From Grief to Growth: Narratives of parents Bereaved by suicide

A THESIS SUBMITTED IN FULFILMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF
PHILOSOPHY IN INDIGENOUS STUDIES
AT
TE WHARE WĀNANGA
O AWANUIĀRANGI

BY

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2016

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1st October 2015

ABSTRACT

Research on the process of posttraumatic growth and conceptualisations of posttraumatic facilitating practice are only slowly beginning to emerge, even though strong empirical evidence of positive outcomes has been available for many years. While some view posttraumatic growth as an exciting new framework to apply in the field of suicidology, it remains a formative or emerging concept, with a hope to evolving into a well-constructed paradigm that can effectively guide policy and practice. The field of posttraumatic growth in relation to survivors of suicide requires an enriched knowledge base and literature to guide innovation in policy and practice under a benefit-finding paradigm. Much of the current scholarship on suicide survivors describes the impact of suicide on families as a catastrophic life event and depicts survivors who experience significant and prolonged complex grief as progressively deteriorating, persistently impaired, and in need of life-long care.

Research on positive benefits from surviving a suicide death is in its infancy. This research study provides first person posttraumatic growth narratives which are important source materials that can help us refocus our thinking beyond the present deficit perspective. Knowledge gained in this effort can contribute to the development of a more complete conceptual understanding of posttraumatic growth that may inform theory, policy and direct practice.

The concept of posttraumatic growth focuses attention on constructive change and the potential for growth that remains inherent within very challenging life circumstances. We must continuously work to identify the processes, mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. Our primary goal should be to build applied knowledge that evokes the potential for growth from trauma in many more lives.

The objective of the present study was to examine the notion of post traumatic growth in relation to surviving the death of a child through suicide death. Essentially two questions were posed; what are the mechanisms that influence the post-traumatic growth trajectory

for parents bereaved by suicide? Further, what the outcomes of post traumatic growth for parents bereaved by suicide? These research questions frame the thesis for the lived experiences of parents who have experienced the suicide death of their young adult child.

To broaden our understanding of the concept of Posttraumatic growth and in particular the mechanisms that leads to the development of posttraumatic growth, this study used Māori centred methodology. The thematic analysis disclosed the various responses of the participants, to their child's death and the impact of these responses on them. Moreover, the findings provided insight into the various mechanisms that were influential in generating posttraumatic growth outcomes. Study findings also reveal that all participants reported some growth and changes as a result of coping with their child's suicide.

Significantly, this study recommends the need for further investigation in order to provide a comprehensive exploration of PTG and its applicability in various context. Implications for research on posttraumatic growth and suicide survivors and treatment considerations based on these findings are discussed.

DEDICATION

This PhD thesis is dedicated to my whānau; my parents, siblings, children, nieces and nephews. I have been blessed with a wonderful whānau. I would like to dedicate this work to my parents. You have led me, guided me and walked beside me. Who could have asked for better parents? This is in appreciation for all you have done for me. Thank you for your dedication to your children, for your hard work, moral honesty, and resiliency. These have provided me with sure stepping-stones into my own future.

I also dedicate this thesis to my mokopuna in hope that this PHD might inspire you to achieve whatever it is that you need to do as you journey through your life. I hope that as you meet with your trials and tribulations that you will rise above whatever stands in your way, with the qualities that your tūpuna stood for which are dignity and mana.

Lastly and most importantly, this thesis is dedicated to the lived life and wonderful memories of "DIDDUPS". Here is the last message she left, before she carried on her sojourn to the land of her Tupuna – till we meet again……
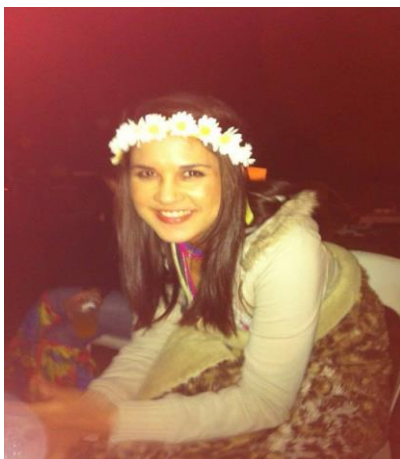
If ever there is a tomorrow
When we're not together
There is something you
Must always remember
You are braver than you believe
Stronger than you seem
And smarter than you think
But the most important thing is
Even if we are apart
I'll always be with you"
Winnie the Pooh

ACKNOWLEDGEMENTS

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GLOSSARY

A

Awhi   to embrace

Aroha ki te tangata   love for people

H

Haka   war dance

Hapu   sub tribe

Hui   a gathering or meeting

I

Ihowa Te Matua   supreme being

Iwi   tribe

K

Kai   food

Kanohi ki te kanohi   face to face

Karanga   ritual call of welcome

Karakia   prayer

Kaua e takahia o

te mana o te tangata   do not trample on the mana of people

Kaumatua   elder

Kaupapa   purpose, reason for meeting, Māori philosophy and

practice

Kawa   natural order of things created by Te Atua

Kia mahaki	be humble
Kia tupato	be cautious
Korero	speak
Kuia	elderly female

M

Mahaki	to be humble
Mamae	hurt
Mana	prestige, authority, privilege, responsibility
Manawa	heart
Manaaki tangata	to give, to share, hospitality, look after people
Mihi	greeting
Moteatea	chant

P

Pōwhiri	ceremony of welcome

R

Rangatahi	youth
Rohe	boundary

T

Ta moko	tattoo of significance
Tangihana	funeral
Tapu	sacred, sacredness

Tautoko	support
Te pa harakeke	flax bush
Teina	younger sibling
Titiro, whakarongo, korero	look, listen and speak
Tikanga	behaviour, customs, habits, rituals, etiquette
Tuakana	older siblings

W

Waiata	song
Wananga	meeting to discuss a kaupapa
Whakamoemiti	stage in the Powhiri Poutama model
Whakamomori	suicide
Whakaoranga	stage in the Powhiri Poutama model
Whakapapa	genealogy
Whakatau	stage in the Powhiri Poutama model of engagement
Whakataukī	proverbial saying
Whangai	Māori adoption
Whānau	family
Whakawhānaungatanga	establishing connections
Whare ngaro	depicts empty house (refers in this contect to child death)

LIST OF FIGURES AND TABLES

CHAPTER ONE: INTRODUCTION

1.0 Introduction to study

Trauma is always bad-but it's also the beginning of the story, not the end. In the midst of tragedy, we must mourn, but also maintain a belief that our behaviour still matters and that growth in life is still possible (Shawn Achor, 2011, para. 12).

This study is about posttraumatic growth and in particular, how the notion relates to parents bereaved by suicide. This study seeks to understand the experiences of parents by exploring their lived experiences of suicide grief. This qualitative, Māori centred, case study approach, was designed to surface and provide a depth of understanding of the critical themes and features of suicide grief through analysis of the mechanisms that influence the posttraumatic growth of parents bereaved by suicide, along with the posttraumatic growth outcomes of surviving their child's suicide death.

There are not many people who journey through life without being touched by adversity or grief. It is approximated that 75% of all people will undergo some type of traumatic, disturbing experience in their lifetime, whether it be death of a loved one, illness, accident, or family dispute (Joseph, 2012). Such disturbing incidents can create a vast assortment of responses. Exposure to extreme incidents or traumatic experiences can be linked to severe emotional and psychological stress and posttraumatic stress syndrome for many people. Bisson, Ehlers, Matthews, Pilling, Ruchards and Turner (2007) remark that posttraumatic stress reactions may last temporarily or be long term.

Earlier research, underpinned by a medical model, has primarily fixated on investigating trauma, posttraumatic stress disorder, traumatic stress and coping with negative after-effects. A theoretical change to positive psychology reinforced the emphasis on eudemonic elements of well-being in all facets of life, incorporating trauma, at the end of the twentieth century (Joseph, 2012). Research has begun to systematically focus on the examination of the positive consequences of traumatic experiences (Joseph, Williams & Yule, 1993; Tedeschi & Calhoun, 1996).

The scholarship of posttraumatic growth has progressively increased acknowledgment during the last twenty years, as it has been the topic of a lot of analysis and consideration – predominantly in respect to the legitimacy of perceptions and of growth. During the mid-1990's, the possibility of positive growth following adversity or a traumatic life event became the interest of enthusiastic study and examination (Tedeschi & Calhoun, 2004). Growth resulting from traumatic events is not a contemporary notion, because growth from adversity has been noticed and documented as far back as ancient times; rather, it is the quantitative and qualitative investigation of the concept that is current in its origin (Weiss & Berger, 2010). Scholarship in countries worldwide has started to focus on the contextualised understanding of posttraumatic growth (PTG).

PTG has been reported by an average of 50% to 60% of participants across studies investigating posttraumatic growth following an array of traumatic events (Tedeschi & Calhoun, 2004). It is important to note that research investigating posttraumatic growth for parents bereaved by suicide has had minimal investigation. Therefore this doctoral research seeks to utilise this pivotal opportunity to study the notion of posttraumatic growth in relation to parents bereaved by the suicide death of their child.

1.1 Suicide

Suicide death – two words that evoke fear, shock, and disbelief in the hearts of people who hear them, with good reason. Suicide kills more people each year than road traffic accidents in most European countries. Globally, suicide takes more lives than murder and war put together, says the agency in a call for action (World Health Organisation, 2011).

The incidence of suicide deaths approximate to one million deaths globally (WHO, 2011). According to the American Association of Suicidology (2006) and Hawton, Bergen, Casey, Simkin, Palmer, Cooper and Owens (2007), for every completed suicide there is as many as six close family and friends (suicide survivors) left to cope with this devastating loss.

Given this estimation, there could be as high as six million individuals annually suffering

from the loss of another to suicide. However within a Māori relational matrix, for every suicide death, whanau, hapū and iwi will be bereaved. Suicide is a major public health issue in New Zealand. In fact on a global scene, the World Health Organisation predict that by 2020, there will be a suicide death occurring every 10-20 seconds (Katz & Schuetz-Mueller, 2015).

The consequences of a death by suicide on those family members left behind, continues to be under conceptualized and inadequately comprehended. Kalischuk and Hayes (2003), Beautrais (2005), Wong, Chan, Wincy and Beh (2007), and Maple, Edwards, Plummer and Minichiello (2010) all noted a growing appreciation of the necessity to better appreciate the reactions of those bereaved by suicide. Most research on suicide has focused on the negative consequences of the death and there is no other research that has focussed on posttraumatic growth linked to suicide survivors.

Recent literature pertaining to the conceptualization of Posttraumatic Growth (PTG) as it relates to suicide death trauma and families bereaved by suicide, indicates a need for the exploration of these constructs in relation to this marginalised groups, who might experience different, and systemic, forms of trauma and different growth trajectories (Helms, Nicolas, & Green, 2010; Okazaki, 2009). The extent to which these findings concerning PTG relate to these populations is unclear and is an area in need of future study.

This study will examine trauma in the context of the suicide death of a young adult child and its relationship to the concept of posttraumatic growth. This study was to conduct the first Māori centred, case study analysis of PTG, with parents whose children have died thorough a suicide death.

1.2 Relevance of the research

Despite an increase in the amount of literature linked to grief and loss, only a small measure of literature focusses on suicide bereavement. Researchers have voiced the importance for "better information about the natural course of bereavement after suicide", as well as the requirement for better insight and awareness into the complexity of the

"thematic content of the grief experience for many survivors" (Jordan & Mc Menamy, 2004, p. 345).

In 2004, a report by the Centre for the Advancement of Health, written by Balk, Cook, Doka, Hall, Hannsson, Klass & Weiss, suggested that bereavement and grief research identified that the mode of death has an effect on the bereavement process and so advised further studies into "the ways in which the circumstances of the death shape the bereavement experiences" (p. 539). Another recommendation emerging from this report was specific research into the "function of components like meaning making in the adaptation and recovery process" (p. 539). This study specifically focuses on suicide death and the bereavement process suicide survivors undertake.

Though not a key aim of this research, the function of meanings-making within the bereavement process will also be illuminated in this research, positioned as a significant mechanism, influential in the posttraumatic growth process, as well as a core outcome of the posttraumatic growth process. Notably, there is a plethora of literature that highlights the negative impacts of suicide death and bereavement. Therefore, this study intentionally seeks to critically discuss the neglected concept of posttraumatic growth (Cherwein, 2012).

The devastation suicide leaves behind for the grieving survivors, is not a new phenomenon (Cain, 1972). However, Suicidology, the study of suicide, has emphasised the need to understand and treat suicidal individuals. Much of the consideration of the mental health profession has focussed on people who commit suicide and seldom addressed what occurs for those people who have endured the suicide of a family member. Research on suicide has addressed prevention, treatment, and links to mental health, but research from the perspective of survivors has been limited.

