- *Internal coping*

The letters Charlie writes to an unknown recipient can be seen as a mode of internal coping. He wishes to stay anonymous and does not provide the recipient with a return address. Charlie learns things about himself and his situation from his writing (see Chbosky 1999:31). Later in the novel Charlie is "putting his life back together" without anyone knowing (Chbosky 1999:107). This implies that he is doing it alone without anyone's help. In the same letter Charlie writes that he checked out a book from the library to obtain information about LSD (see Chbosky 1999:108). Rather than sharing his concerns about the side-effects of LSD, Charlie attempts to deal with it by himself. When Charlie's mood unexpectedly lifts Charlie writes that he is experiencing a good day and will try to remember it the next time he feels depressed (see Chbosky 1999:110). Rather than learning appropriate coping styles to deal with his depression Charlie uses memories of happier experiences to help him through his depression. Patrick also attempts to cope with his break-up with Brad on his own by focusing on his plans for the future. For example, Patrick says: "I'm going away to college, right? It'll be different there" (Chbosky 1999:168).

- *Active coping*

Throughout the novel Charlie learns active coping skills. For example, Sam and Patrick give Charlie advice about how to understand girls. He attempts to follow the advice, but since they are adolescents themselves they are not reliable sources. Later when Sam offers Charlie advice on LSD he follows it and this helps him through the side-effects he was experiencing (see Chbosky 1999:109). Charlie visits a psychiatrist and hopes to receive help (see Chbosky 1999:106). This shows that Charlie is open to the help and will follow the advice he is given. Bill offers Charlie advice about participating more in life which Charlie attempts to follow (see Chbosky 1999:30). Only in Charlie's last letter does he successfully follow Bill's advice when he concludes by saying that he will most likely be too busy to write again in the future (see Chbosky 1999:231).

5.3. The pastoral process: An application strategy for *The perks of being a wallflower*

The following is a summary of the stages, thematic division and activities of the proposed pastoral bibliotherapeutic plan:

Session	Bibliotherapy stage	Theme	Receptive Activity	Expressive Activity	Symbolic Activity
1	Recognition	*The perks of being a wallflower*	Watch film	Write a letter to the character you associate with most	Character as a metaphor for self
2	Examination	Michael's suicide	Read extract from pp. 5-6	Collaborative poem "I am here because..."	"Mail" poem
3	Examination	Bill and Charlie	Read extract from pp. 26-27	Make a list of thoughts/ anxieties	"Mail"/ burn list of thoughts/ anxieties
4	Examination	Suicide	Read poem on pp. 75-77/ Play *Asleep* by The Smiths	Collage of poem or song lyrics	"Mail" collage
5	Examination	Religion	Read extracts from pp. 29 and 45	Write a collaborative poem	"Mail" poem
6	Examination	Family ties	Read extracts from p 228	Make a list of rhetorical questions	"Mail" rhetorical questions

7	Juxtaposition	Maladaptive cognitions	Discuss examples of maladaptive cognitions of characters	Mind-map with examples from literature	Mount activities on wall
8	Juxtaposition	Maladaptive cognitions	Discuss examples of maladaptive cognitions of characters	Mind –map with examples from own life	"Mail" activities
9	Juxtaposition	Coping styles	Discuss coping styles of characters	Write letter to self about coping styles	"Mail" letter to another reader-participant
10	Self-application	The Tunnel	Play songs: *Landslide* by Fleetwood Mac and *Heroes* by David Bowie	Collaborative poem "I used to...but now..."	Mount on wall Brochure/ poster/ arrangement of creative material

Each session's theme and structure will be considered. Each session is separated into a receptive, expressive and symbolic phase. During the receptive phase, excerpts from *The perks of being a wallflower* (1999) will be read and discussed. For the expressive phase the reader-participants will actively participate in creative writing activities. For the symbolic phase the reader-participant will find a metaphor in a character in *The perks of being a wallflower* (1999), ritualistically "mail" or mount activities on a wall.

Session 1: Initiation

The first session represents the first stage of the therapeutic process: initiation. It will be divided into: a fifteen minute introduction of group members, an hour and a half to

watch the film *The perks of being a wallflower* (Chbosky 2012), a ten minute recess, and a thirty minute discussion and thirty minute period for an expressive activity.

Questions that can be asked to open up the discussion afterwards and involve the participants include:

- Have you watched the film or read the novel before today? What did you think of it?
- What did you like or not like about the film? If you have watched it before, did your reaction to it change?
- Is there a character you liked or disliked? Why is that?
- Do you think the characters portray how real people would react in similar situations?
- Have you or someone you know experienced any problem similar to those the characters faced?
- The parents were absent in the film. Can you relate to that?
- Is there a character with whom you associate or empathize most?
- What do you think Charlie did at the end of the film? In the novel he went into a catatonic state but it seems as though the film implies that he had suicidal thoughts.

For the expressive activity of this session the reader-participants will be invited to write a letter to the character with whom they empathize most. They are encouraged to explore why they empathize most with this character and share their own experiences. There will be a “mailbox” through which the reader-participants can “mail” these letters to the characters. The characters act as a metaphor for the reader-participants. This is essential to the symbolic activity. The outcomes of the problems of most of the characters in the novel are positive. By associating with these characters, the reader-participant opens up to a hopeful outcome for themselves.

Session 2: Michael’s suicide

Sessions 2 to 6 represent the exploration part of the therapeutic process. The discussion takes the psychodynamic course of questioning the motives, thoughts and feelings of the characters in the novel and the participants themselves. The first

part of the session is set aside for the receptive activity of reading an excerpt from *The perks of being a wallflower* (1999). This is followed by a discussion of the excerpts. The second part constitutes the expressive activity.

Participants are welcomed to the group. The receptive activity for session 2 is a reading of the following expert about Charlie's experience of Michael's funeral (Chbosky 1999:5-6):

> Well, I think that Michael was a nice guy and I don't understand why he did it. As much as I feel sad, I think that not knowing is what really bothers me. I just reread that and it doesn't sound like how I talk. Especially in that office because I was crying still. I never did stop crying. The counsellor said that he suspected that Michael had 'problems at home' and didn't feel like he had anyone to talk to. That's maybe why he felt all alone and killed himself. Then, I started screaming at the guidance counsellor that Michael could have talked to me. And I started crying even harder. He tried to calm me down by saying that he means an adult like a teacher or a guidance counsellor. But it didn't work and eventually my brother came by the middle school in his Camaro to pick me up... Michael's funeral was strange because his father didn't cry. And three months later he left Michael's mom. At least according to Dave at lunchtime. I think about it sometimes. I wonder what went on in Michael's house around dinner and TV shows. Michael never left a note or at least his parents didn't let anyone see it. Maybe it was 'problems at home.' I wish I knew. It might make me miss him more clearly. It might have made sad sense.

Questions that can be asked are the following:

- Why do you think Michael Dobson committed suicide?
- Charlie must have cared deeply for Michael. Do you have such a close friend?
- Do you think Michael reciprocated Charlie's friendship?
- Does understanding why someone commits suicide make it easier to grieve his/her death?
- Charlie thought Michael felt alone. Do you think Charlie is ascribing these feelings to Michael because he feels lonely himself?

- What do you think happens to people after they die? Do you believe there is a heaven and hell?

For the expressive mode of this session, the group will participate in writing a collaborative poem. Each reader participant will complete the sentence: "I am here because ..." This allows reader-participants to acknowledge why they are participating in the therapy. The collaborative poem will also enhance group cohesion. The reader-participants will "mail" this poem as part of the symbolic activity for this session.

Session 3: Bill and Charlie

For the receptive mode of this session an excerpt about Charlie's social withdrawal is read (Chbosky 1999:26-27):

> Bill looked at me looking at people, and after class, he asked me what I was thinking about, and I told him. He listened, and he nodded and made 'affirmation' sounds. When I had finished, his face changed into a 'serious talk' face.
>
> "Do you always think this much, Charlie?"
>
> "Is that bad?" I just wanted someone to tell me the truth.
>
> "Not necessarily. It's just that sometimes people use thought to not participate in life."
>
> "Is that bad?"
>
> "Yes."
>
> "I think I participate, though. Don't you think I am?"
>
> "Well, are you dancing at these dances?"
>
> "I'm not a very good dancer."
>
> "Are you going on dates?"
>
> "Well, I don't have a car, and even if I did, I can't drive because I'm fifteen, and anyway, I haven't met a girl I like except for Sam, but I am too young for her, and she would always have to drive, which I don't think is fair."

> Bill smiles and continued asking me questions. Slowly, he got to 'problems at home.' And I told him about the boy who makes mix tapes hitting my sister because my sister only told me not to tell my mom or dad about it, so I figured I could tell Bill. He got this very serious look on his face after I told him, and he said something to me I don't think I will forget this semester or ever.
>
> "Charlie, we accept the love we think we deserve."
>
> I just stood there, quietly. Bill patted my shoulder and gave me a new book to read. He told me everything was going to be okay.