At that moment in time when a suicide death occurs, the individual (suicide completer) becomes another statistic, but the impact of such an act has far more reaching implications that cannot be seen through statistical analysis (Shahtahmasebi, 2012). Significantly more people die today from suicide than other deaths. According to the American Association of Suicidology (2006), for every completed suicide, there are as many as six close family

and friends (suicide survivors) left to cope with this devastating loss. Given this estimation, there could be as high as 180,000 individuals annually suffering from the loss of another to suicide (Shahtahmasebi, 2012).

Suicide death is a life-altering circumstance that can potentially result in emotional upheaval and life changes; including changes in social roles, relationships and an individual's self-perception. On a personal level, the experience of suicide can "result in a violation of (one's) basic sense of how the world works" (Knight, 2006, p. 3).

Other research has suggested however that from this shattering of core beliefs, in some cases a life affirming "fundamental shift in our being" has the potential to emerge (Levine, 1997, p. 219). The process of making sense of an experience so to ascribe meaning to it has been referred to as the lived experience of an individual (Brown, Stacey & Nandhakumar, 2008). Individuals faced with this shattering of core beliefs may have no choice but "to re-structure their way of looking at the world and their plan for living in it" (Cordova, Cunningham, Carlson & Andrykowski, 2001, p. 176).

A social constructivist viewpoint postulates that meaning is created in the relational facet of interpersonal interface; the survivor rebuilds their story through their survivorship encounter and within the social context of living and telling their story, they find their identity and sense of self while making meaning of the trauma (Neimeyer, 2005, 2006). Contact and experience with traumatic negative occurrences fragments, who they believe they are, their sense of self, and abrogates and revokes central assumptive beliefs, and rescinds the meaning of their world (Janoff-Bulman, 1992; Neimeyer, Herrero & Botella, 2006).

Nevertheless, the universal paradigm for treating trauma survivors has been dominated by medical models and by an exclusive focus on symptom removal (Honig & Fendell, 2013). Much research has focused on the negative trajectory of this psychosocial transition, focusing on such factors as ongoing stress, grief loss and in extreme cases psychiatric disturbances (Manne, Ostroff, Winkel, Goldstein, Fox & Grana, 2004).

 In addition, research on suicide thus far has addressed prevention, treatment, and links to mental health, but research from the perspective of survivors has been limited. Much

of the consideration of the mental health profession has focussed on people who commit suicide and seldom addressed what occurs for those people who have endured the suicide of a family member. The greater part of grief scholarship and research is quantitative and whilst this posits some contribution, it provides limited application for clinicians/professional social workers and counsellors in crafting applicable strategies and interventions to support those bereaved by suicide. This doctoral research will address the need for a more comprehensive picture of the experience of suicide trauma. The utilisation of quantitative methodology cannot simply capture the array of aspects influencing individuals. This has resulted in there being gaps in the PTG literature. Through capturing the complexity of positive responses to trauma, practitioners can be better equipped to provide effective therapy for clients/whanau.

A number of researchers and clinicians have discussed the value of collaboration and dialogue to advance scholarship and practice outcomes in this arena (Myers & Fine, 2007; Nadeau, 2001; Neimeyer, 2003; Woolfe & Jordan, 2000). Similarly, Linley & Joseph (2004) contend that studies demonstrating the prevalence of PTG has primarily focused on quantitative methodologies aimed at specific populations. Various studies have utilised measuring instruments and the reliance on self-reported positive change is a major limitation of these instruments (Calhoun & Tedeschi, 2006). Calhoun and Tedeschi (2006) argue that forthcoming research can be focussed on acquiring positive growth minus the use of instruments that unsuccessfully encapsulate the intricacy of posttraumatic growth reactions.

Suicidology, the study of suicide, has emphasised the need to understand and treat suicidal individuals. It is important, therefore, to learn more about what survivorship means to people surviving suicide death because the consequences of a death by suicide on those family members left behind, continues to be under conceptualized and inadequately comprehended. A limited total of qualitative research has been directed toward a target population of survivors (Linley & Joseph, 2004). Whilst studies have been successful in ascertaining elements that have bearing on the development of PTG, a considerable dearth of scholarship investigating the experience of PTG remains.

Kalischuk and Hayes (2004); Beautrais (2005), Wong, et al., (2007) and Maple et al., (2010) all noted a growing appreciation of the necessity to better appreciate the reactions

of those bereaved by suicide. It is hoped that this research is another resource for clinicians/professional social workers and counsellors – one that will fill a gap in the literature by making salient the importance of promoting the best long term developments of trauma survivors. The examination of positive responses to trauma does not refute adversity from trauma; however the resolve is to increase an awareness of the whole experience. Jordan (2001) postulates that "traumatic grief is one likely sequelae of a suicide" (p. 97). The paradigm move that has commenced in trauma scholarship is envisioned to circumvent a predisposed insight into posttraumatic responses and lead to an all-inclusive description of both positive and negative changes (Linley & Joseph, 2004).

Zoellner and Maercher (2006) regard PTG as the latest perspective suitable to be incorporated into clinical practice. Further, they argue that psychotraumatology has for many years concentrated on the detrimental, negative impacts of trauma. This has, restricted the application of trauma recovery to a "deficit oriented model" (Zoellner & Maercher, p. 650). Thus the deliberation of PTG as an additional possible outcome of coping with trauma, develops clinical viewpoints. The notion of PTG adds an innovative point of view into social work and counselling. For example practitioners might identify the clients/whanau's distressing struggle to understand the impacts of trauma and coping response, not exclusively as a posttraumatic response (deficit) but as an impending precursor to growth. Few studies have examined the theoretical concept posttraumatic growth in families bereaved by suicide. These are a unique population of individuals exposed to a sudden, violent, grotesque death.

The implications of this research for social work and counselling incorporate its potential to amplify the PTG experience of a particularized group, to contribute insight into the mechanisms that can facilitate PTG, as well as gain knowledge of the PTG outcomes that eventuate as a consequence of their struggle with trauma, and to do so by collecting and analysing narrative data from survivors of suicide. As earlier suggested, the general paradigm for treating trauma survivors has been dominated by medical models and by an exclusive focus on symptom removal. It is hoped that this research is another resource for clinicians/professionals – one that will fill a gap in the literature by making salient the importance of promoting the best long term developments of trauma survivors.

As a component of the execution of the National Suicide Prevention Strategy (Ministry of Health, 2009, MOH) has reviewed existing evidence based information regarding: bereavement by suicide; the impact of bereavement by suicide on family members, Whānau and significant others; and the inferences of this information. Youth suicide has been recognized and acknowledged as a resounding international, national, public and mental health crisis of epidemic proportion, despite development in the amount of suicide prevention programs (MOH, 2009-2016). The immediate and future health and social repercussions concomitant with adolescence suicide are vast, involving every family survivor, the family as a group, the community and in due course the public.

In Grief After Suicide: Understanding the Consequences and Caring for the Survivors, a corpus of the current scholarship, Jordan and McIntosh (2011) argue that further studies and clinical consideration is required to further advance our over-all appreciation and comprehension of the impacts of suicide bereavement. As professional counsellors and social workers, more significantly, we ought to not only be able to support survivors in the repercussions of this overwhelming trauma, but to have knowledge and a critical analysis on the mechanisms and processes that may facilitate survivor growth from trauma.

It is the researcher's belief that there must be continuous work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. The primary goal should be to build applied knowledge that evokes the potential for growth from trauma in many more lives.

Moreover, for Social Workers and Counsellors, who concentrate largely on working with trauma and devastation, and for people/parents traversing the suicide death experience, which in the expression of one participant (P 1) is "an experience you wish upon no one else" an appreciation of the potential for change and growth with the suicide survivor experience, is crucial. This research therefore aims to communicate this lived possibility for transformative growth for people living with the suicide death of their young adult child. This also includes those working with people living with the suicide death of their child, the mental health system and for social workers, counsellors health professionals who are engaged with individuals encountering a variety of stressful and traumatic life

circumstances.

Still yet, there is minimal research that focusses primarily on the mechanisms that contribute to post-traumatic growth, as well as the posttraumatic outcomes, particularly as applied to people who have experienced the suicide death of their young adult child. This research, therefore, seeks to contribute to filling this gap. It is imperative then that there must be continuous work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. The primary goal should be to build applied knowledge that evokes the potential for growth from trauma in many more lives.

Arthur Frank says in *The Wounded Storyteller* (1997), "people tell stories … not to provide a map that can guide others – each must create his own – but rather to witness the experience of reconstructing one's own map" (p.17). Thus participation in this study may also provide a therapeutic benefit to the participants since doing so will facilitate healing through the telling of their stories, whereby they may create a map for self and for others. Accordingly, all people create meaning through narratives (stories) and live their lives according to the stories they tell themselves and the stories that others tell about them (Morris, 2006; Riessman, 2008). In Arnold's (2011) doctoral studies around child death through cancer, she highlights a benefit for respondents of the research. One of the advantages is that, contribution toward research "offers a long-lasting document of lived experiences and legitimates stories, therefore participating and supporting the process of working through their grief" (Arnold, 2011, p76).

A child's death is a vital part of the family story and Frank (1997) argues, "it is a story that must be told and keeps going" (p. 5). This study has endeavoured to incorporate the child's story as well as the 'wounded storyteller's story'. In this case the 'wounded story teller' is none other than the parent of the child. This group of people have been labelled "The forgotton people" (Shahtashabesi, 2013). It is not easy, to find people prepared to tell as well as hear the story. Perchance it is important to consider how does the wounded storyteller talk about a 'violent death'? A prerequisite is that their silenced voices require space and time to be heard, legitimated and validated. Larson (2007) exclaims, "... trying to be honest about the difficulty of unearthing what's painful, may be the truest thing one

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can do" (p. 9).

Posttraumatic Growth is a relatively new area of research and has the potential to dramatically alter the conceptualization and treatment of trauma in a clinical setting. By providing the complex and rich stories of those who have encountered PTG, this study will highlight area for future research and increase understanding of the need to expand traumatic research and application. Thus, there are implications for post traumatic growth theory and its significance, particularly for work with those bereaved by suicide.

1.3 Purpose of the study: Research Question

This is a qualitative investigation of the experience of ten parents bereaved by suicide. The purpose of this study is to explore the notion of how suicide survivors experience posttraumatic growth following the suicide death of their child.

Objective 1. *What are the mechanisms that influence the post-traumatic growth trajectory for parents bereaved by suicide?*
Objective 2. *What are the outcomes of post traumatic growth for parents bereaved by suicide?*

1.4 The Researcher's Location

Ko Hikurangi te maunga.
 Ko Waiapu te awa.
Ko Ngāti Porou te iwi

This section covers locating self in the context of this research project. As a Māori, it is part of the kawa when applying the process of making connections, otherwise known as whakawhānaungatanga (making relational connections), to identify who I am, my place of birth, and who I belong to. Durie (1999) claims that this process is about respecting and appreciating whānau identity. Both whakapapa and whanau are intrinsic to the

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development of a Māori identity (Dyhrberg, 2001; Else, 1991; Jackson, 1997; Mikaere, 2003; Metge, 1991; Pihama, 1993).

I was brought up on the East Coast of the North Island in a rural area known as Ruatoria. I am a descendant of Ngāti Porou, Tuwharetoa and Te Arawa iwi. I was bought up in the rural farmland of the Tapuwaeroa valley which was hinged on one side by various mountainous enclosures; Taitai, Wharekia, Wharekaua, Aorangi and lastly but not least Mount Hikurangi. My father was born and bred in Ruatoria and my mother left her Hapū, iwi of Tuwharetoa and Te Arawa and settled in the region on Ngāti Porou. My upbringing was to form the foundation of where I would go in life and what I would become.

Both parents were exemplars of hard work, achievement, moral integrity, manaakitanga (hospitality), aroha ki te tangata (love for people); awhi and tautoko (care and support). As a child, I observed many experiences of my parents giving of their means and of themselves to other whanau and giving of their time and talents to support and tautoko others. These observations would later become stepping stones in my own pathway as a daughter, sister, mother, aunty and mokopuna (grandchild). My grandmother and nanny were also significant in my life and were role models of mana wahine (strong woman). From these people I feel honoured to be their daughter, their mokopuna and often fail to realise my accountability back to them for what they have laid for their ancestors.

As a child I saw no violence, was not privy to the impact of addictions in the home. In essences my life was drama less and trauma vacant. I had been raised in a predominantly stress-free, trauma free lifestyle as a child, teenage and young adult, under the auspices of a loving free home life and social environment, and to be in a space where I came to love and connect with Papatuanuku (Mother Earth), the Ngahere (the forest) and the Awa (river).

However, one of the most pivotal experiences I would undergo came in my mid-twenties when I found myself living in a relationship that was violent, and it was in this relationship that I would lose myself. I married a man who had been victim of child neglect and all the abuses. I did not know any of this when I met him, but would be revealed as the years would go by. I recall an incident in which I was 9 months pregnant, in fact two days

overdue. I was subjected to verbal and physical abuse at midnight, two hours later I delivered my baby. My eyes were swollen, both black, but more I was so shamed at my physical state that I discharged myself out of hospital. I recall going to work with a black eye. Again, shame was my constant companion. Fortunately, we lived apart a lot, as there was a lot of drinking and drug abuse. Thankfully these activities did not occur at my home. Dealing with someone who had addiction issues, mental health issues and childhood trauma issues was difficult to say the least. There were times when I would call the police and have him arrested, eventually he spent time in incarceration.

Perhaps the most poignant experience occurred later in our relationship. We weren't living as a couple but there was still contact. He was involved in a lot of illegal activities and by such a time had accumulated various convictions. Life was chaotic, toxic and out of control. I in the meantime was raising two daughters and trying to 'make ends meet'. I had become a qualified Social Worker and had the opportunity to be constantly employed. I was employed as a Medical Social Worker in the Tairawhiti District Health Board.

I had not been happy for years in our relationship and had endeavoured to attain counselling for both him and me. I couldn't see that what I was doing was going to have no major impact on him, myself and the relationship. Because he lived away a lot I did not know of his activities. What I do know now was that he was involved in many drug dealings and a lot of 'shoddy dealings'. One day the impact of these came knocking on my door. His car was registered under my name because of the fact he had no license. The car he was paying off belonged to his brother's friend and there was owing money on it, so the legal owner came to repossess it. Unbeknown to me it also had quite a bit of drugs inside the car. I informed my partner that the car had been repossessed to which he became aggressive. My response was one of automatic fear, my normal response to all the previous years of violence. He called a taxi, with the intent of going to get the car back.

In the meantime, I was trying to escape, as I knew I was not safe. I knew the violence that was imminent. I was not quick enough to escape, as the only way out of the place was where he was standing waiting for the taxi. He saw me and ordered me to go with him. It was an order that you have no choice in but to listen (I would not listen now, though).

Therefore, the journey took us to where the car owner was. He got out of the car to the house. I sat in the car and next minute would watch people running out of the house in fear, so I knew something was wrong. I quickly got out of the car to see what was happening, to stop what was happening. This action would haunt me for years. To cut the story short, my partner came out of the house with the owner of the car, whom he had hit and was treating him roughly, pushed the owner of the car into a car that was there, and ordered me to drive it.

To cut the story short, in legal terms this would be called unlawful detainment, and I would be charged with 'party to unlawful detainment' and go through a series of court appearances and stress and anxiety. Again as a victim of domestic violence, my partner made me keep quiet about him forcing me into driving the car and said that he was looking at six years imprisonment if he was found guilty. Therefore, he manipulated me to keep quiet and not tell the police what actually took place. I had been pulled into a world I knew nothing about and with which I wanted nothing to do. I now had a criminal conviction and was to have a front-page report of the conviction story in the *Gisborne Herald*. I also was asked to leave my employment at Tairawhiti District Health Board.

I recall the violence like it was yesterday, standing enshrouded in confusion, and wondering at the emptiness of the world. It seemed for a time I lived surrounded by violence, and I held it near to my heart. I tried hard to understand it, and never really was sure if I did. My mother claimed that it was during this period that I stopped laughing "like I used to." Similarly, significant others complained, "Why don't you leave him?" that to an extent hardened me. I was exposed to certain negative experiences, and it left a mark on me. I believe at this time in my life I became acquainted with grief and depression. I became familiar with aloneness, struggle and loss of hope. Janoff-Bulman (2006) defines trauma as an event that "shocks our inner world" (p. 83).

It would take me many years to put this experience into context. However, the impressions made then were sharp and did not leave me over time. In fact, I still think about those experiences frequently. My reflections suggest that it is not so much the violence itself that changes you as how you react to and internalize it. To be victimised physically, mentally, and spiritually can change a person - or at least it changed me.

Thus, through this traumatic experience I have gained wisdom and knowledge about life.

I have learned to spend more time on things that I value. I have learned to be more compassionate. I have learnt that I did not create the violence, that in fact I was the 'victim'. I believe that I could be a friend and support to someone in similar circumstances, to be an encourager as someone 'who's been there'. I know by doing so I have become stronger and more complete in my own recovery. During my traumatic experience, I learned how much both physical and emotional recovery depends on tautoko and awhi from others. I feel that 'giving back' is something that I need to do or have been 'called' to do. I watch my daughters, who were silent witnesses of the domestic violence, who today wear the 'pouri' (dark) energy of that taniwha (creature). One day they will put this experience into context. I want to tautoko and awhi those peoples who have or who are encountering trauma and are afraid, confined, restricted and perhaps suffering with anxiety/stress because they feel trapped and have no idea what their recovery is going to look like.

I have had to learn to listen to what people are really saying and respond accordingly. I have learned there is an inner peace and comfort I experience when I am attempting to comfort and give hope to people and families. I have learned it is a unique privilege to awhi and tautoko people who find themselves in the turbulent environment of trauma.

The paradox was that it would be in this domestic violent relationship that I was fortunate to find myself. I could look deeper into, not just these difficult experience, but to many of my own unquestioned assumptions about life that these experiences triggered. These assumptions included a sense of security in life. My personal trauma was located within the trauma of domestic violence, but I am grateful for my experiences because now I understand 'battered woman syndrome' 'traumatic bonding', Patti Hurst syndrome. My understanding of life has altered, because of this experience I had to find meaning in life and of life. I had to dig deep and cope with the stigmatisation of domestic violence and the societal acceptance of this behaviour. I had not developed the landscape to cope or begin to understand this phenomenon.

Reflecting back now, I have learnt so much around human development, human nature, change or no change, coping, adversity, struggle and trauma. It has made me stronger. The desire to achieve burns strong in me. The need to achieve and progress is strong with in me. Tino rangatiratanga (Self-determination) took on a completely new meaning. This

was not to let people stop you. Wasted time or time wasted plays a prominent feature in how I spend my days now. There's a 'continued learning' that comes from being a victim of domestic violence. There is an increase of wisdom and knowledge. The fact that I had to do everything myself as a mother, and whilst I see the disadvantages in this, I am grateful to have done it. Life is too short to be involved with people who will prevent you from truly being who you can be….move on….make the most of your opportunities.

I have learned that healing from trauma is a lifetime experience, not something you get over in a year or two. Being there to help others on their journey of recovery and discovery of what new adventures lie ahead. I realise I cannot always do what I did before, but there is a world of new things I can do and may not have tried yet. These years of healing have been a profound learning experience, and my background working as a social worker and a counsellor gave me an interesting "insider" perspective from the vantage point of being a victim acutely aware of oppression, marginalisation and de-humanisation. Poskitt and Taylor (n.d) state that "reflections pivotal to professional development, where there is re-thinking of experience, provides added personal meaning and learning" I have however grown a new perspective of living in the present, making peace with the past and having faith for the future.

My personal experience of trauma enabled me personally, and later professionally, to find common space with other traumatised individuals. During my time as a professional Social Worker I recall working with a young mother who was born and bred in urban Auckland and who was now living in a remote rural area. This rural area had limited access to any health services like hospital, midwife, doctors, etc. Her house had no running water and no electricity. She had an older 7-year-old daughter and was 6 months pregnant when I met her and was in a domestic violent relationship and issues of drug and alcohol addiction. At 9 months, she delivered her baby. In retelling her birth story to me, she spoke of her labour pains starting early evening. By midnight she started pushing and so asked her daughter to fetch a torch and a scissors. The daughter held the torch and mirror so her mother could see what was happening. The two of them on their own, with the use of a scissors, mirror and torch, delivered the baby. Her daughter later ran several kilometres to alert the father. I am amazed at how people can survive and cope with hardship. This young mother was a survivor and a good example of the human spirit.

I believe Freire's (1973) ideas about conscientizacao praxis (critical consciousness) that suggest that people can move from the space of naïve consciousness about self to awareness of self in relation to system reflect my own learning/development process. As a professional, I have grown so much from the experience of the people with whom I have worked with and lived with. I reflect on the strengths of others, their resilience and courage to survive through the hardships of life.

As a child, we were privy to stories, stories of whanau (collection of family members) and hapu (group of extended family). These were stories of people and mystery; how they lived in their time. These people were about me as they were my Tupuna (ancestors), which made them more interesting. My father was the storyteller and we as his children were the eager recipient of these stories. Later in my professional role, storytelling was to play a vital role in my effectiveness as a social worker and counsellor, as 'storytelling' would be the medium by which I would engage and intervene with the whanau/clients I would work with. I mean after all, through listening to my father's stories I became an avid listener of others' stories.

As a counsellor and social worker, I developed the ideology that people had stories to tell and that 'space' was what was required in telling these stories. Moreover, these stories needs to be validated, the speaker needed to be heard and given 'a voice'. Some of the stories were of mamai (pain) and pain, of loss and hardship. Some were of continuous trauma that left me wondering how they have survived given the circumstances. Therefore, the impetus for this research emerged from an interest and long term professional involvement with marginalized, oppressed groups of people. During my career, I have been involved in learning in both formal and informal educational contexts. The interplay between my work and academic study has nurtured an approach to my work that is critically reflexive and I am privileged to have worked in organizations that have allowed me to develop my skills and knowledge.

I first came across 'suicide' at a time when I was serving an 18-month mission for the Church of Jesus Christ of Latter-day Saints. I received a phone call from my family telling me that my younger brother had come across a suicide death in one of our shepherd houses. A young man had taken my father's shot gun and blew his head off. My brother found the body and would later suffer traumatic stress syndrome from this experience. I

was devastated at the loss of life and was left wondering why someone would ever think of leaving early and in such a violent fashion? I was left feeling quiet sad.

My next episode with suicide was at a time when my daughters were at Intermediate. My youngest daughter had two male friends, one had attempted suicide and the other was successful in his attempt of suicide. We knew both families. The twelve-year-old who attempted suicide had been a friend to my daughter and had given me a Christmas present the year before his attempt. I was a medical social worker in the Tairawhiti District Health Board at the time. One procedure that occurs in a hospital is that when there is a person who dies, alarms are set off that then notify doctors to immediately come to the Intensive Care Unit. This occurred one day.

The next day I was assigned to the Intensive Care Unit. On walking into the unit I noticed a young man sitting on a chair and walked past him, not recognising who he was. I undertook what I needed to do and left the unit. Later my daughter rang to tell me that her friend had attempted suicide. I then realised that was the young man sitting in the chair, who I had walked past as I did not recognise him. I immediately returned to the unit to talk with him. His face was dark and bruised and swollen from having a clothes hanger around his neck. I later found out that he died on the way to hospital and was resuscitated. He was put on 24 hour watch. The other young man was also 12 years of age. He was at home, his mother left to go to the shop, when she returned he was found hanging in the shed. His neck had scratch marks, evidence of him trying to get the rope from off his neck. Again I was left wondering why anyone would contemplate ending their lives, and end them in such a violent manner.

Another important motivator derives from my learning experience in my Master's degree. I undertook to interview four whanau bereaved by suicide. My aim was to utilize a Māori Centered Case Study methodology to collect their stories of the impact of suicide on them. I recall interviewing a mother, who I will call Mere, whose son had suicided three months prior to my meeting with her and I recall she cried throughout the whole two hour session. I would later meet her in a Wānanga that a colleague and I were running in support of preventing suicide. What I noticed was that she had changed and I commented to her about the change I could see in her. She said she had become very active in suicide prevention and was going to parliament to write social policy and make changes to the

existing policies around suicide prevention. This fascinated me, that after 9 months that she could have made such a huge turn around in her grief. This experience got me thinking about what perhaps my doctoral studies might become shaped around.

My Master's study increased my understanding of the grief and loss process of survivors of suicide and that possibly there was not only a negative trajectory but also a trajectory of change and growth. In my quest for a greater understanding, I decided to broaden my research to study to encompass more survivors and to focus on the possibility of a positive trajectory. This was a significant move because I did not understand what Posttraumatic Growth was. On the national scene this concept had not being investigated, and the application of this concept to suicide survivors not only hadn't been attempted nationally but also globally. Realizing this became an important driver for me. This term both intrigued me as well as challenged me.

1.5 Connection to the question

Mere's story encapsulates what this research is all about: how trauma can transform the course of one's life. Our way of seeing the world can be so completely and radically dismantled then rebuilt that, in a sense, we step into a new world. The renowned psychiatrist and Holocaust survivor Victor Frankl précised the concept of growth following his experiences of trauma and stated:

> We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation – just think of an incurable disease such as inoperable cancer – we are challenged to change ourselves (Frankl, 1985, p. 135).

The idea of change and growth through trauma goes against the grain of all that is written

about the devastating and destructive effect of trauma. The source of my interest in this research is the challenges I have faced in my life which have led me to discover the new possibilities of growth and deepening sense of self.