This passage shows the growing relationship between Bill and Charlie. Bill advises Charlie to participate in life and not use his thoughts as a way to avoid life. Some questions which can be asked include:

- What do you think it means to participate in life?
- What type of thoughts does Charlie use to avoid life? Do you do this as well? Do you think this is similar to "worrying"?
- What do you think Charlie means when he uses the phrase "problems at home"?
- Do you have problems at home? Do you have someone you can talk to about it?
- Bill tells Charlie that we accept the love we think we deserve. Do you think this is true?
- What do your past relationships say about you? About what type of love you think you deserve?

For the expressive mode of this session reader-participants are encouraged to write a list of the thoughts they use to not participate in life or that they constantly worry about. Reader-participants discuss their thoughts/worries with the group if they are willing to do so. Then they burn the list, which represents the symbolic activity. A candle or small fire can be provided. This ritual is symbolises conquering one's anxieties. Some of the anxieties the reader-participants struggle with and are willing to share can be included in the collaborative poem which is "mailed".

Session 4: Suicide

The facilitator can either read the poem, *A Person/ A Paper/ A Promise* (Chbosky 1999:55-57) or play the song *Asleep* by The Smiths for the receptive mode of this session.

Once on a yellow piece of paper with green lines
he wrote a poem
And he called it "Chops"
because that was the name of his dog
And that's what it was all about
And his teacher gave him an A
and a gold star
And his mother hung it on the kitchen door
and read it to his aunts
That was the year Father Tracy
took all the kids to the zoo
And he let them sing on the bus
And his little sister was born
with tiny toenails and no hair
And his mother and father kissed a lot
And the girl around the corner sent him a
Valentine signed with a row of X's
and he had to ask his father what the X's meant
And his father always tucked him in bed at night
And was always there to do it

Once on a piece of white paper with blue lines
he wrote a poem
And he called it "Autumn"
because that was the name of the season
And that's what it was all about
And his teacher gave him an A
and asked him to write more clearly
And his mother never hung it on the kitchen door
because of its new paint
And the kids told him

that Father Tracy smoked cigars
And left butts on the pews
And sometimes they would burn holes
That was the year his sister got glasses
with thick lenses and black frames
And the girl around the corner laughed
when he asked her to go see Santa Claus
And the kids told him why
his mother and father kissed a lot
And his father never tucked him in bed at night
And his father got mad
when he cried for him to do it.

Once on a paper torn from his notebook
he wrote a poem
And he called it "Innocence: A Question"
because that was the question about his girl
And that's what it was all about
And his professor gave him an A
and a strange steady look
And his mother never hung it on the kitchen door
because he never showed her
That was the year that Father Tracy died
And he forgot how the end
of the Apostle's Creed went
And he caught his sister
making out on the back porch
And his mother and father never kissed
or even talked
And the girl around the corner
wore too much makeup
That made him cough when he kissed her
but he kissed her anyway
because that was the thing to do
And at three a.m. he tucked himself into bed

his father snoring soundly

That's why on the back of a brown paper bag
he tried another poem
And he called it "Absolutely Nothing"
Because that's what it was really all about
And he gave himself an A
and a slash on each damned wrist
And he hung it on the bathroom door
because this time he didn't think
he could reach the kitchen.

Asleep by The Smiths

Sing me to sleep
Sing me to sleep
I'm tired and I
I want to go to bed

Sing me to sleep
Sing me to sleep
And then leave me alone
Don't try to wake me in the morning
'Cause I will be gone
Don't feel bad for me
I want you to know
Deep in the cell of my heart
I will feel so glad to go

Sing me to sleep
Sing me to sleep
I don't want to wake up
On my own anymore

Sing to me
Sing to me
I don't want to wake up

On my own anymore

Don't feel bad for me
I want you to know
Deep in the cell of my heart
I really want to go

There is another world
There is a better world
Well, there must be
Well, there must be
Well, there must be
Well, there must be
Well ...

The choice between the poem and the song selection depends on which the facilitator deems most appropriate for the specific group of reader-participants. The song can be useful if the reader-participants are suppressing their feelings. The poem can be useful if the reader-participants are in touch with their emotions but should experience the process of disillusionment in order to understand it. The following themes can be considered for the group discussion:

- the reader-participant's opinion of poem/song;
- the meaning of the poem/ song;
- disillusionment or hopelessness;
- alternative endings;
- relevance to the reader-participant's life.

For the expressive mode of this session, the reader participants are encouraged to make a collage with words from the poem/song and their own thoughts and feelings. They can include any songs or poem they can remember in their collages. These collages will be "mailed" as part of the symbolic mode.

Session 5: Religion

The facilitator reads passages from the novel which pertains to religion, such as where Charlie explains his own religious views (Chbosky 1999:29):

> I guess I forgot to mention in my last letter that it was Patrick who told me about masturbation. I guess I also forgot to tell you how often I do it now, which is a lot ...
>
> One night, I felt so guilty that I promised God that I would never do it again. So I started using blankets, but then the blankets hurt, so I started using pillows, but then the pillows hurt, so I went back to normal. I wasn't raised very religiously because my parents went to Catholic school, but I do believe in God very much. I just never gave God a name, if you know what I mean. I hope I haven't let Him down regardless.

Alternatively the facilitator can read a paragraph where Charlie talks about Mary Elizabeth's views on religion (Chbosky 1999:45):

> I do not know anything about Zen or things that the Chinese or Indians do as part of their religion, but one of the girls from the party with the tattoo and belly button ring has been a Buddhist since July. She talks about very little else except maybe how expensive cigarettes are. I see her at lunch sometimes, smoking between Patrick and Sam. Her name is Mary Elizabeth. [She] told me that the thing about Zen is that it makes you connected to everything in the world. You are part of the trees and the grass and the dogs. Thinks like that. She even explained how her tattoo symbolized this, but I can't remember how. So, I guess Zen is a day like this when you are part of the air and remember things.

In the film Charlie's family upholds their Catholic religion but in the novel they are irreligious. Questions that can be discussed include:

- Why do you think the novel's perspective on religion is different from the film's perspective on religion?
- Do you think religion is important? Do you adhere to a religion and if so, which one?
- What are your beliefs? Do you believe in an afterlife? What do you think happens when people die?

- What do you think does your religious tradition think of suicide? Do you agree or disagree with this view?
- In the film Charlie is part of a religious community. Do you think this community failed Charlie by not helping him? Could you share your experience of your community?
- What do you think is the "ideal" community? What do you think a community should be?

For the expressive activity reader participants write a collaborative poem about community. Each reader-participant should write at least one line. The group "mails" this poem, which represents the symbolic activity for this session.

Session 6: Family

The film does not include the Charlie's struggle with his family. At the beginning of the novel Charlie blames his family for him being the way he is (Chbosky 1999:3). At the end of the novel Charlie states that "even though we don't have the power to choose where we come from, we can still choose where we go from there" (Chbosky 1999:228). The facilitator can read the excerpt where Charlie shares a story his doctor told him (Chbosky 1999:228):

> But it's like when my doctor told me the story of these two brothers whose dad was a bad alcoholic. One brother grew up to be a successful carpenter who never drank. The other brother ended up being a drinker as bad as his dad was. When they asked the first brother why he didn't drink, he said that after he saw what it did to his father, he could never bring himself to even try it. When they asked the other brother, he said that he guessed he learned how to drink on his father's knee. So, I guess we are who we are for a lot of reasons. And maybe we'll never know most of them. But even if we don't have the power to choose were we come from, we can still choose were we go from there. We can still do things. And we can try to feel okay about them.

Themes that can be discussed include:

- What does the story imply? Do you think Charlie found this empowering? Do you find this empowering?
- What do you think of the story? Did you like it? Why or why not?

- Do you think the story has any relevance to Charlie's parents? Have they chosen to be either on the other brother?
- Do you think the story has any relevance to the contrasting images of Aunt Helen and Sam? Both were sexually abused, but their roles in Charlie's life are so different.
- Do you think the story has any relevance to your life and choices?

For the expressive mode of this session reader-participants are asked to make a list of rhetorical questions they would like to ask their parents or friends about the choices they have made in the past and that contributed to their becoming the people they are. Reader-participants discuss some of the questions with which they struggle. As part of the symbolic activity a candle or small fire can be provided by the facilitator to do burn these rhetorical questions. This can be understood as a metaphor for conquering the anxieties associated with these questions. Some of these rhetorical questions which the reader-participant is willing to share can be included in a collaborative poem which can be "mailed".

Session 7: Maladaptive cognitions

Sessions 7 to 9 represent the gaining of insights in the therapeutic process. Although this part is implicitly present in session 2 to 6. It is emphasized in session 7 to 9 as the focus turns to the maladaptive thoughts and coping skills of the characters and participants.

Participants become aware of cognitive distortions during the group discussions. They learn to understand: "to what extent these faulty/irrational cognitions affect" their perception of their world and that "they do not have to react to the whims of their irrational schemas" (Collins et al 2006:183). For the receptive activity the facilitator will explain each maladaptive distortion and show an example of it from *The perks of being a wallflower* (1999). Reader-participants discuss each one and identify further examples from the literature. Each maladaptive cognition will be briefly discussed with examples from *The perks of being a wallflower* (1999).