I wanted to research why there was a change in this participant. How could she change in just a year? Also I wanted to find out what information was needed to understand the process of grief to growth. I wanted to carry out research that would illuminate the means by which people grow from trauma and what are the likely outcomes. Therefore, I felt that it was worth investigating the stories of the bereaved whanau. Lastly, I want to end this korero with the following quote that captures the essences of 'the struggle with trauma':

"That which doesn't kill you makes you stronger" (Joseph, & Butler, 2010).

1.6 Thesis Overview

Chapter Two explores the available literature on the four areas that I believe are most significant to this study:

❖ Trauma, Child death, Suicide death
❖ New Grief theories
❖ Posttraumatic Growth
❖ Transformative Learning Theory

Chapter Three discusses my methodological approach for my research, which focuses on a, case study approach and Māori Centred methodology. Also in this chapter are found the research procedure and the methods section. The fourth chapter centres on the one of the main areas of research. This chapter describes the mechanisms that influence PTG and the various categories that emerged from the data and the findings sections. Chapter Five focusses on the second area: the outcomes of posttraumatic growth and the categories that developed out of the findings.

In chapter six, the overall findings will be presented. These are derived from the both the 'mechanisms' and 'outcomes' combined with the overall research aims and concluding remarks. Chapter seven concludes the thesis. It briefly summarises each chapter and discusses the implication of the findings on nursing practice and health car provision. This chapter makes a number of recommendations for the support of whanau affected by a suicide.

1.7 Chapter summary

This chapter introduced the thesis with its focus on posttraumatic growth, with an accentuation on how parents bereaved by suicide, experience posttraumatic growth. The topic of suicide was introduced. This was followed by an exploration of the key arguments that ensues this study being significant and pertinent to embark on. The intention of this research, incorporating the two objectives of the thesis was conveyed. Reflexion was also given to the researcher's location within the study, with an emphasis of personal and professional critical incidences that were instrumental in proliferating this study. These ideas were subsequently linked to the questions this thesis seeks to examine and answer.

In the next chapter there is discussion on the theoretical conceptual underpinnings that guide this research to address the questions about how parents bereaved by suicide experience posttraumatic growth. This literature review opens with an exploration of the broad themes relevant to trauma, with a specific focus on the trauma of child death, suicide, and suicide death. I have examined grief theories, given that it is my intention to examine the mechanisms that influence posttraumatic growth. Grief theories inform readers of people responses to trauma, child death and suicide death, which are significant to the mechanisms that are influential in PTG. I draw on works mostly from New Grief theorists. Therefore, I review relevant literature of Armour (2003), Dyregrov and Dyregrov (2008), Janoff-Bulman (1992), Neimeyer (2006), Riches and Dawson (2000), Talbot (2002), and Tonkin (2006). A notable feature of grief and loss in the literature is the concept, meaning making, hence the value I have placed on it, in this thesis.

I have used Tedeschi & Calhoun's (2004) posttraumatic growth definition, since it is the universally accepted version acknowledged throughout the PTG literature. To help shape

this discussion on posttraumatic growth, I separated it into various parts. The first part provided an historical overview of PTG, followed by an explanation of growth through trauma. The concept 'the assumptive world' previously discussed within the grief and loss context, was again discussed within the PTG section. This is appropriate given that it helps to understand the concept in relation to PTG.

CHAPTER TWO: LITERATURE REVIEW

2.0 Chapter Introduction

The previous chapter introduced the thesis with a focus on posttraumatic growth, with particular emphasis on how parents, bereaved by suicide, experience posttraumatic growth. The topic of suicide was firstly introduced, ensued by an exploration of the key arguments that position this study as being relevant in its undertaking. The purpose of the study, encompassing the two objectives of the thesis, was provided. Consideration was also given to the researcher's location within the study, with an overview of personal and professional critical incidences that were instrumental in proliferating this study. These ideas were subsequently linked to the questions this thesis seeks to examine and answer. This chapter also presents a synopsis of the chapter outline.

In this chapter the theoretical conceptual underpinnings that guide this research to address the questions about how parents bereaved by suicide experience posttraumatic growth, are discussed. This literature review opens with an exploration of the broad themes relevant to trauma, with a specific focus on the trauma of child death, suicide, and suicide death. As my intention is to examine the mechanisms that influence posttraumatic growth, I examine grief theories. Grief theories inform readers of people responses to trauma, child death and suicide death, which are significant to the mechanisms that are influential in PTG. I draw on works mostly from New Grief theorists including authors such as Armour (2003), Dyregrov & Dyregrov (2008), Janoff-Bulman (1992), Neimeyer (2006), Talbot (2002), Tonkin (2006). A notable feature of grief and loss in the literature is the concept of meaning making, hence the value I have placed on it in this thesis.

I have used Tedeschi and Calhoun's (2004) posttraumatic growth definition, since it is the universally accepted version acknowledged throughout the PTG literature. To help shape this discussion on posttraumatic growth, I separated it into various parts. The first part provided a historical overview of PTG, followed by explanation of growth through trauma. The concept of 'the assumptive world', previously discussed within the grief and loss context, was again discussed within the PTG section. This is appropriate given that it helps to understand the concept in relation to PTG. I have also focused on the

Transformative Learning literature reviewed by various authors including Mezirow (2000), Kegan & Lahey (2009), and Dirkx (2006). The information elicited from these authors aligns with and supports the literature on New Grief Theories and PTG.

To understand how suicide survivors experience posttraumatic growth from the suicide death of their young adult child, it is necessary to explore the reality of the experience. PTG scholarship has covered an extensive variety of circumstances; nevertheless, there has been a dearth of research undertaken on populations that have experienced the trauma of suicide. The PTG literature has also been deficient in its examination of suicide survivors and the relationship between experiencing the suicide death of their young adult child and posttraumatic growth. The general paradigm for treating trauma survivors has been dominated by medical models and by an exclusive focus on symptom removal.

PTG is the central feature of this research, as such much of this literature review explores broad themes relevant to Posttraumatic Growth. The objective of this chapter is to integrate these bodies of research in a manner that provides a rationale for studying PTG as a result of surviving the suicide death of a child. I begin with essential concepts such as trauma, grief, bereavement, child death and suicide death to construct the context.

2.1 Literature review structure

This literature review is structured into four sections:
Section 1: Trauma, Child death, Suicide, and Death by suicide
Section 2: Grief Theories, New Theories, and Suicide Grief
Section 3: Posttraumatic Growth
Section 4: Transformative Learning Theory

2.1.1 Trauma, Child death, Suicide, and Death by suicide

The thesis will examine the experiences of parents following the suicide death of their young adult child. I believe it essential to set the context of suicide grief. To help shape setting the context to suicide grief, I have separated the first section into parts. The first part will begin with a brief examination of trauma. First, the conceptualization and

definition of trauma is explained. To do this I have focussed on literature that is informed by the works of various authors Krysinka and Lester (2010), van der Kolk (2007), Janoff-Bulman (2006), and the American Psychiatric Association (2000), who lay out key constructs in the foundation for understanding trauma frameworks. Janoff-Bulman's definition explores the notion of meaning making which correlates closely to the new grief theories, talked about in the following section. Notably, Janoff-Bulman's (2006) views of trauma and that of the American Psychiatric Association (2000) are in direct divergence with each other.

The second section reviews literature from authors who particularly talk to the trauma of child death. This is relevant because it sets the scene of this research, which is child death. This literature will provide insights into parent's responses to child death and reveals the impacts of child death on parents. I draw upon various authors to contextualise child death.

A notable feature of child death as highlighted by several authors is that child death is one of the most overwhelming, traumatic experiences parents will undergo. Hence, the value I am placing on it for this thesis. I review articles of authors such as Knapp (1987), Rosof (1994), and Riches and Dawson (2000), who describe the experiences of parent bereavement following the death of their child. It is apparent from these authors that the traumatic loss of a child can facilitate a process of growth and change in parents. This consideration is obviously core to this research and an overview of it helps us understand the process of posttraumatic growth from child death. Located within this discussion is a vital inclusion of a Māori worldview on child death.

In addition to a review of the trauma and child death literature, the literature on suicide is also considered. An overview of the general characteristics of suicide is provided, with an inclusion of two definitions of suicide provided by two prominent authors located within New Zealand and internationally. An inclusion of statistical data provides a glimpse into the incidence of suicide as evidenced by Doctor Beautrais (2003, 2005) of Otago University, a leading researcher within the suicide field. This is followed by a discussion on suicide as a public health issue, both nationally and internationally. An overview on the social, political and historical contextual aspects of suicide are then discussed followed by a discussion of a Māori worldview of suicide.

Following this prelude on suicide, the subsequent section considers death by suicide. This section opens with identifying who are suicide survivors. I draw upon the scholarship of various authors for this definition. Other authors are cited that provide a construct of the impacts of suicide death on suicide survivors. Herewith, Lazarus and Folkman's (1984) theory on stress and coping is a vital inclusion, articulating the coping mechanisms utilised by survivors of trauma in general.

2.1.2 Grief Theories, New Theories

I then move to part two to consider grief theories. I draw upon various authors to place in context new grief theorists. I cite various authors (Kubler Ross, 1970, Kavanaugh, 1974; Janoff Bulman, 1989; Neimeyer, 2002; Calhoun & Tedeschi, 2004) who lay out the key constructs of grief. The information elicited from these authors informs the context of the trauma of child death, specifically death by suicide and the grief trajectory experienced as a result of the death. Traditional grief theorists are discussed along with their theories.

The next section on new grief theories has substantial applicability, as an intention of this study is to explore the mechanisms relevant to the facilitation of PTG for suicide survivors. As such this part of the review revolves around four key areas. These areas were informed by the literature, the data analysis findings and the themes that were presenting themselves in the participant's narratives.

The four key areas are:
- ❖ Finding meaning
- ❖ Social Actions
- ❖ Continuing Bonds
- ❖ Meaning Making

2.1.3 Posttraumatic Growth

The third section of this literature review will commence with an examination of the PTG literature. To do this I have focussed on literature that is informed by the works of pioneers such as Tedeschi and Calhoun (2004), Janoff-Bulman, (2006), and Linley and Joseph (2004), who have laid the foundation for understanding trauma frameworks. The

definition and conceptualisation of PTG will be offered, with reference to the above PTG scholars.

My discussion of posttraumatic growth through trauma will first of all explore early studies which concentrated on how life traumas can be so disturbing and disruptive. I will then review recent literature examining how positive growth can emerge in the aftermath of adverse life events. Therefore, this section will endeavour to encapsulate the views of different authors and their ideas of posttraumatic growth. It is also important to highlight the historical context of PTG as doing so will enlighten readers as to the evolving nature of this concept.

2.1.4 Transformative Learning Theory

This next section will provide an examination of the process of PTG. I start this section by examining Linley and Joseph's (2004) viewpoint on trauma and growth. Further the writings by Tedeschi and Calhoun (2004) will situate the process of traumas to post traumatic growth outcomes. Literature of how survivors grow from grief, and the relevant authors and the connection they make to the constructs cognitive processing, meaning making, and religious coping to PTG outcomes, is reviewed.

Continuing, the concept of PTG is further developed with a discussion of the pertinent theoretical models of PTG. Specific consideration is given to Tedeschi and Calhoun's (1995, 1996, 2004) functional-descriptive model of growth (FDM) and Janoff-Bulman's (2004) models, and supporting research. An overview of Tedeschi and Calhoun's Posttraumatic growth inventory (PTGI) is also incorporated into the discussion.

In addition to a review of the PTG literature, the fourth and final part of the review focuses on a significant theoretical construct, transformational learning theory, which has close links to Posttraumatic growth theories as well as New Grief theories. The information elicited from these authors informs the context for transformative learning theory. These links will be discussed along with the different perspective of this construct as evidenced by various authors.

The initial portion of this review ends with a brief overview of the trauma that has been

examined in the research. The rationale for examining PTG and Suicide survivors is then explained.

2.2 Trauma

Trauma, defined as a traumatic event, is a "recognisable stressor that would evoke significant symptoms of distress in almost anyone" (Krysinska, Lester & Martin 2009, p. 103). Trauma is also defined as a "set of circumstances that represent significant challenges to the adaptive resources of the individual and the individual's ways of understanding the world and their place in it" (Tedeschi & Calhoun, 2004, p. 1). Other literature defines trauma as the range of possible, typical and normal responses people have to an extreme and overwhelming event or series of events (Haskell, 2009). O'Rourke (2011) cautions that in order to research around traumatic events, establishing an operational definition of trauma is needful. Traumatic incidences may include personal assaults, accidents, being kidnapped, being diagnosed with a life-threatening disease, or being taken hostage (p. 103). Such incidences vary in their intricacy, their occurrence, their acuteness, manageability, and extent (O'Rourke, 2011).

Weather's and Keane (2007) further explain that events are recognised as traumatic when the threshold that acts as a base line separating regular stressors and traumatic stressors are traversed. Given this, clinicians and researchers need to recognise that a trauma event does not have to constitute high intensities of disturbance to be measured traumatic. It is difficult to form an objective explanation for trauma because of the differing extent of subjectivity in trauma victims themselves (Weathers & Keane, 2007; O'Rourke, 2011). An interface occurs between the type of stressor and the resilience of the victim, wherein an extreme stressful incident can be a relatively trivial disturbance to a resilient person, and a commonplace disturbance can be traumatising for a person who exhibits a low resistance level for normal stress. The less resilient person may experience genuine trauma in spite of the apparent triviality of the event. Such inconsistency in traumatic occurrences shifts the threshold in the middle of stress and trauma for every person.

Trauma is not only recognised as individual adversity, but is recognised as a key health issue of substantial proportions. Therefore, another illustration of the changing nature of

the definition of trauma comes as a consequence of the mental health professions endeavour in understanding the relational attributes of negative occurrences and individual differences, wherein the latest editions of the DSM have considerably altered the theoretical notion of trauma (van der Kolk, 2007).

Due to the range of various traumatic events, the development of a definition has been shown to be problematic, and explaining what necessitates a traumatic experience has been deliberated since the attachment of posttraumatic stress disorder (PSTD) in the Diagnostic and Statistical Manual of Mental Disorders-III (American Psychiatric Association, 1980; van der Kolk, 2007). The DSM-IV manual defines trauma as "an event or events that involves actual or threatened death or serious injury, or a threat to physical integrity of self and others and the person's response involved intense fear, helplessness or horror" (Krysinska, Lester & Martin, 2009, p. 103).

In contrast to this view is that of Janoff-Bulman (2006), who describes trauma as an occurrence that "shocks our inner world" (p. 83), that engages people to sift through, deconstruct and change their lone-held views and philosophies so as to adjust to the consequences of the traumatic event. She further iterates that it is not the event themselves that is traumatic, but the impacts of those occurrences on peoples' schemas that are. Moreover, her description leans heavily on the meaning of the occurrence for an individual's worldviews and not on the comprehensions of the event's facts. Comprehending the meaning of trauma, according to Parkes (1988), derives from the shattering of an individual's assumptive world. This phrase suggests a theoretical frame which influences our awareness of ourselves, of others, and the universal laws of operation, the foundation of which is provided by our earliest experiences. These assumptions go through a series of regular change via relations with others and the milieu.

Research has endeavoured to investigate how individuals cope and survive through a variety of traumatic events that include death of a child, accidental deaths, homicide, natural disasters, heart attacks, cancer and being victim to sexual abuse. Other studies conclude that major life traumas like disasters, disease, divorce, and unemployment may precede to an array of behavioural, psychological and emotional negative outcomes to the disruptive and aversive conditions (Taku, Tedeschi, Cann, & Calhoun, 2009). These life-changing impacts of such traumas produce psycho-emotional stress (Tedeschi &

Calhoun, 2004), such as psychological distress, depression, anxiety and even symptoms of posttraumatic stress disorder, which are explained well and authenticated in the literature (Bostock, Sheikh, & Barton, 2009; Calhoun & Tedeschi, 2001, Linley, Joseph, & Goodfellow, 2008).

There are common negative responses from people subjected to major life crisis; in circumstances wherein there is a threat to a person's physical security, anxiety or fears are common. This is conditional on the intensity, gravity and extent of the physical risk or distress, the anxious reactions can continue for a lengthy period after the actual risk is no longer apparent. Depression and sadness may become typical post-trauma responses. Usual responses to death of a family member included sadness and yearning for the deceased family member with the hope that things could be the same again. Other responses from people struggling with challenging circumstances incorporate feelings of anger, guilt, irritability and other affective reactions.

With responses triggered by major life stresses are distressing and dysfunctional patterns of cognition, particularly in unexpected and sudden events where shock, disbelief and psychological numbness are usual. Similarly, Janoff-Bulman & Frieze (1983) exclaim the "common emotional reactions to victimization include shock, confusion, helplessness, anxiety, fear and depression" (p. 2.). Also, repetitive intrusive thoughts and images are common and can be experienced as repulsive and distressing. These symptoms parallel with The American Psychiatric Association's (2000) definition of posttraumatic stress disorder that includes similar symptoms such as repeatedly remembering and reliving the feelings and thoughts of the traumatic incident.

The psychological tariff of trauma arises, according to Janoff-Bulman (1992) and Janoff-Bulman & Frieze (1983), because the traumatic chaos fragments "people's basic assumptions about themselves and the world they live in" (p. 2). The three core suppositions that are tested by trauma according to Janoff-Bulman & Frieze (1983), are firstly "the belief in personal invulnerability, secondly the perception of the world as meaningful and comprehensible, and lastly the view of ourselves in a positive light" (p. 3). Research constantly reveals in terms of the first assumption is that humans always believe that 'bad things happen to others' and that 'it can't happen to me'. In essence people underestimate the likelihood of serious negative events happening to them.

However, being victimized by trauma alerts people to know that bad things can happen to them, because their belief in a predictable secure life has been threatened by an increased insight into a world that is uncertain and unpredictable and vulnerable to bad events. People function on the premise that, this is a just world and that life is meaningful and comprehensible, and thus post trauma life can feel chaotic and confusing. They then ask themselves the questions, why me? and what did I do to deserve this? People's views change in the realisation that they have less control over negative occurrences than they first thought. Also, a person's self-esteem and sense of worth is often deflated and undermined by trauma, leaving people often feeling "powerless, needy, weak and out of control" (Janoff-Bulman & Frieze, 1983).

Traumas therefore modify the assumptive world of others, given that it generates enough disturbances to threaten a person's central beliefs (O'Rourke, 2011; Janoff-Bulman, 2006). Still, the most basic components of a person's assumptive world are challenged through a distressing event (Janoff-Bulman, 2006). Central assumptions comprise of thinking that the world is meaningful and safe, people are caring, and self is worthy. It is the fragmentation of these assumptions that results in a person's sense of insecurity, mistrust and lack of self-assurance. Pessimism starts to set in as the reality of the misfortunes becomes apparent. Negative beliefs supersede formerly held assumptions that may have been naïve to begin with (Janoff-Bulman, 1992), wherewith concepts like trust, confidence, worthiness as well as safety yield to a perceptive cognizance of personal shortfalls and inadequacies. As such individuals start to feel a sense of confusion; aimlessness, powerless, challenged and feel a sense of being out of control (O'Rourke, 2011). Their sense of the world becomes one of chaos, unsafe, unpleasant, unpredictable and unfair.

The threatening of one's assumptive world creates major distress, producing a significant degree of impairment. In fact, scholarship has studied the debilitating effects of trauma for years; although in the last thirty years interest focussing on the counterintuitive notion of growth post-trauma has dominated research (Helgeson, Reynolds & Tomich, 2006; Linley & Joseph, 2004; Tedeschi & Calhoun, 1996, 2004).

2.3 Death and Whānau

As a tribal people, Māori are allied to various hapu (sub-tribes). The whānau is a key marker of Māori identity. The word whānau has more than one meaning and describes a number of situations. In the 18-19th century it was utilised to describe a domestic group inter-connected by kinship ties that lived and worked as a social and economic unit on a regular basis. These groupings intended to be ancestor-oriented and associated with a particular geographic basis. The whānau, to Māori, is a pivotal social and cultural force, that gives its members a sense of identity and safety. To Māori you belong to a community, to land and people therefore (Durie, 2001; Vieille, 2012). Māori identity is defined by community membership and the relationships that comprise it and are a vital component to Māori wellbeing (Pere, 1984; Durie, 1994, Vieille, 2012).

Relationships in whānau can be intricate with wide-ranging kin connections across a number of tupuna (Durie, 2001). Pere, (1984) believvs being Māori is connected to whānau, hapu and iwi, it is supported by ones kinship identity tht extends its worth onto ones professional role, including researcher role. Barton (2008) believes when bonds are formed, these must be kept strong by showing a face to these whānau members and nurturing the bond through the sharing of time and korero (talk) with them.

Both genealogy and customary practices function to bring widespread networks of whānau together as caring, political identities (Walker, 1992). The central core of a hapu is the marae or communal meeting place and comprises of various building including a wharenui (sleeping house) and a Whare kai (eating place). Every marae has a urupa (cemetery), where ancestors are buried. Death is a universal occurrence and each of us will experience it. Our response to death is influenced by our cultural worlds (Nikora, Masters & Te Awekotuku, 2012). Yet, Dansey (1992) reports it is to these culturally imbued landscapes, layered with wairua (spirit) and stories, that whānau return to mourn and bury their dead. Reid (2005) asserts the Māori way or perspective of dying, death and bereavement is "plural", its diverse, its multiple, its flexible, and its changeable" (p. 47).

The tangihana process refers to mourning rituals traditionally undertaken on the marae or a private home. The institution of tangi provides a customary way to respond to death.

Such an encultered feature is learnt through repitious engagments originating from childhood (Jacobs, Nikora & Ritchie, 2011). The tangihana process is a valued custom that affords the bereaved whānau comfort and security during a challenging event as a bereavement of a beloved whānau member.

An essential concept in Te Ao Māori (Māori world) is whakapapa. Whakapapa denotes the link joining both the spiritual and physical spheres that bind whanau, hapū and iwi. The individual contribution of each member of the iwi is pivotal to the continuation of whakapapa. Essentially, it represents the continuation of life in kin-based relationships.

Mead states "whānaungatanga embraces whakapapa" (2003, p. 28). Durie (2006) described the process of whānaungatanga as caring, sharing, guardianship, empowerment and planning. He maintains that this concept is a living concept that continues to evolve and adapt to contemporary sitautions. Both whānaungatanga and whakapapa are terms intrinsically connected to whānau. While whakapapa is concerned with the spiritual, whānaungatanga deals with present relationships and is not restricted to ancestry. Both whānaungatanga and whakapapa prompt whānau of the centrality of relationships, from past and present, and their accountability towards these (Vieille, 2012).

Kotahitanga or unity is an outcome of whānangatanga. Through collaborative nature of whānau, hapu, iwi relationships, kotahitanga, might be achieved. Other concepts conducive kotahitanga are mutalality, reciprocity, accountability, awhi and tautoko. Kotahitanga results from the human need for affirmation, esteem and recognition (Nikora, Masters & Te Awekotuku, 2012). Various other principles are identified and discussed on page 122-123. These are not only recognised as being significant to the research process but also critical to the PTG processes and outcomes for whānau bereaved by suicide.

Other cultural concepts that link to whānaungatana and kotahitanga are awhi, tautoko and manaakitanga. These concepts are featured in chapter three and included in the discussion on Māori ethical considerations and guidelines when working with research whānau. Nikora (2007) states that manaakitanga is a core value in the Māori world that speaks to the practice of expressing compassion and respect for others and tending to their needs and well-being. As such this relational value is practiced within shaping human

interactions. Its ritualized form apparent in rituals of encounter, the enactment of manaakitanga in everyday relationships (Nikora, 2007), is frequently noticeable with whānau, hapu interactions. Manaakitanga is a concept that portrays an array of caring, sharing, repsect and generosity toward others (Barlow, 2001; Mead, 2003). The values of awhi and tautoko complement and enhance the act of manaakitanga. These cultural imperatives are essential for the wellbeing or mana of a person or whānau. Caring is learnt through the exposure and mentorship of whānau who have cared and supported other whānau members. Appreciating the place of manaakitanga when whānau are suffering or are mamae, informs behaviour that is nourishing and supportive of whānau (Barton, 2011).

Traditionally, whānau were esteemed as the most expedient work entity with both males and females distribution tasks in everyday tasks (Mead, 1997). Currently, in many instances, the whānau are still looked upon as an extended work unit and critical supports (Durie, 2005) for other whānau, hapu members.

2.4 Child Death

"Its like they didn't even have a life" (Ranjbar, 2011, p. 171).

One of the most formidable traumas experienced is that of the death of a child (Davies, 2004). In fact Tonkin (2006, p. 16) asserts, "The death of a child is not something a parent 'gets over' but rather 'gets used to'". The loss of a child is essentially recognised as one of the most extremely painful, intense, devastating type of bereavement (Kreicbergs, Valdimarsdottir, Onelov, Henter & Steineck, 2004). In grief and loss literature there is a common understanding that the death of a child is virtually outside of parents' ability to endure (Klass, et al., 1996; Kubler-Ross, 1997a; Riches & Dawson, 2000). The incapacitating pain parents feel after the death of their child is associated with the knowledge that a core part of their being has left, and the reality that they now "know death in a way they have never known it before" (Klass, 1999, p. 46). Grief also tends to persist longer among bereaved parents than for other bereaved populations, mostly lasting in some intensity for the remaining duration of a parent's life (Malkinson & Bar-Tur, 2004

The death of a child, prior to the 20th century, was a frequent event. In order to ensure survival of at least some of the children, parents had several children. The passing way of 'the child', was viewed with the similar familiarity, as the passing of the aged' (Knapp, 1987). Today however, with advances in medical science and better quality health care structures, the illnesses that had beforehand killed vast amounts of children in Western society were eliminated (Knapp, 1987, Riches & Dawson 2000, Rosof 1994). In today's society it is an infrequent occurrence for women to die in childbirth and it is anticipated for babies to survive the early stages of infancy (McNamara, 2001).