- *All-or-nothing thinking*

All-or-nothing thinking refers to patterns of thought where one considers the world in extremes. Charlie's perspective on his family is that they make him "happy and sad" (Chbosky 1999:3). Family life contributes to an individual's mood and quality of life but is not the only factor. It is healthier to understand the contributing factors to one's own behaviour along a continuum. For example, by the end of the novel Charlie adapts this thinking: "even if we don't have the power to choose where we came from, we can still choose where we go from here" (Chbosky 1999:228). In this way Charlie takes responsibility for his own behaviour but allows that his family history has influenced his behaviour rather than blaming his family for his problems.

- *Catastrophising*

Catastrophising is when an individual sees the worst outcome to any given situation. Charlie interprets Sam and Patrick's absence between December 23, 1991 and January 1, 1992 in a pessimistic manner and experiences depression and suicide ideations. In a letter directly following the previous one, Charlie writes that he now understands the ending of the poem *A Person/ A Paper/ A Promise*. The last stanza reads (Chbosky 1999:77):

> That's why on the back of a brown paper bag
> he tried another poem
> And he called it "Absolutely Nothing"
> Because that's what it was really all about
> And he gave himself an A
> and a slash on each damned wrist
> And he hung it on the bathroom door
> because this time he didn't think
> he could reach the kitchen.

The mood of this stanza is that of disillusionment and a loss of hope. It also implies suicide. Between December 23, 1991 and January 1, 1992 Charlie spirals into a depressive state. He may be entertaining thoughts of suicide. Suicide represents the extreme outcome of his friends' absence. It may be helpful to consider other possible outcomes to a difficult situation.

- *Discounting the positive*

Charlie continuously discounts his worth. This is a form of discounting the positive. Charlie writes that he did not know that "people thought things about him" or that they noticed him (Chbosky 1999:41). This emphasizes Charlie's belief that he has little to offer to others. It may be helpful to make a list of positive factors in one's life or positive self-attributes.

- *Emotional reasoning*

The guilt that Charlie is feeling after his aunt's death is an example of emotional reasoning. Emotional reasoning can be understood as the tendency to make decisions based on emotions rather than logic. Charlie blames himself for his aunt's death. He believes that she died because she left the house to buy him a birthday gift and it snowed (see Chbosky 1999:98). Charlie refuses to accept that it was an accident. He argues that if she didn't buy him two presents or if he was born in the summer she would still be alive. None of these things are in Charlie's control. He attempts to rationalise his feelings. It may be helpful to acknowledge and cope with emotions.

- *Labelling*

Charlie labels himself as emotional and also accepts other labels imposed on him. Charlie describes himself as emotional (see Chbosky 1999:9). When Charlie labels himself as emotional he does not conform to the stereotype of masculinity adhered to by his parents. For Charlie this label has a negative connection to it. Another example of labelling is when Patrick imposes the label "wallflower" onto Charlie. A "wallflower" can be understood as someone who is observant, understanding but passive (see Chbosky 1999:41). At first, this seems like a positive label, but later Charlie describes it as negative due to the passivity. It may be helpful to focus on descriptive attribution rather than labels.

- *Magnification/minimization*

Magnification/minimization refers to the tendency to magnify the negative and minimize the positive. During the Christmas holidays Charlie struggles to stop thinking about his aunt Helen and the "bad things that happened" to her when she

was younger (Chbosky 1999:95). Rather than enjoying spending time with his family, he focuses on past negative events. He minimizes the potential positive influence of his family and magnifies his own experiences of guilt and grief for her death. It may be helpful to focus on the positive elements that have been minimized previously.

- *Mind reading*

Mind reading occurs when people believe that they have intrinsic insight into the thoughts and feelings of those around them. Charlie's perspective is the filter through which the reader explores his experiences. Charlie is the source of knowledge for the reader which complicates the presence of this maladaptive cognition. Charlie shares his views on Candice's boyfriend: "I could see this boy at home doing homework and thinking about my sister naked" (Chbosky 1999:14). Charlie has no evidence on which to base this belief. He imposes actions and thoughts onto Candice's boyfriend. It may be helpful to focus on the complex nature of the brain and the difficulty in understanding other's thoughts and behaviour.

- *Overgeneralization*

Overgeneralization occurs when people make sweeping judgements from individual experiences. In his letter about the Sadie Hawkins dance he writes: "I would describe it to you ... but then again, maybe you knew the same people when you went to your high school dance" (Chbosky 1999:123). He is universalising his experience of high school rather than allowing for the uniqueness of individual experiences. It may be helpful to find the unique quality of each experience rather than to look for the qualities that unify them.

- *Personalization*

Personalization occurs as people attribute negative experiences to a personal shortcoming. Charlie irrationally blames himself for Michael's suicide and aunt Helen's accident. Charlie believes that Michael could have talked to him about his problems but chose not to because, as the counsellor said, he "didn't feel like he had anyone to talk to" (Chbosky 1999:5). Charlie feels responsible for aunt Helen's accident because she died when she went out to buy him a birthday present (Chbosky 1999:98). It may be helpful to consider other attributing factors for people's behaviour.

- *"Should" and "must" statements*

Individuals who have a rigid understanding of socially acceptable behaviour show a maladaptive cognitive style. After Michael's suicide Charlie thinks that, if he had been there for Michael, he would have had someone to talk to and would not have felt as lonely (see Chbosky 1999:5). Charlie feels that he "should have said goodbye" to Aunt Helen (Chbosky 1999:97). He did not know that she would die in a car accident on that day so he couldn't have "said goodbye". It may be helpful to use language that emphasis the possibility of events, including: perhaps, maybe and possibly.

For the expressive activity, the group creates a mind-map contrasting maladaptive distortions from the literature with healthy cognitions. For the symbolic activity they mount the mind map on the wall to show what they have learned during this session. The reader-participants are encouraged to explore their own thought patterns during the following week.

Session 8: Maladaptive cognitions

Reader-participants are welcomed and discuss whether the knowledge from the previous sessions has helped them during the week. For the receptive activity of the session, the facilitator provides a summary of the maladaptive cognitions, contrasting them with healthy thought patterns from everyday life. For the expressive activity, each reader-participant creates a mind-map contrasting their own maladaptive cognition and healthy thought patterns. For the symbolic activity, these mind-maps will be "mailed".

Session 9: Coping styles

In session 9 the facilitator describes possible coping styles with examples from the literature. After which the facilitator encourages the participants to explore their own coping styles. Each coping style will be explicated and an example from *The perks of being a wallflower* (1999) will be provided.

- *Withdrawal coping*

Charlie is a passive person and withdraws from difficult situations. To avoid the inner conflict he experienced after he was shunned by his friends, Charlie started smoking

cannabis (Chbosky 1999:149). Using drugs and excessive drinking are ways to withdraw from difficult situations, emotional turmoil and negative ruminations. It may be helpful to acknowledge and challenge difficult situation rather than avoiding them.

- *Internal coping*

Internal coping can be understood as searching for possibilities of compromise in a challenging situation. The letters Charlie writes to an unknown recipient can be seen as internal coping as they do not provide the recipient with a return address. Charlie learns things about himself and his situation from his writing (see Chbosky 1999:31). Charlie is attempting to order his life by writing about it. It may be helpful to actively seek advice from others.

- *Active coping*

Active coping is a healthy coping style which involves actively heeding the advice from other experienced individuals. Bill advises Charlie to be present in the moment and Charlie attempts to follow this advice (see Chbosky 1999:30). Charlie persists in attempting to follow this advice but only in Charlie's last letter does he seem to succeed (see Chbosky 1999:231). Throughout the process Bill actively supports Charlie and encourages him.

For the expressive activity of this session, reader-participants write "a letter to me" that shows how they have coped with problems in the past, how they would have coped with them differently and how they want to cope with them in future. For the symbolic mode of this session, participants will receive a random name to which they will address a letter. The letter can be a poem or story, lyrics to a song, anything that shows that they have witnessed the growth in the other person. These letters will be given to the recipient anonymously during the following session. Reader-participants are encouraged to invite a parent, sibling, friend, and mentor to the end of the next session.

Session 10: The tunnel

This session represents the conclusion of the process and focus on self-application of the skills taught in the therapy process. It also includes an element of moving forward, as the participants are given the chance to give feedback to their parents. The first hour and a half of this session will follow a similar pattern to session 2 to 9. After this, the reader-participants will have the chance to show their progress to their parents, friends and mentors and receive feedback.

For the receptive mode of this session, the facilitator plays the songs *Landslide* by Fleetwood Mac and *Heroes* performed by David Bowie.

Landslide by Fleetwood Mac

I took my love and took it down
I climbed a mountain and I turned around
And I saw my reflection in the snow-covered hills
Till the landslide brought me down

Oh, mirror in the sky, what is love?
Can the child within my heart rise above?
Can I sail through the changing ocean tides?
Can I handle the seasons of my life?