Since the 1940s, generations have experienced healthy growth from childhood into adulthood and as such, parents unlike their predecessors, were usually unfamiliar with childhood death (Rosof, 1994). The modern day family today consisting of smaller family units, with a parenting emphasis on healthy child development and an intentional focus on future investment into children's educational, social, physical wellness, has caused parents to assume it is a part of their role and function to ensure their children's safety (Riches & Dawson, 2000; Rosof, 1994). Now, more so than ever, today's parent is largely cognizant of the health risks and threats to a child, and has better access and is more able and capable to attain the appropriate help.

For some time studies have suggested that, the notion 'child death' is so unfamiliar that the occurrence of such, hurls the family into disarray. Researchers, practitioners and parents concede that the death of a child has to be the the most overwhelming, traumatic experiences parents will undergo (Tedeschi & Calhoun, 2004; Rolls, & Harper, 2015). In fact, the death of a young adult child is regarded as an extreme calamity. The idea of 'child death' is unfamiliar in Western society, because children are expected to outlive their parents and so it seems untimely, abnormal and intolerable. As such in today's modern culture, a child dying before their parents is not supposed to happen.

Most significantly, at the death of a child, parents lose not only their 'loved one', but all that their 'loved one' embodies; missed time and opportunities spent together as well as the progeny of that child. Part of a parent's future is lost with the death of a child (Schiff, 1977; Staudacher, 1987). Rosof (1994) highlights "your child is woven through the tapestry of your future, an integral part of the design. When death rips your child from the tapestry, the design is changed, damaged beyond repair" (p. 18). The grieving of

parents may become as resolved as much as it will be, but will never be over and done with. Parents suffer multiple losses when their child dies. The primary losses relate to the attachment and dependency of a unique individual, while the absence of a child represents much more. Parents will grieve other losses that include a part of their own sense of self, their connection to the future, unfulfilled expectation and ambitions, a source of love and acceptance and a sense of power and control over what happens to them.

Likewise, Znoj and Keller (2002) state that it signifies the perishing of future prospects, anticipations, dreams and aspirations as such, results in the shattering and the violation of the grieving parent's notion of life, creating extreme tumult (Wheeler, 2001). This process compels parents to reassess their view of life; also to re-examine and transform their initial perception of self as well as the unpredictability of the life. Accompanying this is the sense of injustice and grievance, which tests the foundation of their prior philosophies and norms. Parents feel vulnerable and changes in values take place (Knapp, 1987), so that prior views and ideals are modified and changed, and according to Klass (1999), changes occur in parents internal and social equilibrium prior to their child's death, to a different, altered equipoise post-death.

Grief theory suggests that life and any future with the child end with the child's death, thus impacting on the whānau for the entirety of their lives with a persistence that is challenging to grasp (Talbot, 2002, Biggs, 2002; Knapp, 1987; Nixon & Pearn, 1997; Raphael, 1975; Sheldon, 1998). Knapp's (1987) American study found that even 20 years after the death of their adult child, parents felt the pain as intensely as ever, however, Levine (2004) exclaims, "though my grief hasn't abated the way I thought it would, I have become expert at managing the pain" (p. 96).

However, Mikaere (2003) points out that whare ngaro, or the loss or absence of a child in the family, is an unimaginable loss to not only the whānau but hapū and Iwi. From a Māori worldview the concept, kahupo "signifies loss of hope, meaning and purpose and an enduring sense of despair. It manifests indicators such as chronic dissociation or separation of the physical from the spiritual and vice-verse – the psychological separation of the individual from the collective" (Lawson-Te Aho & Liu, 2010, p.128).

For Māori, children were viewed as an integral part of the whole family with the entire family being responsible for the child (Mikaere, 2003). Traditionally children were seen as the children belonging to the whole whānau rather than just the mother (whaea) or father (matua). In fact, these terms were also used to refer to uncles and auties who were also key in raising the children. Mete (1995) uses the term "ā mātau tamariki meaning the children of us many. Therefore, an individual whānau member was the parent of all the children not just their children. Every birth was a special occasion and it reflected on the whānau. It strengthened the whānau and hapu. The parental responsibility was to nurture and be responsible for the safe upbringing of the children within the whānau". The following whakatauki summarises the value of children:

> *Kia mua I a ratou te ihi – They hold the delight of life*
> *Kia mau I a ratou te wehi – They hold the awe of life*
> *Kia mau I a ratou te wana – They hold the love of life* (Jenkins & Harte, 2011)

From a historical setting, Sir Apirana Ngata's (1959) *Nga Moteatea* offers us a look at the cultural representations of grief and loss at the sudden death of a child or children. Such expressions of grief and loss are sourced in various practises such as chanted narratives, waiata tangi (lamentations), waiata aroha (songs of love) and oriori (lullabies). The sadness of unfulfilled potential is lamented and extolled through the use of the explicit cultural means of waiata tangi. One example provided is a lament created by a bereaved great grandfather of one of the writers. This lament shows his heartfelt grief felt for his two grandchildren who died suddenly from an unexpected illness:

> *You stand apart quite severed from me;*
> *Thus inflicting upon me this consuming grief*
> *I dreamt in the night you were both with me;*
> *awakening, there was only deep sorrow, bereft*
> *of the emblem of authority of your ancestors*
> *you will not mark the rolling years*
> *of the future which stretched before you.*

The implications for whakapapa and the transmission of culture arising from the death

(or dearth) of children hold significance from a Māori worldview. For instance, Mead (2003) explains te pa harakeke (Flaxbush – methphor for family), is what lasts on after death. It is a metaphor for the children who inherit both the mother and father's characteristics. A family is said to be whare ngaro (lost house), where there is no pa harakeke. However, Māori also believe in a continued link between the dead and the living, between the physical and the metaphysical that is manifested in waiata, haka, mōteatea, tangihana, marae, carvings, ta moko, and the pōwhiri process. In the context of child death the concept of whakapapa extends to Ihowa Te Matua (God).

Understandably, child death is said to be the most agonising occurrence from an emotional, physical, spiritual and psychological viewpoint (Tonkin, 2006). Cognitively, it defies the order of things and according to Znoj and Keller, (2002) requires a resilient determined effort to cope. Because child death is supposedly 'uncommon', limited norms have been developed for the bereaved family to cope with the likely consequences. Dyregrov & Dyregrov, A. (2003) and Edwards, McManus and McCreanor (2005) focussed on interrelated information on bereavements from sudden infant death syndrome (SIDS).

2.4 Suicide

An investigation of the literature was undertaken through the use of the Waikato Institute of Technology library catalogue and databases. Index NZ held valuable abstracts from journals and research that are not available anywhere else. The Social Science Indexes which include *EBSCO* and ProQuest, contain sociological and psychological journal articles. *Newztext Plus* has articles that reflect societal views on suicide. The National Bibliographic Database, Psychological Abstracts, PubMed, Social Sciences Index, Social Work Abstracts, and Sociological Abstracts are other data bases that were searched. Additional searches of the SPINZ (Suicides Prevention Information New Zealand) databases and Ministry of Health, Mental Health Commission's websites and Ministry of Social Development Information Centre database were undertaken. Material on Māori, Whānau, Indigenous, and minority groups that were grieving a suicide death was read. Other written information was carefully chosen on the basis of year of publication being under ten years old being preferred. Google searches were useful in tracing some specific

literature.

Suicide has been defined as "purposefully self-inflicted injury resulting in death" (Coupe, 2005, p. 45). Maple, Edwards, Plummer and Minichiello (2010) explain suicide as the conscious deliberate action of ending one's own existence. Risks of suicidal behaviour are increased among people with mood disorders, anxiety disorders, substance abuse addictions, and antisocial behaviours. Other risk elements that have influenced the increased incidence of suicide include the exposure to trauma, life stresses, childhood adversity, family instability, unemployment, socioeconomic, and cultural factors (Beautrais, 2005).

Suicide is a major preventable public health issue (Cerel, Padgett, Conwell, & Reed, 2009; Jordan & McIntosh, 2011; Shatahmasebi, 2008). For over 30 years, international study and national policy propositions have attempted to prevent this phenomenon, by gathering useful data in regard to those 'at risk' of suicide. However, suicide remains to be the third-primary reason of fatality for Māori (Collings & Beautrais, 2005).

Moreover, suicide is reported as a main reason for death in New Zealand, particularly avoidable deaths for the ages of 15-44 year olds (Ministry of Health, 2010). Significantly, in 2002, suicide caused more deaths than traffic fatalities (Ministry of Health, 2010). This current upsurge in suicide fatalities among Māori makes it essential to comprehend this phenomenon. Coupe's (2005) epidemiology studies ascertained that rates for Māori increased 56% compared to 23% for non-Māori who further states, "the majority of Māori suicides occur in young people aged 35 and under. Rates of suicide are higher among Māori males and females aged under 25 than in their non-Māori peers" (p. 122).

Lawson-Te Aho (1998) provides a cultural description of suicide. Māori suicide, whakamomori, is interpreted to be, "a deep seated underlying sadness' and an in built tribal suffering" (p. 16). Durie (1999) comments, suicide is a culturally unfamiliar phenomenon for Māori which indicates that the action has a prodigious bearing on present-day Māori. Moreover, whakapapa bestows connections between whānau, hapū and iwi. "The added dimension beyond the loss of a precious life is the loss of that whānau member's unique contribution and continuation of whakapapa. Whānau, hapū and iwi are dependent upon each member for their continued existence" (p. 75). Unquestionably, the

loss of life, through suicide, has a compelling effect on whanau, hapū and iwi, as it consequently places the potential survival of whakapapa at risk (Durie, 1999). Thus a "challenge to kin-based belongingness", through the suicide of a young adult can lead to a "real sense of abandonment for the parents" (Lawson-Te Aho & Liu, 2010, p.128).

Lawson-Te Aho (1998) and Coupe (2005) put suicide into a social, historical and political context. They suggest that high rates are indicative of the cultural subjugation and social fragmentation following rapid colonisation. Lawson-Te Aho also suggests that in traditional society, the deed of suicide evident within traditional culture was carried out mostly by bereaved women. There is suggestion that suicide was a method of reparation or recompense for shame produced by a harmful act. Traditional society referred to the time before Māori were colonised by Britain. Contemporary Māori refers to Māori people post-colonisation, and Lawson-Te Aho says, suicide mostly involves young Māori men, isolated from their cultural values and principles as Māori.

A considerable proportion of young people in Aotearoa/New Zealand and other Western nations now die by suicide than at any other time in history. The "World Health Organisation (WHO) estimates that each year approximately one million people die from suicide, which represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds. Also, suicide amounted to "526 (388 males and 138 females) deaths in 2006; 487 (371 males and 116 females) deaths in 2007; 497 (366 males and 131 females) deaths in 2008" (Statistics NZ, 2009, p. 3).

Suicide is committed predominantly by males. Suicide is a social issue for Māori youth aged 15 to 24 (Coupe, 2005). In Aotearoa/New Zealand, the "highest suicide mortality rates in 2008 being Māori Males (15-24 years) as opposed to non-Māori Males" is a cause for concern (Ministry of Health, 2010, p. 2). "The majority of Māori suicides occur in young people aged 35<years" (Beautrais, 2005, p. 122). Māori males have an advanced frequency of suicide with a frequency of "23.9 deaths per 100 000 in 2010 compared to 15.4 per 100 000 for non-Māori males. Māori youth suicide rates in 2010 were more than 2.5 times higher than those for non-Māori youth" (Ministry of Health, 2010, p. 18). When ranked alongside other OECD countries, the New Zealand suicide rate for males aged 15 to 24 years in 2010 was the third highest, higher than in any other country except Iceland and Finland" (p. 37).

In 2010 suicide death was New Zealand's "second common cause of death for youth at a rate of 17.7 per 100,000 compared to 18.2 per 100,000" (MOH, 2010, p. 10) for traffic crashes. However, a Chief Coroner claims, "New Zealanders taking their own lives is 50 per cent higher than the road toll" (Todd, 2010, p. 1). Judge Neil Maclean claimed that, "New Zealand rate of suicide received little attention in comparison with the road toll, even though significantly more people died" (Todd, p. 1). There is an abundance of articles, papers, and chapters that provide information and statistics on suicide (Ness & Pfeffer, 1990; Dyregov & Dyregov 2003; McIntosh, 2009). Moreover, the financial price tag of suicidal behaviour within the Aotearoa/New Zealand public is high (O'Dea & Tucker, 2005).