Well, I've been afraid of changing
'Cause I've built my life around you
But time makes you bolder
Even children get older
And I'm getting older too

Well, I've been afraid of changing
'Cause I've built my life around you
But time makes you bolder
Even children get older
And I'm getting older too
Oh, I'm getting older too

I take my love, take it down
I climb a mountain and turn around
And if you see my reflection in the snow-covered hills
Will the landslide bring you down
And if you see my reflection in the snow-covered hills
Will the landslide bring you down, oh, oh
The landslide bring you down

Heroes by David Bowie

I, I will be king
And you, you will be queen
Though nothing will drive them away
We can beat them, just for one day
We can be Heroes, just for one day

And you, you can be mean
And I, I'll drink all the time
'Cause we're lovers, and that is a fact
Yes we're lovers, and that is that

Though nothing, will keep us together
We could steal time,
just for one day
We can be Heroes, forever and ever
What d'you say?

I, I wish you could swim
Like the dolphins, like dolphins can swim
Though nothing,
nothing will keep us together
We can beat them, forever and ever
Oh we can be Heroes,
just for one day

I, I will be king
And you, you will be queen
Though nothing will drive them away
We can be Heroes, just for one day
We can be us, just for one day

I, I can remember (I remember)
Standing, by the wall (by the wall)
And the guns shot above our heads
(over our heads)

And we kissed,
as though nothing could fall
(nothing could fall)
And the shame was on the other side
Oh we can beat them, forever and ever
Then we could be Heroes,
just for one day

We can be Heroes
We can be Heroes
We can be Heroes
Just for one day
We can be Heroes

We're nothing, and nothing will help us
Maybe we're lying,
then you better not stay
But we could be safer,
just for one day

Oh-oh-oh-ohh, oh-oh-oh-ohh,
just for one day

In the novel, both of these songs are associated with the Fort Pitt Tunnel (see Chbosky 1999). In the film only the second song is associated with the Fort Pitt Tunnel (see Chbosky 2012). Reader-participants can discuss the following themes:

- Do you think the tunnel is a metaphor in the story for Charlie's coming-of-age experience in the year?
- Can you identify what has changed in Charlie's life between the first time he goes through the tunnel and the last time?
- In the novel, the first time Charlie drives through the tunnel, they listen to *Landslide*. Why do you think they replaced it with *Heroes* in the film?
- Do the varying meanings between *Landslide* and *Heroes* add extra depth to the metaphor?

- Is *Landslide* a better representation of Charlie's mood and experiences in the beginning of the year?
- How do these songs fit in with this coming-of-age theme?
- Do you think this theme is relevant to your life?
- Can you think of any other songs that can be seen as a metaphor for your experiences?

For the expressive mode of this session, the group writes a collaborative poem. Each reader-participant has to contribute two lines in the style of "I used to ... but now". For the symbolic mode, reader-participants open the mailbox and reassemble everything they have "mailed" as well as the anonymous letter in order to review the progress they have made. Each reader-participant receives a copy of each collaborative poem to include in their presentation. They then present to the family and friends they have invited.

5.4. The value of *The perks of being a wallflower*

The novel is appropriate for addressing the topic of suicidal behaviour with adolescents. Although the literature is a non-Christian resource, this chapter has illustrated how it can be of value for therapy through the proposed pastoral bibliotherapy approach. It could be most effective with adolescents struggling with PTSD and co-morbid suicide ideations and behaviour. The following chapter will present the findings of the study and suggest other resources that can be used to apply this approach and which address a variety of psychological concerns.

CHAPTER 6

FINDINGS AND FUTURE POSSIBLITIES

6.1. A case for pastoral bibliotherapy

Adolescence is a period of transition and adolescents face unique difficulties such as puberty, changes in self-concept and social changes. Suicide is among the top five causes of death among adolescents. It is a serious concern for parents, teachers, pastors and counsellors. This study proposed that narrative literature can be used as a resource when interacting therapeutically with adolescents struggling with suicide. A pastoral bibliotherapy approach has been proposed and strategies to apply this approach have been designed.

The study explored what narrative literature has to offer to pastoral therapy with adolescents who struggle with suicidal thoughts. The study explored not only the application possibilities of so-called “Christian” literature, but also whether a “non-Christian” novel could have the potential to be used effectively to address an aspect of spiritual healing. This has been done by:

- exploring suicide from a psychological and pastoral perspective in order to gain insight into suicidal tendencies and behaviour;
- exploring the models in the field of psychology that make use of literary material;
- investigating how bibliotherapy and poetry therapy can be appropriated into a pastoral approach;
- generating strategies to apply bibliotherapy to pastoral counselling;

investigating whether a non-Christian resource can be used in the pastoral bibliotherapy as effectively as "Christian" resources.In this study bibliotherapy and poetry therapy are understood as separate but related fields. *Interactive bibliotherapy* is used as the foundation for the pastoral bibliotherapy process. *Interactive bibliotherapy* can be described as a guided discussion to help participants help integrate emotional and cognitive responses to a literary resource. This in turn will give insight into difficult situations they are facing. Bibliotherapy has developed from the librarian tradition in the early 1990’s. Poetry therapy developed from

bibliotherapy but deviated from it by focusing on a larger variety of material. Neither of these approaches is associated with pastoral care. Sawyer (2004) adapted McCarthy Hynes and Hynes-Berry's (2012) bibliotherapy model. The focus was placed on psychodynamic processes and writing activities. This application is, however, limited. There is the need for a more extensive application of the McCarthy Hynes and Hynes-Berry (2012) bibliotherapy model for pastoral counselling. This is the contribution of this study: a pastoral application for bibliotherapy that focus on reading and writing activities. The potential can be even greater when the investigation is expanded to also incorporate poetry therapy. For this reason this study focused on the potential of combining bibliotherapy and poetry therapy for pastoral care and counselling.

The approach of this study is qualitative, which allows for open expectations regarding the findings of the research. The paradigm of this study is postmodern which allows for the point of departure of identity as being socially constructed through the narratives individuals tell. The use of literature has been proposed as a resource or prompting technique for utilization in the pastoral process, specifically with adolescents who struggle with suicide ideations. Suicide has been explored from a psychological and pastoral perspective, the insights of which were utilized in conjunction with bibliotherapy and poetry therapy for pastoral care and counselling. Current models were explored in order to identify which ones were most suitable to the aims of the study. A pastoral bibliotherapy approach was developed. It built on the McCarthy Hynes and Hynes-Berry's (2012) cognitive model and incorporated Mazza's (2003) poetry therapy modes into each phase of the process. The inclusion of Mazza's psychodynamic model allowed for the integration of reading and writing activities. This approach has two phases: the preliminary process, and the pastoral process. The preliminary process focuses on the interaction between the facilitator and literature. The pastoral process focuses on the interaction between the facilitator, literature and the target reader-participants. "Christian" and "non-Christian" literature for adolescents who struggle with suicide ideations were utilized by means of the pastoral bibliotherapy approach proposed by the study. The Christian resource used was Britts and Britts' (2009) novel and film, *To Save a Life*. The non-Christian resource used was Chbosky's (1999) novel and film, *The perks of being a wallflower*.

The approach proposed by this study is specifically developed to address suicide ideations as it is described by the IMV model developed by O'Connor (2011). The IMV model incorporates psychological, social and behavioural elements. It provides a holistic and inclusive model of suicide ideations and behaviour. The IMV model has three phases: motivational, pre-motivational and behavioural. The motivational phase of the IMV model is relevant to pastoral bibliotherapy with adolescents struggling with suicide. During this phase individuals move from: defeat/humiliation to entrapment, from entrapment to suicidal ideations and from ideations to suicidal behaviour.

The first transition from defeat to entrapment is mediated by threat-to-self moderators including: social problem-solving, coping, memory biases and ruminative processes. Problem solving skills and coping styles are actively addressed during the juxtaposition phase of the pastoral bibliotherapy approach. Memory biases and ruminative processes are implicitly addresses during the examination phase. Discussion about the characters allows reader-participants to externalise their experiences and transfer their feelings and thoughts to the characters.

The transition from entrapment to suicide ideations is mediated by motivational moderators including: thwarted belongingness, perceived burdensomeness, absence of future thoughts, and the lack of social support and attitudes. Thwarted belongingness and social support are addressed by encouraging group cohesiveness, identity and belonging. Perceived burdensomeness is addressed in the discussion of cognitive distortions during the juxtaposition phase.

The transition from suicide ideation and behaviour is mediated by volitional moderators including capability, access to means and intention. It is necessary to address the suicide ideations before an individual experiences these volitional moderators. Capability and access to means are moderators that are outside of the facilitator's control. However, it is essential for the facilitator to prevent the development of the intention to die. This can be done by focusing on the development of a sense of belongingness, social support and mutual responsibility. When volitional moderators are present, suicide ideations develop into suicide behaviour. The collaboration of clinical psychologists and general practitioners should be introduced before suicide ideations develop into suicide behaviour.

The approach developed in this study follows the actions as described by Mason (2014) to assist individuals struggling with suicide. The facilitator and reader-participants enter into a discussion about life and death. Together they explore a theology of life and death. This occurs most explicitly during the examination phase of the pastoral bibliotherapy approach. The fifth session focuses on religion, community and beliefs about life, death, and the afterlife. These topics are only implicitly explored during the other sessions of the examination phase. The approach provides for an unprejudiced and stigma-free engagement with individuals who experience suicidal tendencies. The conceptualization of suicide as a forgivable sin and simultaneously as a disorder with which a person struggles contributes to a stigma-free approach to adolescents struggling with suicide. People are partly responsible for their behaviour, but there are also other factors involved over which they have no control. Therefore they can be forgiven for having suicidal thoughts and ideations. If, on the other hand, suicide ideations and behaviour are fully associated with a disorder or mental illness, then agency would be taken from the person who experiences such problems. The nomenclature developed by Shlebusch (2005) has been constructed in such a way that is unprejudiced towards those who are struggling with suicidal behaviour. It is unbiased, internally consistent and meets the need for sensitivity. This is the reason for the adoption of this nomenclature in the study.

The pastoral approach developed in this study emphasizes the importance of belonging and meaning in one's life. The collaborative poems the reader-participants create increase group cohesiveness which is related to the experience of belonging in the group. The discussions about community during the examination phase focus the attention on the need for a sense of belonging. A pastoral environment can provide: a space for prayer, a sense of belonging, a sense of meaning, the experience of hope, a space to lament. The pastoral approach allows for the inclusion of these characteristics. Prayer can be included at the beginning and end of each session in the pastoral approach. It is important for individuals to have an honest and open experience which allows for lament and the experience of hope. This can create meaning in the lives of the individuals struggling with suicide. The pastoral bibliotherapy process offers community where relationships can be built and support gained. The group setting allows for individuals to meet and interact with

others experiencing similar struggles. Relationships can be built, which encourages mutual responsibility and social support. In session 9, during the juxtaposition phase, reader-participants are encouraged to share their experiences with another reader-participant. This letter also witnesses the other's growth and development throughout the process. The reader-participants are encouraged to share their experiences with parents and friends during the last session. This encourages the building of relationships and seeking of support from other outside the group of participants.

The facilitator should partner with other professionals in suicide preventions. Suicide and related disorders (as seen in Appendix 1) are serious health risks. These disorders and suicide behaviour receive attention from psychology. It is essential for the facilitator to be able to identify such disorders in the reader-participants. These disorders along with suicide ideations and behaviour pose a serious health risk for the participants. Due to the seriousness of suicidal behaviour it is important to collaborate with health care professionals, including clinical psychologist, general practitioners and in extreme situations psychiatrists.

In the application of the approach developed in this study, the utilization of a "Christian" literary resource was first explored. The Christian resource used was the film and novel, *To save a life,* written by Britts and Britts (2009) for the purpose of helping adolescents struggling with suicide. The study finds that the novel meets the criteria for the iso-principle and bibliotherapy. The double medium, film and novel, allows for easier access to the resource. *To save a life* is therefore well suited to be used in the pastoral bibliotherapy approach. It facilitates the introduction of not only receptive but also expressive activities. The novel encourages individuals to participate in Christian communities and building a relationship with God. It is useful for adolescents struggling with suicide, as well as survivors, family and friends left behind after the death of a loved-one by suicide.

In the application of the bibliotherapy approach developed in this study the utilization of a non-Christian literary resource was secondly explored. The resource used was the film (2013) and novel (1999), *The perks of being a wallflower*, by Chbosky. Again, the double medium, film and novel, allows for easier access to the resource. The novel adheres to the iso-principle and the criteria for choosing bibliotherapy material. The epistolary format of the novel encourages individuals to respond to the

story told in the narrative. It also facilitates the expressive activities needed in the pastoral bibliotherapy. There are significant differences between the novel and film. The film emphasizes religious views more than the novel does. It does not specifically encourage community participation, but it does encourage individuals to consider their own religious views and beliefs. Suicide is a major theme throughout the novel, but the predominant themes are PTSD and sexual abuse. The use of the novel might be a more effective resource for adolescents struggling with PTSD. The study finds that *The perks of being a wallflower* as a non-Christian resource can be used effectively in pastoral care to a similar extent as a Christian resource.

6.2. Evaluation and future possibilities

Some dangers and caveats with regard to the process of utilizing bibliotherapy for pastoral care and counselling with adolescents with suicidal tendencies should be pointed out. It is essential for the facilitator to screen possible participants. The participants should be open to participation in the bibliotherapy process and influence one another in a positive manner. It is important that the participants should not be excessively aggressive since that could influence other participants negatively. Participants who exhibit suicide behaviour rather than only suicide ideations, will need clinical attention. The facilitator should be able to identify the severity of suicide ideations, suicide behaviour and related disorders. For this reason, this study includes DSM criteria for these disorders.

The proposed bibliotherapy process can be lengthy. The choice of material can be made less time-consuming and more efficient. In Appendix 5 a possible way to expedite the process is included. This approach proposes that literature can be used as a vehicle of hope for adolescents struggling with suicide. It is essential to use a measuring tool to consider the growth participants undergo. The experience of hope can be evaluated in session 1 and later in session 10 to see whether any change has taken place during the pastoral bibliotherapy process. Qualitative evaluation can be used by individually interviewing reader-participants and exploring their experiences of hope. Quantitative evaluation can be used by developing a standardized questionnaire that evaluates individual experiences of hope. These two

evaluation methods can be combined in order to come to an evaluation regarding the growth of the reader-participants.

Since *The perks of being a wallflower,* written by Chbosky (1999), is limited with respect to its focus on the experience of PTSD and sexual assault, it is necessary to also consider other possible non-Christian resources for adolescents struggling with suicide. Two such novels that can be considered, are:

- *All the bright places*: is a young adult novel written by Jennifer Niven and will be released January 2015. It addresses the experience of depression, grief after the loss of a sibling and relationships and sexuality.
- *My heart and other black holes*: is a young adult novel written by Jasmin Warga and will be released February 2015. It addresses the experience of grief and the experience of a parent struggling with bi-polar depression disorder.

The choice of a novel to use for the pastoral bibliotherapy process would depend on the needs of the group of reader-participants.

There are multiple Christian resources available for utilization in pastoral bibliotherapy with adults struggling with a variety of topics, authors include: Karin Kingsbury, Beverly Lewis, Francine Rivers, Sierra Jensen, Ted Dekker and Frank Peretti. Fewer Christian resources are available to use with adolescents. This is the reason why non-Christian sources have been incorporated in this study. There is a large variety of non-Christian resources available for therapeutic interventions with adolescents. Some examples are:

- The experiences of sexual abuse victims can be explored through the use of *The language of flowers*, by Vanessa Diffenbaugh (2011). It relates the experiences of Victoria Jones who is orphaned and adopted, sexually abused, and experiences loss and grief. This resource might be useful for the use with older girls or young adults.
- The experiences of cancer patients or siblings of cancer patients can be explored by using *The fault in our stars,* by John Green (2014). This coming-of-age novel explores other themes including mortality, illness, isolation,

family and religion. It relates the story of Hazel Grace and Augustus Waters as they fall in love while struggling with cancer.

- The experiences of individuals who struggle with eating disorders can be explored by using *Wintergirls*, by Laurie Halse Anderson (2009). This young adult novel explores themes including peer pressure, toxic friends, loss and grief. It relates the story of Lia who is struggling with anorexia nervosa, family problems and the loss of a friend, Cassie, who died after a long struggle with *bulimia nervosa*.
- The experiences of homosexual adolescents can be explored by using *Will Grayson, Will Grayson,* by John Green and David Levithan (2010). This coming-of-age novel explores friendship, sexuality and relationships. It relates the story of two adolescent males, both with the name of Will Grayson.
- The experiences of the death of a sibling can be explored by using *The sky is everywhere*, by Jandy Nelson (2011). It tells the story of Lennie, whose sister died. Lennie grieves for her sister while experiencing adolescence and falling in love with Joe, the new boy in school.

Other young adult novels that are available for helping adolescents to address a variety of concerns by means of bibliotherapy, could include the following novels the character Bill recommends to the character Charlie in *Perks of being a wallflower*:

- *To kill a mockingbird written* by Harper Lee (2010) is about the loss of child-like innocence;
- *This side of paradise* by F Scott Fitzgerald (1996) and *A Separate peace* by John Knowles explores the theme of self-discovery;
- *Peter pan* by J M Barrie (2010) explores maturity and responsibility;
- *The great Gatsby* written by F Scott Fitzgerald (2010) deals with social corruption and responsibility;
- *The Catcher in the Rye* by J D Salinger (2010) explores the experience of being exiled and victimized by society;
- *On the Road* by Jack Kerouac (2011) considers finding confidence and strength in love;

- *Naked Lunch* by William S Burroughs (2010) explores experimentation with sex and drugs and their consequences;
- *Walden* by Henry David Thoreau (2008) considers the importance of self-reliance;
- *The fountainhead* by Ayn Rand (2007) explores acting according to one's own principles.