2.5 Death by suicide

"We must at all times remember, that the decision to take your own life is as vast and complex and mysterious as life itself" (Alvarez, 1971).

"He went out into the outback and shot himself. He'd been there for about two weeks before the police found him. The call came early evening. Fatal gunshot to the head, the death certificate read" (P7, 23/09/2014).

"I said, Dad where's that girl I can't find her? She's in her room, he replied, as I got to her door, something came over me, and I said to myself, oh you little bitch, better not have…..as I walked into the room, there she was hanging by her karate belt, in the wardrobe" (P4, 12/12/2014).

"I saw her lying on her face in a puddle of water. I walked up to pick her up, but was stopped by the police, because now this is a crime scene. I just stood there staring at my girl, lying face down in the water" (P9, 11/11/2104).

The matter-of-fact, vacuous manner by which these words were spoken belies the vortex of emotional feelings behind them. Spoken by parents whose children chose to die by suicide, the seeming lack of emotion conveyed a symptomatic hint of sadness, even though for two parents the deaths had transpired seven years or more. Their dialogues

state the facts they tell about the lives lost by a violent death. Losses like those described in the vignettes above lead most of us to wonder "Why?" Such a death overshadows the life lived. Due to the immensity of the act and the historical, religious and societal sanctions placed upon suicide death, we no longer see the happiness enjoyed, or the love given or the achievements and successes of the perpetrator of suicide who was their child. The authors of these reflections are referred to in the literature as 'survivors of suicide' (Cain, 1972, Beautrais, 2005) and include family members, friends, colleagues and associates left behind post-suicide.

The identification of people who are grieving the loss of a 'loved one' through suicide has been identified in the literature as an issue. Some researchers have inclined to name this group 'survivors'. McIntosh (2003) notes that this term is universally utilised by suicidologists, when referring to those people bereaved by suicide. However, others have contended that this can possibly be unclear because the expression 'survivors' is likewise applied to denote those who are survivors of attempted suicide. The shared convention in Aotearoa/New Zealand literature to describe this group is the label 'bereaved by suicide' (Beautrais, 2005; Ehrhardt and Ehrhardt, 2004).

The experiences and needs of families bereaved by suicide are under-represented in the literature. Families have been described as the forgotten people (Ehrhardt and Ehrhardt, 2004). Furthermore, whilst there is growing acknowledgment of the necessity to improve awareness of the reactions of those grieving a death by suicide, literature on whānau bereaved by suicide is virtually non-existent. Whānau have been invisible in the research. An abundance of studies focussed more on Western experiences of suicide and the subject of 'suicide' has been tapu in Māori society.

Recently in Aotearoa/New Zealand and overseas, an acknowledgment of the need to enhance awareness of the responses of survivors of suicide and provide them with resource provision has been recognized. Therefore, the New Zealand Youth Suicide Prevention Strategy recognised as an important part of their policy the delivery of efficacious "support to those who are bereaved or affected by a suicide" (Associate Minister of Health, 2006, p. 27).

Death by suicide causes extreme disruption into the lives of surviving parents as well as

the affected family. Significant changes in emotional, physical, cognitive and social functioning are commonly experienced by survivors. The suddenness and violent nature of the suicide death provokes an array of responses by family members. Family members did not have time to say goodbye. Violent death is a profound violation not only to one's sense of moral order: it may also call up horrifying images of suffering, inspire feelings of rage or a desire to retaliate, and immobilize the bereaved with a stunning and overwhelming range of emotions including shame and guilt (Walsh, 2007).

Various researches have been led in England and the United States of America that compare responses of suicide survivors; that is parents, siblings and friends grieving death by suicide and other unexpected deaths such as accidents and homicide (Kovarsky 1989; Range & Niss 1990). Similarly, findings were obtained by Jordan (2001) and Reed (1998), who provided evidence that grief connected to suicide contrasts with grief related to different methods of death due to the complex intricacies that accompany losing a person in this manner.

A report in 2005 published by The Christchurch School of Medicine and Health Services, highlighted that suicide bereavement might vary from grieving different kind of deaths in that there is a fervent requisite to acquire and attain meaning, sense, and significance in the death (Beatrais, 2005). Moreover, studies collectively indicate that there are intense periods of blame, liability, and accountability, and stronger emotional states of anger and vulnerability. Further, there are greater incidents of stigmatization because of the type of death (Cleiren, 1999; Beautrais, 2005; Ness & Pfeffer, 1990).

Durie (2002) and Lawson Te Aho (1998) maintain that how death is perceived and understood, is culturally demarcated. For example, from a Western perspective, Hedtke (2000) maintains a modernist approach to death and believes people must get over their grief and move on in life. However, Barnes (2006), in her studies on African American's responses to suicide, the bereavement process turns out to be further problematic for African Americans, purely for the fact that in their cultural community there are no support mechanisms or provision in which to grieve. The reality that suicide yet continues to be 'an act of shame' in African American populations creates challenges in completing grief processes for many suicide survivors. Families of the person who has committed suicide encounter an emotional manifestation and a holistic healing process is required.

Barnes indicates the occurrence of suicide continues to be concealed in African American communities because of the stigma of shame attached to the act. Therefore, the way families cope are unwritten.

According to Berry and Sam (1997), the stress and coping approach, as the expression might insinuate, was started in the arena of psychosomatic inquiry on trauma and anxiety. Western evidence maintains that death by suicide can be a demanding phenomenon that incites adaptive reactions. John Berry, a chief authority on stress and coping methods, developed Lazarus-Folkman's 'Stress and Coping Theory', located in an arena of psychology and offers a detailed 'Stress and Coping Framework' on multicultural adaptation (Meng Liu, 2008).

The notion of coping, from Western literature, discusses an individual's behavioural and cognitive exertions to control, manage or modify demands beyond their resources (Kumpst, 1994). These efforts can both be engaged at dealing with or amending the stresses (problem-focussed efforts) or governing the emotions produced by those demands (emotion-focused efforts) (Lazarus & Folkman, 1984; Lindsey & Yates, 2004).

Death by suicide in a whānau (family) is understandably a highly stressful situation that generates intense emotions. For the whānau bereaved by the suicide, the coping process is two-fold; not only do the bereaved whānau have to cope with the grief but also issues around suicide. These include issues of shame, guilt, stigma and isolation. Closely related to the term coping is the concept of adjusting. Adjustment refers to the outcome and fit of the coping efforts with the demands placed on an individual. Adjustment is therefore a person's accommodation of personal and environmental demands (Lazarus & Folkman, 1984).

The people bereaved by suicide from Western statistics account for about six people suffering from grief after each suicide (Shneidman, 1972; Clark & Goldney, 2000, McIntosh, 2009). Annually this approximates to at least six million persons worldwide who grieve a suicide death (Wong, et al., 2007). Nevertheless, this number underrates the quantity of those actually affected by suicide particularly if considering siblings, parents, grandparents (Cantor, 1999).

Even though little information on the number of suicide survivors exist, the statistics are

significant. For example, in the United States, there is a minimum of 4.6 million individual persons who have lost someone to suicide death (McIntosh, 2009). These survivors include mothers, fathers, siblings', aunties, uncles, spouses, extended family members, teachers, therapists, and neighbours. The effect of suicide bereavement extends from insignificant to overwhelming, depending on a variety of factors and can be ultimately life changing.

Personal narratives on grief, death and loss use a powerful metaphoric language. It contributes to the academic understanding of the experience and is particularly appropriate as a means of exploring the evolving nature of grief (Gilbert, 2002). The abrupt and unanticipated loss of a young person is an overwhelming experience and grief caused by other types of sudden traumatic death that are unexpected, and often violent in nature, can have similar effects of those survivors of a person lost to suicide (Cleiren, 1999).

In Aotearoa New Zealand and overseas, there have been numerous studies undertaken on the general topic of suicide both in Aotearoa/New Zealand and internationally. Findings from such suggest that suicide is an individual and exclusive catastrophe for the families, whānau, extended whānau, friends and communities (Beautrais, 2005; Coupe, 2005; Blakey, Rippon & Wang, 2006; Wong, et al., 2007).

One of the commitments of The New Zealand Suicide Prevention Strategy 2006-2016, is to reduce the harmful effect and impact associated with suicide and suicidal behaviour on families. Accordingly one of the seven goals of the NZSPS is to "support families/Whānau, friends and others affected by a suicide or suicide attempt" (Associate Minister of Health, 2006, p. 1). As a component of the execution of the National Youth Suicide Prevention Strategy and the implementation of a national all ages suicide prevention strategy, the Ministry of Youth Development (MYD) has initiated this commentary to review existing evidence based information regarding: bereavement by suicide; the impact of bereavement by suicide on family members, Whānau and significant others; and the inferences of this information.

Youth suicide is a resounding international, national, public and mental health crisis of epidemic proportion, despite development in the amount of suicide prevention programs

(Leenaars & Diekstra 1997). Of the studies undertaken to date, an extensive range of literature has had a robust emphasis on youth. These include, Beautrais, Joyce & Mulder, R. (1997), Lawson-Te Aho, & Liu (2010), Makinen, (2002), Krysinska, Lester, & Martin, (2009) and McIntosh & Jordan (2010). The immediate and future health and social repercussions concomitant with adolescence suicide are vast, involving every family survivor, the family as a group, the community and in due course the public.

In recent years' research undertaken by Beautrais (2005), Coupe (2005), Durie (1999), Maple, Edwards, Plummer and Minichiello (2010), has increasingly been exploring suicide prevention approaches, examining whys and wherefores of suicide alongside of the variables which can have an effect on risk including cultural, social, historical and spiritual elements. However, a comprehensive literature base on the impacts of Māori whānau bereaved by suicide is yet to be developed.

Researchers including, Aguirre & Slater (2010), Beautrais (2005), Begley & Quayle (2007), Bycroft (2010), Collings, & Beautrais (2005) and Cvinar, (2005) have used a variety of measuring instruments and study designs to study and describe suicide, leading to considerable variation and contradictory findings amongst studies. These investigations have focussed on the quantitative measurements of suicide, while others have included an emphasis on searching the reasons behind suicide and proposing methods to suicide prevention. Although this makes it difficult to generalise findings and draw comparisons between studies, it has nevertheless created a body of work that outline the difficult challenges and traumatic experiences faced by families bereaved by suicide.

Suicide represents a particularly acute form of traumatic loss for survivors, and its power to stigmatize the death of a loved one as well as the family left behind, further complicates grief and mourning for the bereaved (McMenamy, Jordan & Mitchell, 2008). Part of the complication derives from the jarring disruption to one's fundamental sense of trust compromises the survivor's capacity to feel connected to others, to find sustenance and value in formerly held beliefs, or to enjoy the mourning rituals that provide solace both spiritually and through community support (Sadinsky, 2009). Janoff-Bulman (1989) claim, people have assumptions about the integrity, benevolence and good will of people generally. People's assumptions that the world is significant, fair and manageable, function to minimise concerns of personal vulnerability.

Currier, Holland, & Neimeyer (2006) state the distinction between traumatic and non-traumatic grief is recognised is in relation to the extent of fragmenting self-identity. Death is a traumatic occurrence that questions peoples' taken-for-granted assumptions, inciting extreme unease, uncertainty, powerlessness as well as hopelessness (Janoff-Bulman, 1989). In this milieu suicide survivors continually describe how the death of their child creates a fracturing of a sense of self (Neimeyer, et al., 2002). Common explanations of suicide included, being mentally ill, to suffering after a lost love, not being able to ask for help, or being too sensitive for this life.

2.6 Grief theories

This grief is not like that for a spouse, a partner, a parent, a grandparent, a sibling, a relative, a colleague, a lifelong friend. This grief is different. Yes, it is different … It's a club not one of us chose to join or wants to belong to. The membership is for life; we cannot resign, take leave of absence, or escape by moving to another city or country. It's a paid-up life sentence, inescapable (Duder, 1998, p. 7).

Philosophies of grief and loss established in the 1960s by Westerners have remained significant in influencing bereavement. Kubler-Ross (1991) tells of a five-stage model of grief and bereavement that comprise denial, anger, bargaining, depression, and acceptance. Intense grief reactions consist of depression, anxiety and post-traumatic stress disorder which can affect the extent of the bereavement course, making it lengthier with a slower recovery period (Lindsey and Yates, 2004).

Grief, is an agonizing undertaking and striving to make sense and create meaning of a death by suicide, is recognized as an incredibly demanding procedure for those bereaved by suicide (Wertheimer, 1991). Samy (1995) denotes the grief trajectory as being complex and contingent on several variables. For instance, if the pre-death association with the deceased was in discord (or not) and whether the suicide was expected (Bailley, Kral & Dunham, 1999), the pain could have been lessened if those bereaved by suicide felt a degree of support (Callahan, 2000). It is believed to be a challenging process for the bereaved to talk about their feelings and emotions after the death and to discuss socio-cultural norms (Dunne, 2000; Minois, 1999).