Preventative bibliotherapy can be introduced to reader-participants before disorders or social difficulties develop. This falls under the term "developmental bibliotherapy". Literature that can be used includes: The *Narnia chronicles* by Clive Staples Lewis (1950-1956), The *Trophy chase* trilogy by George Bryan Polivka (2007-2008) and the *It's all about us* series by Shelley Adina (2008-2010). All of these have been written from a Christian perspective and share themes including coming-of-age and self-discovery. These novels do not necessarily address serious social concerns but rather focus on everyday experiences (the Adina works), or the battle between good-and-evil (the works of Lewis and Polivka). *Leopold Blue* by Rosie Roswell (2014) can be used fruitfully in the South African context. The story is set in 1993 South Africa and relates the experiences of Meg and Xanthe during summer vacation. The novel include themes such as racism, toxic friends, peer pressure, and self-discovery. This novel is particularly sensitive to the diversity and struggles that are unique to South Africa.

Pastoral bibliotherapy is a flexible process developed to use literature as a prompting tool in group settings. This study found equal application value in both a Christian and non-Christian resource for adolescents struggling with suicide. Suicide is a serious health risk for those struggling with suicide ideations and behaviour. Intervention strategies are essential to counteracting these risks before they become fatal. There are endless possibilities for the application of pastoral bibliotherapy to address concerns other than adolescent suicide. *The novel cure: An A-Z of Literary remedies* by Ella Berthoud and Susan Elderkin (2013) is an index of literary resources for a variety of difficulties. The famous often quoted words of DH Lawrence can be applied in support of the use of literature for healing purposes:

> *One sheds one's sickness in books – repeats and presents*
> *again one's emotions, to be a master of them.*

7. Appendix

7.1. Appendix 1: DSM Criteria

7.1.1. Suicidal behaviour disorder

The proposed criteria for suicidal behaviour include the following elements (APA 2013:801):

A. Within the last 24 months, the individual has made a suicide attempt. Note: A suicide attempt is a self-initiated sequence of behaviours by an individual who, at the time of initiation, expected that the set of actions would lead to his or her own death. The “time of initiation” is the time when a behaviour took place that involved applying the method.)

B. The act does not meet criteria for non-suicidal self-injury—that is, it does not involve self-injury directed to the surface of the body undertaken to induce relief from a negative feeling/cognitive state or to achieve a positive mood state.

C. The diagnosis is not applied to suicidal ideation or to preparatory acts.

D. The act was not initiated during a state of delirium or confusion.

E. The act was not undertaken solely for a political or religious objective.

Specify if:

Current: Not more than 12 months since the last attempt.

In early remission: 12-24 months since the last attempt.

7.1.2. Bipolar I disorder

The following criteria are necessary for the diagnosis of bipolar I disorder (APA 2013:125):

It is necessary to meet the following criteria for a manic episode. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

Manic Episode:

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1

week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behaviour:

1. Inflated self-esteem or grandiosity.

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

3. More talkative than usual or pressure to keep talking.

4. Flight of ideas or subjective experience that thoughts are racing.

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).

7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition. Note: A full manic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis. Note: Criteria A-D constitute a manic episode. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

Hypomania Episode:

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.

B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, rep- resent a noticeable change from usual behaviour, and have been present to a significant degree:

1. Inflated self-esteem or grandiosity.

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

3. More talkative than usual or pressure to keep talking.

4. Flight of ideas or subjective experience that thoughts are racing.

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.

7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.

D. The disturbance in mood and the change in functioning are observable by others. E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.

F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment). Note: A full hypomania episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a hypomania episode diagnosis. However, caution is indicated so that one or two symptoms (particularly in- creased irritability, edginess, or agitation following antidepressant use) are not taken as sufficient for diagnosis of a hypomania episode, nor necessarily indicative of a bi- polar diathesis. Note: Criteria A-'F constitute a hypomania episode. Hypomania episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder.

Major Depressive Episode:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation with- out a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupa- tional, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Note: Criteria A-C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder. Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural

disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

Bipolar I Disorder:

A. Criteria have been met for at least one manic episode (Criteria A-D under "Manic Episode" above).

B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

7.1.3. Bipolar II disorder

It is necessary to meet the following criteria for a current or past hypomania episode and the following criteria for a current or past major depressive episode for the diagnosis of bipolar II disorder (APA 2013:132-134):

Hypomania Episode

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.

B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms have persisted (four if the mood is only irritable), represent a noticeable change from usual behaviour, and have been present to a significant degree:

1. Inflated self-esteem or grandiosity.

2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).

3. More talkative than usual or pressure to keep talking.

4. Flight of ideas or subjective experience that thoughts are racing.

5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.

6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.

7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.

D. The disturbance in mood and the change in functioning are observable by others.

E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.

F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication or other treatment). Note: A full hypomania episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a hypomania episode diagnosis. However, caution is indicated so that one or two symptoms (particularly in- creased irritability, edginess, or agitation following antidepressant use) are not taken as sufficient for diagnosis of a hypomanie episode, nor necessarily indicative of a bi- polar diathesis.

Major Depressive Episode:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. Note: Do not include symptoms that are clearly attributable to a medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)

4. Insomnia or hypersomnia nearly every day. 5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down). 6. Fatigue or loss of energy nearly every day. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delu- sional) nearly every day (not merely self-reproach or guilt about being sick). 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (ei- ther by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation with- out a specific plan, a suicide attempt, or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Note: Criteria A-C above constitute a major depressive episode.

Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

Bipolar II Disorder

A. Criteria have been met for at least one hypomania episode (Criteria A-F under "Hypo- manic Episode" above) and at least one major depressive episode (Criteria A-C under "Major Depressive Episode" above).

B. There has never been a manic episode.

C. The occurrence of the hypomania episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disor-der,

delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

D. The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

7.1.4. Major depression disorder

It is necessary for the following criteria to be present for the diagnosis of Major depressive disorder (APA 2013:160-161):

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)

2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation with- out a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. C. The episode is not attributable to the physiological effects of a substance or to another medical condition. Note: Criteria A-C represent a major depressive episode. Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understand- able or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomania episode. Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

7.1.5. Panic disorder

It is necessary for the following criteria to be present for the diagnosis of panic disorder (APA 2013:208-209):

A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur; Note: The abrupt surge can occur from a calm state or an anxious state.

1. Palpitations, pounding heart, or accelerated heart rate.

2. Sweating.

3. Trembling or shaking.

4. Sensations of shortness of breath or smothering.

5. Feelings of choking.

6. Chest pain or discomfort.

7. Nausea or abdominal distress.

8. Feeling dizzy, unsteady, light-headed, or faint.

9. Chills or heat sensations.

10. Paresthesias (numbness or tingling sensations).

11. Derealisation (feelings of unreality) or depersonalization (being detached from one- self).

12. Fear of losing control or “going crazy.”

13. Fear of dying.

Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”).

2. A significant maladaptive change in behaviour related to the attacks (e.g., behaviours designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

C. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders).

D. The disturbance is not better explained by another mental disorder (e.g., the panic at- tacks do not occur only in response to feared social situations, as in social anxiety disorder: in response to circumscribed phobic objects or situations, as in specific phobia: in response to obsessions, as in obsessive-compulsive disorder: in response to re- minders of traumatic events, as in posttraumatic stress disorder: or in response to separation from attachment figures, as in separation anxiety disorder).

7.1.6. Post-traumatic stress disorder

It is necessary for the following criteria to be met for the diagnosis of PTSD (APA 2013:271-272):

Posttraumatic Stress Disorder Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see corresponding criteria below:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).

2. Witnessing, in person, the event(s) as it occurred to others.

3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains: police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific re-enactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” ‘The world is completely dangerous,” “My whole nervous system is permanently ruined”).

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.

6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behaviour and angry outbursts (with little or no provocation) typically ex- pressed as verbal or physical aggression toward people or objects.

2. Reckless or self-destructive behaviour.

3. Hyper-vigilance.

4. Exaggerated startle response.

5. Problems with concentration.

6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether: With dissociative symptoms: The individual's symptoms meet the criteria for post- traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

2. Derealisation: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behaviour during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if: With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

7.1.7. Obsessive-compulsive disorder

It is necessary for the following criteria to be met for the diagnosis of Obsessive-compulsive disorder (OCD) (APA 2013:237):

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2):

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.

2. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

Compulsions are defined by (1) and (2):

1. Repetitive behaviours (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to per- form in response to an obsession or according to rules that must be applied rigidly. 2. The behaviours or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviours or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive. Note: Young children may not be able to articulate the aims of these behaviours or mental acts.

B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

D. The disturbance is not better explained by the symptoms of another mental disorder (e.g., excessive worries, as in generalized anxiety disorder; preoccupation with appearance, as in body dysmorphic disorder; difficulty discarding or parting with possessions, as in hoarding disorder; hair pulling, hair-pulling disorder; skin-picking disorder; stereotypic movement disorder; ritualized eating behaviour, as in eating disorders; preoccupation with substances or gambling, as in substance-related and addictive disorders; preoccupation with having an illness, as in illness anxiety disorder; sexual urges or fantasies, as in paraphilic disorders;

impulses, as in disruptive, impulse-control, and conduct disorders; guilty ruminations, as in major depressive disorder; thought insertion or delusional preoccupations, as in schizophrenia spectrum and other psychotic disorders; or repetitive patterns of behaviour, as in autism spectrum disorder).

Specify if: With good or fair insight: The individual recognizes that obsessive-compulsive dis-order beliefs are definitely or probably not true or that they may or may not be true. With poor insight: The individual thinks obsessive-compulsive disorder beliefs are probably true. With absent insight/delusional beliefs: The individual is completely convinced that obsessive-compulsive disorder beliefs are true. Specify if: Tic-related: The individual has a current or past history of a tic disorder.

7.2. Appendix 2: Timeline of *To save a life*

Summer before 5th grade	The Accident: Roger jumps in front of car to save Jake. Roger broke his leg.
Autumn 7th grade	Soccer Match: Roger is a spectator. He can't play because of his disability.
Freshman year	Basketball game: Jake went to a party with Amy rather than go to Roger's.
Senior year	School Shooting: Roger publicly commits suicide.
1 week after Roger's suicide	Roger's Funeral
1 week after the funeral	First day of school
Friday (of the same week)	Last Basketball game of the season: Chris introduces himself to Jake after the game.
Saturday	Party: Chris drives Jake home after Amy leaves the party with his truck.
Sunday	Jakes attends Chris' youth service. Amy brings back his truck. They fight.
Monday	See Danny, the pastor's son at school, smoking cannabis. Amy is still upset. Andrea invites Jake to the youth group meeting.
Tuesday	Jake drives to the youth group meeting, "Souled Out", but sits outside in his truck.
Wednesday	Jake and Amy stopped fighting.
Saturday	Jake attends a party with Amy, they fight again. Afterwards Jake looks up Roger's MySpace page.
Sunday (2 weeks later)	Amy attends church with Jake, she feels uncomfortable and leaves. Jake and Amy fights. Jake has an outburst in church, which leads to the youth group arranging to eat lunch together at school.
Monday	Jake and Andrea eat lunch together with the youth group. They invite Jonny to lunch.
In the same week	Jake and Doug fights at the gym about Amy.
Monday	Jake drives Jonny home and they play Halo together.
Tuesday	Jonny joins Jake's lunch group at school.
Approximately 2 weeks later	Jake is baptised. Jake misses Amy. Jake creates a new MySpace page for Roger – "Make My Life Count."
Friday (1 week later)	Jake and Jonny has become friends. Jonny and Andrea goes out on a date. Jonny and Andrea talks about self-harming. Andrea tells Jonny she wants to be friends. Jake finds out Amy is pregnant. Jake's mother leaves home, she is separating from Jake's father.
Sunday	Jake doesn't go to church.
Monday	Jake argues with Jonny. Jake drives to Chris' house to talk about Amy's pregnancy. Jake prays.

Tuesday	Jake drives to Amy's home and follows her to the clinic. Jake talks to her and persuades her from getting an abortion. Jake tells his parents about Amy's pregnancy which leads to an argument with his father. At the youth group meeting Jake talks to Chris. Danny overhears and tells his father, the pastor. Jonny is absent from school, cuts himself in his room.
Wednesday	Jake fights with Doug. Danny put up flyers about Amy's pregnancy. Amy eats lunch with Jake, Andrea and the youth group. Jonny is absent from school.
Friday	Chris is called into a meeting with Mark, the pastor. Chris is considering resigning. Amy and Andrea becomes friends. Jonny is absent from school.
Tuesday	Amy attends a youth group meeting. Jonny is absent from school. Jonny writes a suicide note.
Wednesday	Jonny attends class. Danny steals Jonny's phone and makes a bomb threat to the school from his number. Jonny is arrested and attempts suicide. Jake intervenes and saves Jonny. Danny is arrested and Jake stays with him. They talk about Roger. At home Jake opens Roger's new MySpace page.
Tuesday	Mark decides to take a leave-of-absence to spend time with Danny.
3 weeks later	Jake and Amy meet Jan and Frank, Emily's, adoptive parents.
3 weeks later	Chris delivers a sermon to the congregation in Mark's absence.
1 month later	Jake graduates.
5 months later	Emily is born.
2 months later	Jake leaves for Louiseville. His father drives with him. Jake reads Jonny's suicide letter.

7.3. Appendix 3: Timeline of *The perks of being a wallflower*

Before December 24, 1983	Aunt Helen lived with Charlie's family the last years of her life During this time, she sexually abused Charlie
December 24, 1991	Charlie's seventh birthday: Aunt Helen dies in car accident Charlie experience an emotional breakdown
During 1983— 1989	Charlie witnesses a girl being raped in his room when Chris hosts a party
December 1989	Michael Dobson visits Charlie for his birthday
Spring 1990	Michael Dobson commits suicide: he shoots himself
Part 1:	
August 25, 1991	Charlie enters into High School: he is scared and alone
September 7, 1991	Charlie is bullied by Sean: they fight
September 11, 1991	Bill Anderson (English teacher): assign *To Kill a Mockingbird* Charlie sees brother on Television (College football game)
September 16, 1991	Charlie's sister gives him a "mix tape" made by her boyfriend Charlie's sister is verbally abusive towards her boyfriend. He hit her and she had sex with him.
September 18, 1991	Charlie attends "chop class": Patrick makes fun of the teacher
September 29, 1991	Charlie writes an essay for English and receives a C Charlie visits cemetery with his mother to see Aunt Helen's grave
October 6, 1991	Charlie attends a football game: sat with Patrick and Sam Charlie feels ashamed about having sexual dreams about Sam Bill assigns *This Side of Paradise*
October 14, 1991	Charlie shares his views on masturbation Patrick gives Charlie advise about relationships Charlie tells Sam about sexual dreams, she tells Jake she is too old for him Bill tells Charlie he needs to participate more Charlie tells Bill about his sister and her boyfriend, Bill calls Charlie's parents and inform them
October 15, 1991	Charlie shares with the letter recipient that he masturbates often
October 28, 1991	Bill assigns *Peter Pan* Charlie attends the football game and homecoming dance with Patrick and Sam Charlie attends Bob's party with Patrick and Sam and get's high from a brownie Charlie is labelled as a "wallflower" by Patrick and Sam's clique
Part 2:	
November 7, 1991	Patrick shares with Charlie, his and Brad's relationship history
November 8, 1991	Charlie receives a B from Bill on his assignment on Peter Pan Charlie decides on his future career as a writer or journalist Charlie watches for the first time The Rocky Horror Picture Show Charlie volunteers at a Fanzine of The Rocky Horror Picture Show (Mary Elizabeth is the editor) Sam enters into a relationship with Craig whom is older and studies photography at an Art Institute Charlie's sister: is secretly still sees the boy whom hit her; said Sam has low self-esteem
November 12, 1991	Charlie shares the details about an experiment he learned about
November 15, 1991	School closed for winter holidays and Charlie's brother visits Charlie has always wanted to be in a sport team but he is too aggressive
November 18, 1991	Charlie's brother doesn't visit for Thanksgiving

November 23, 1991	During the holidays, Charlie's family visits their grandfather
	They watch his brother's football game
December 7, 1991	Sam initiates Secret Santa in their friends group
	Bill assigns The Great Gatsby and A Separate Peace
December 11, 1991	For Secret Santa Charlie received socks
	Charlie gave Patrick a "mix tape" and Patrick knows it is given by Charlie
December 19, 1991	Charlie gives Patrick a book: *The Mayor of Castro street*
	Charlie received: Slacks, tie, white shirt, shoes and a belt
December 21, 1991	Sam and Patrick host a Christmas party
	Charlie's last gift is a poem
	Patrick, as Charlie's Secret Santa, gives Charlie a suit
	Sam gives Charlie a typewriter, Charlie gives Sam a Beatles record
December 23, 1991	Charlie feels alone, he feels himself "going to a bad place"
	Bill gives Charlie a copy of *The Cather in the Rye* for his birthday
December 25, 1991	Charlie's family visits his father's family, they watch *It's a Wonderful Life*; Charlie misses Sam, Patrick, Michael and Aunt Helen;
December 26, 1991	Charlie visits Aunt Helen's grave
December 30, 1991	Charlie drives to Aunt Helen's grave and New Year's party
	Charlie sees Sam and Patrick at the party
	Charlie takes LSD and hallucinates; Charlie feels left out and alone;
Part 3:	
January 4, 1992	Over new years: Charlie made a snow angel, he was taken to the hospital room by the police
January 14, 1992	Sam helps Charlie feel better, he stops missing class and smokes
January 25,1992	Charlie sees a psychiatrist and feels better
February 2, 1992	Bill assigns *On the Road* as a reward and *Naked Lunch*
	Charlie attempts to spend time with his family
February 8, 1992	Charlie is invited to the Sadie Hawkin's dance by Mary Elizabeth
	Charlie plays Rocky in The Rocky Horror Picture Show
February 9, 1992	Charlie has a conversation with Sam about relationships
February 15, 1992	Craig doesn't attend the dance with Sam and they fight
	Charlie's sister fights with her boyfriend; she is pregnant
February 23, 1992	Charlie takes his sister to the clinic for an abortion
March 7, 1992	Charlie goes on a date with Mary Elizabeth
March 28, 1992	Mary Elizabeth invites herself to Charlie's house for dinner
	Charlie sister says she has low self-esteem
April 18, 1992	Mary Elizabeth gives Charlie a book by EE Cummings
	Charlie plays truth or dare, and kissed Sam
	He is shunned by their clique
April 26, 1992	Patrick tells Charlie to stay away from his friends
	Bill assigns Hamlet
	Sister meets a new boy
	Charlie visits Aunt Helen's grave, it didn't help him feel better
	Charlie buys cannabis from Bob
April 29, 1992	Charlie feels lonely and friendless, classes started again
May 2, 1992	Charlie buys more cannabis;
	Brad and Patrick caught by Brad's father
	Bill assigns The Stranger
May 8, 1992	Brad and Patrick break up and fights at school—Charlie got involved
	Charlie and Brad both gets detention, Patrick is unhappy
May 11, 1992	Charlie spends time with Patrick who drinks a lot, friends include Charlie in their clique again

May 17, 1992	Charlie drinks with Patrick, they saw Brad with someone
May 21, 1992	Bill assigns *Fountainhead* to Sam
	Patrick stops drinking
May 27, 1992	Patrick plans a Senior prank
	Charlie is still seeing a psychiatrist, they discuss his childhood
June 5, 1992	It is the Senior's last day of school
June 9, 1992	It is the Senior's prom; Charlie is sad with his friends gone
June 10, 1992	Charlie finds school lonely
June 13, 1992	Craig cheated on Sam and they broke up
	Charlie visits Bill on Saturday, Bill says Charlie is gifted and special
June 16, 1992	It is Senior graduation, Charlie's brother visits
	Charlie and Sam share their fears of being alone
	School is lonely without friends
June 22, 1992	Sam is frantic about getting ready
	Charlie has a dream about Aunt Helen sexually abusing him
Part 4:	
August 23, 1992	Charlie's parents found him in a catatonic state
	Charlie spends two months in a psychiatric hospital
	On his release he spends time with Sam and Patrick

7.4. Appendix 4: Examples of expressive activities

7.4.1. Collaborative poem: "Here"

I am here ~~**because**~~ not of my own free will

I am here because my parents made me

I am here because my life sucks

I m here because nobody understands

I am here because: "I don't know!"

I am here because I want to sleep 4ever

*__I am here because__ I want to help

*I __am here because__ I am hopeful

*__I am here because__ I believe you should be too

*Note: The facilitator can participate in activity as well. This can direct the collaborative poem and provide an optimistic ending.

7.4.2. *Haikus

"Roger"

I was never seen

Went through life alone

What do you care?

“Jake”

A “What do you care?”

Thrown recklessly into the world

Shatters the hopeless.

*Note: A haiku is a poem which has three lines, the first and third lines have five syllables and the second line has seven syllables, for a total of seventeen syllables.

7.4.3. Collaborative list of anxieties: *“What if”

- **What if** nobody likes me
- **What if** I don’t pass
- **What if** I can’t *keep it together*
- **What if** NOBODY believe me
- **What if** it was my own fault
- **What if** they think I’m crazy
- **What if** I am?

*Note: These anxieties are listed as possibilities by including “what if” in the sentence, rather than concrete realities. This might help the reader-participants alter his or her internal monologue.

7.4.4. Collaborative poem: “Change”

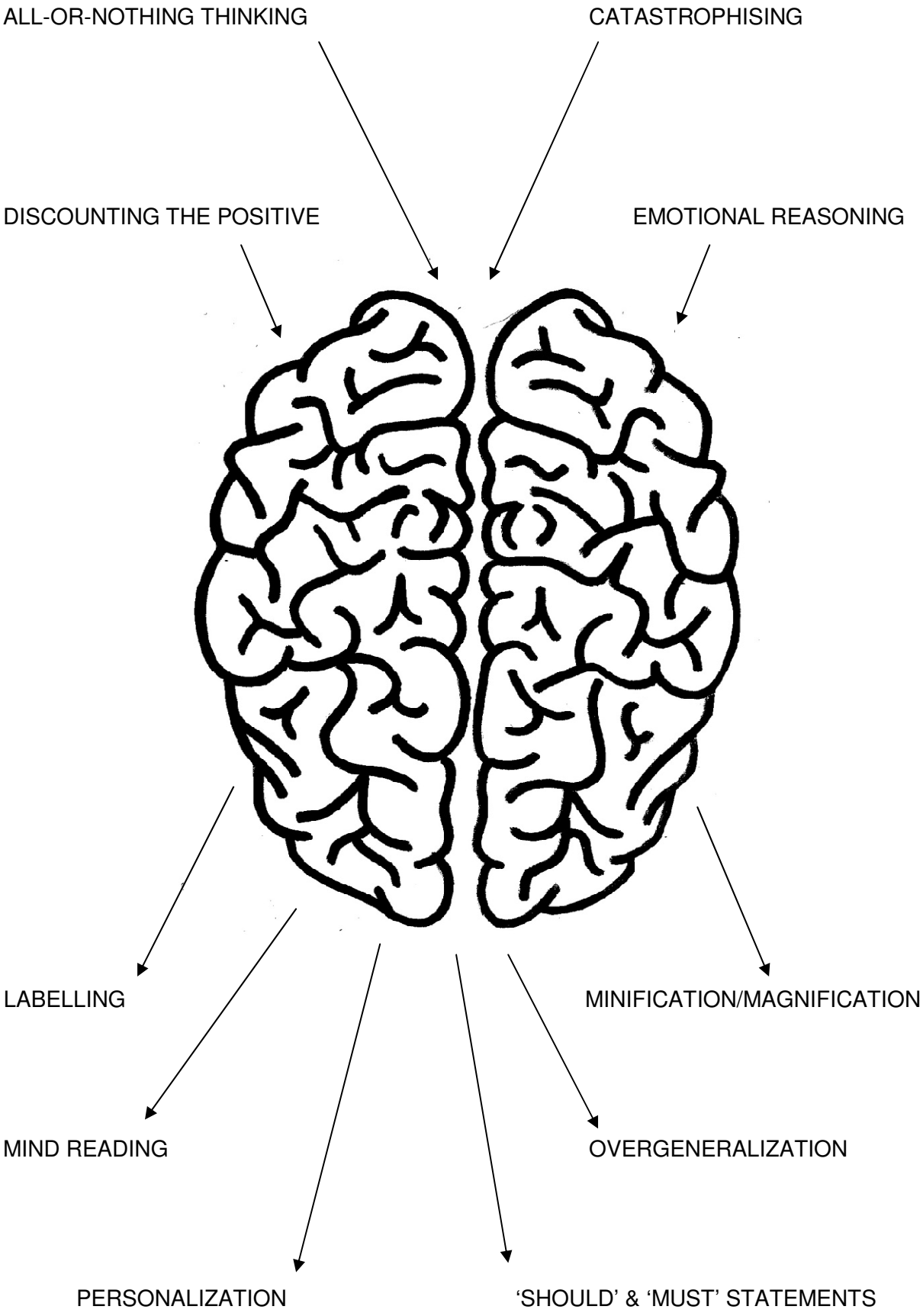
I used to cut, **but now** I write

I used to feel alone, **but now** I have friends

I used to be dead inside, **but now** I feel alive

I used to want to die, **but now** I want to try

7.4.5. Cognitive distortion mind-map



7.5. Appendix 5: Bibliotherapeutic criteria

Bibliotherapeutic goals	Mark if present in novel	Page numbers where present in the novel
The literature improves the capacity to respond by stimulating and enriching mental images and feelings by: • Encourage verbalization and written responses • Increase awareness of nature • Increase awareness of sensory experiences • Increase imaginative responses		
The literature enhances the value of personhood and self-awareness: • Emphasize the human body and its significance • Expose attitudes and emotions about self • Stimulate the experiences of emotions and stirring memories • Increase the awareness of personal growth, time and change		
The literature enlightens view of interpersonal relationships: • Contrasts the effects of altruism and selfishness • Emphasizes love, friendship or their absence • Consider the experience of anger, hatred, and jealousy • How to deal with frustration and success • Emphasize the importance of effective		

communication • Emphasize family relationships and responsibilities to others		
The literature enhances reality-orientation: • Provide everyday tools for living • Emphasize the meaning of life-style choices • Consider the meaning of life and death • Emphasize the importance of well-being and personal strengths		

8. DECLARATION OF ORIGINALITY
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The Department of Practical Theology places great emphasis upon integrity and ethical conduct in the preparation of all written work submitted for academic evaluation.

While academic staff teach you about referencing techniques and how to avoid plagiarism, you too have a responsibility in this regard. If you are at any stage uncertain as to what is required, you should speak to your lecturer before any written work is submitted.

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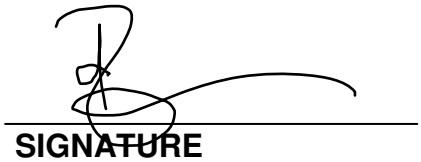
The declaration which follows must accompany all written work submitted while you are a student of the Department of Practical Theology. No written work will be accepted unless the declaration has been completed and attached.

Full names of student: Tanya Booyzen
Student number: 28025165

Topic of work: Exploring bibliotherapy for pastoral care with adolescents struggling with suicide

Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this dissertation is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.



SIGNATURE

Tanya Booyzen

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