Findings from quantitative research propose that numerous aspects may impact on the suicide-bereavement experience. The combined effects of former medical, relational, biological, and social influences on suicide all accentuate the story in an individual's suicide bereavement (Beautrais, Joyce, & Mulder, 1997; Cullen & Connolly, 1997; Makinen, 2002; Platt & Hawton, 2000; Williams & Pollock, 2002).

Very few qualitative studies have reported on the lived experience of the bereaved, possibly reflecting the fact that it is difficult to access this population (Dyregrov & Dyregov, 2003). Given that suicide survivors are at great danger for completed suicide, the necessity to afford appropriate and effective support networks has been acknowledged (Clark & Goldney, 2000; Turecki, 2001). This concern is appropriately echoed in the frequently cited statement postvention is prevention for future generations (Aguirre & Slater, 2010).

The evolution of grief theory arose out of a systematic endeavour to comprehend the grief and loss process and the numerous stages that a bereaved person undertakes. Such theories may well offer direction for Social Workers, Counsellors and Researchers, working alongside of individuals mourning the death of a loved one. These practitioners utilise various theoretical models, which propose framework s for supporting the bereaved. Bereavement is the state of having lost a loved one; grief is the feeling associated with that loss, and mourning is the way in which grief is expressed according to cultural norms (Davies, 2004). Grief is a normal human response to loss, which must be experienced before healing can take place (Knapp, 1987). According to Psychiatrists, grief was a psychological procedure requiring working through until the resolution of grief (Klass, 1999).

Freud's views on grief, suggests a process of disengagement from the deceased and the completion of such was signified with the bereaved person moving on establishing different connections (Freud, 1961). Prior to Freud's detachment theory Graves points out that the bereaved grieved unequivocally and 'lived with the pain of broken hearts' (Graves, 2009, p. 66). The development of Freud's theory consisted of four stages of grief: numbness, searching, despair and reorganization (Bowlby & Parkes, 1970).

Worden established a model based on four task. The first task is the acceptance of the

loss. This is shadowed by an intense work phase of dealing with the pain triggered by the grief. The next task is adapting to the new reality without the child followed by the withdrawal of emotional synergy from the old relationship and beginning new relationships (Worden, 1982). Kavanaugh (1994) identified six stages: shock and denial, disorganization, violent emotion, guilt, loss and loneliness, and relief and re-establishment. According to Kavanaugh, grief was over when re-establishment was reached.

Grief processes have been frequently theorized and defined in terms of 'phases' or 'tasks' which are seen to be accomplished in a personalized way through a fluctuating and intersecting combination of emotional responses and reactions (Raphael, Middleton, Martinek, & Misso 1993). Grief terminology takes account of concepts as 'grieving process', 'grief work' and 'progressing through grief', all propagating the indication of a linear development to move onto recovery (Bowlby & Parkes 1970, Worden, 1982).

A common factor with traditional models is the core belief that detaching from the deceased individual supports the bereaved in resolving their grief. While these models apply to grieving partners or extended family, Walter (1999) admonishes their use in working with parents bereaved by the death of a child where detachment is impossible.

Meaning reconstruction is a far more powerful depiction of grief than the models proposed by various authors such as Bowlby and Parkes (1970), Kubler-Ross (1970), and Worden (1982).

2.6.1 New Theories of Grief

Postmodern theorists question traditional grief theories concerning the "experience, interpretation and trajectory of grieving" (Murray, 2001, p. 223). They argue that grief is intricate and multifaceted. Stroebe and Schut (2001) view grief as being a "dynamic and fluctuating oscillation between loss-oriented processes and restoration-oriented processes" (p. 339). Such "oscillation between these two components provides a framework for a systematic probing of assumptive worlds, meaning systems and life narratives" (p. 69). Neimeyer (2005) introduces a new concept for grief theory,

scholarship and practice and advises "meaning reconstruction as the central process of grieving" (p. 990). This section outlines various key theoretical concepts of new theories of grief that are pertinent to this research.

New theories of grief highlight that grief is a distinctively personal activity for every individual. They identify that this procedure includes adjustments to a person's sense of who they are (Attig, 2004; Calhoun & Tedeschi, 2006; Neimeyer, 2001, 2002; Neimeyer et al., 2006). Theoretical underpinnings of an individual's perception of self in new grief theories incorporate a knowledge of the struggles and consequent probable changes to a person's assumption about life, "assumptions that have frequently been unchallenged preceding the death of a significant other" (van Orden, Witte, Cukrowicz, Braithwaite, Selby, and Joiner, 2010). An individual's hypothesis about their world is tested by traumatic grief, inciting a search for meaning and a re-assessment, in ways that produces benefit and meaning (Attig, 2004; Janoff-Bulman, 2004; Landsman, 2002).

Consequently, adjustments to a person's sense of self succeeding a traumatic occurrence like homicide may facilitate changes. These changes may include a constructive obligation to living life more completely (Janoff-Bulman, et al., 2002). The theory of shattered assumptions coined by Janoff-Bulman (2004) makes available a theoretical framework in which to comprehend the importance of the processes involved in making meaning. Narrative processes are significant in re-forming the griever's assumptive world. Taking this into consideration, Neimeyer et al., (2002) declares narrative attempts in grieving may be realised as signifying a "profound reorganization of one's construction of self and world" (p. 36).

Attig (2004) coined this undertaking as relearning the world, clarifying at the death of a child, an individual's life blueprints are disordered. Consequently, the configuration of the individual's world becomes indefinitely altered, compelling the bereaved person to re-discover the world.

2.6.2 Meaning making

The death of a child presents the kind of suffering and challenge to self that creates an existential crisis – a search for the meaning of human existence (Talbot, 2002, p.2)

In relation to Talbot's ideas that link child death to a search for meaning, Park (2013) argues that more advanced research is essential about the details of meaning making, incorporating the necessity for a qualitative centered research on the kinds of meanings that are in fact made of traumatic events and how these can be linked to outcomes. While research has critically analyzed the meaning making process in an array of populations, this process among parents who have experienced the violent death of their child, has been minimal (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013).

Victor Frankl, (1963) an Austrian Psychiatrist draws attention to 'meaning', as the manifestation of values, which are based on (1) work, actions, and dedication to causes, (2) experience, relationships and roles and (3) one's attitude toward suffering and existential problems. Other researchers give a depth to understanding 'meaning in life' (MiL), as variety of behaviours and circumstances that are sources of meaning, these include, personal successes, social relationships, and contributions to society, beliefs about the purpose of life, personal life goals and spirituality (Jim, Richardson, Golden-Kreutz, & Andersen 2006). This information serves to help understand that MiL represents a selection of behaviours that may function to facilitate PTG.

Frankl (1963) nevertheless explains searching for the meaning of life as a primary motivator. He utilises this concept in referring to optimistic life experiences and a purpose for living. From this it is clear, meaning making is concerned with constructing meaning and purpose about the death, as well as constructing meaning for continuing to live life without the deceased (Neimeyer, 2002). Here, Neimeyer (2002), makes an important point, in that it is through the construction of meaning that the grieving process becomes dynamic, comprising of many possibilities, with a range of options and choices, as opposed to being impassive, time bound and choice less. Arnold (2008) promotes that whether the bereaved are ruminating through the grief, keeping memoirs, telling stories of the deceased, or processing grief internally, they are creating meaning about the loss. Importantly, these views offer relief and provide meaning to an agonizing loss.

The sudden unexpected death of a child through suicide has been associated with poorer psychological adjustment in parents (Neimeyer, 2006). The cause of this is that violent, child death poses specific challenges to meaning making (Lichtenthal, et al., 2013). However, Park (2013) argues that it is the distress caused by discrepancy that initiates a

process of meaning making. Moreover, such form of loss may be particularly disruptive to one's meaning structures because it is frequently seen as 'being senseless' (Davis, Noelen-Hocksema & Larson, 1998). However, parents are frequently determined to search for meaning in both the loss and for their lives (Neimeyer, 2003). The senselessness can shake a parent's view in the way they see the world and their purpose in life (Lichtenthal, Currier, Neimeyer, & Keese, 2010). Parents suddenly are forced to take on a new identity, that of bereaved parent. They are now facing a unique existential crisis (Wheeler, 2001).

For bereaved parents, the need and capacity to identify the causes and dynamics leading to their child's death facilitates meaning making (Lichtenthal, et al., 2013). Findings from various research found that parents bereaved by child loss from suicide death, were more likely to find meaning shortly following the death if they had some sign or clue of their child's psychological grief prior to their child's passing (Murphy, Johnson, & Lohan, 2004; Wu, Bonanno, Duhamel, Redd, Rini & Austin 2008). In a previous qualitative research whose participants consisted of adult survivors of child homicide, findings on meaning making included categories such as pursuing social justice, living in a way that gives purpose to the dead child's death (Armour, 2003). Similarly, suicide survivors stated finding more purpose in life alongside of striving to make sense of the death and gain control over the impacts of it (Begley & Quayle, 2007). Another study by Murphy et al., (2003) found that mechanisms contributing to finding meaning to their child's suicide death, were access to communal and spiritual and or religious resources as well as the availability and participation in support groups.

The pursuit of 'meaning making' contributes toward the reconstruction of meaning. Mean-making as suggested by Baumeister and Vohs (2002) is a dynamic practice of reassessment and revision of how one might interpret an event/incident and what it indicates. According to other literature, following a tragic event there are two categories of mean-making that incorporate, making sense of the event, and finding benefits or positive outcomes (Nolen-Hoeksema & Davis, 2002). This proposal is supported by Neimeyer, (2006, p.724) who suggests that the first category is about, making sense of or comprehending the loss.

Nadeau (2001) suggests meaning making is an activity by which peoples are continuously

engaged in striving to understand the traumatic incident. Cognitive processing entails asking questions like, why has it happened? Why me? What is the significance of the event? What does it mean for me? Levitt, Frankel, Hiestand, Ware, Bretz and Kelly (2004) explain that meaning making encompasses movements in self-reflection, as such gaining insight procedures are meaning making procedures. This theory has significance to Gamino's (2002) beliefs of making sense, as finding "some degree of coherence, orderliness, predictability, purpose of value in what happened" (p. 794). What emerges from this construction of making sense from loss is that it is a highly individualised process and usually links within the individuals' broader framework of their life story.

Making sense of an event is striving to comprehend what occurred in relation to beliefs held about how the world operates. Various research studies have identified the significance of finding meaning in life. For example, Puchalski (2012) undertook research to determine the needs of patients with serious illnesses. His study reported 40% of survey cancer patients indicated a need for help in discovering meaning in their life. Frankl (1963) validated the potential of the need to find meaning in life, as he believed that individuals are able to cope with any suffering if they are able to find meaning in it.

A study undertaken by Nolen-Hoeksema and Davis (2002) interviewed people who had lost family member to terminal illness. Their interviews centred on asking people how they made sense of the loss of their loved. The findings showed making sense was easier to undertake when the lost one was 72 years of age in comparison to someone who was much younger, people found making sense a lot more difficult. Trauma work undertaken by McAdams (1993) exclaims the value in talking about trauma encompasses the ability to "create structure, coherence and meaning" (p. 69).

Embedded in the ability to create structure, coherence and meaning is the conception of what happened. Mezirow (2000) recounts that meaning making is a process that encompasses modifications to fixed frames of references. These are recognised as transformative learning experiences.

Drawing on his plethora of research on loss and grief, Neimeyer (2002, 2003) determines that meaning making is frequently personified through actions, speech, writing and symbolic acts. Armour's (2003) research on meaning making supports these findings. Her

findings revealed the significance of performative action as an important process for those devastated through a violent death in that it supports the developing of personal resilience to trauma.

Similarly, Sadinky's (2009) study of violent death, recounts a story of a bereaved mother who became a national advocate for domestic violence, in the memory of her daughter and grandson, both victims of domestic violence. This example exemplifies making meaning by way of performative action. Further she explains that meaning making relates to the integration of meaning into an individual's life narrative and how over time meanings are revised and altered. Neimeyer (2004) explains that meaning making encompasses movements in self-reflection, as such gaining insight procedures are meaning making procedures. This theory has significance to Gamino and Sewell's (2004) ideas about making sense. These they suggest include locating a level of consistency, organisation, certainty, and significance in distressing events.

This information is important because it shows that meaning making is a mechanism wherewith trauma leads people to be engaged in understanding the trauma event; why it happened. The procedures for meaning making provide a framework from which to understand the case study used in this research. This section focussed on the source of mean-making particularly threading concepts of making sense and performative action. Meaning in life incorporates causes of meaning, these take account of personal successes, social relationships, contributions to society, and beliefs about the purpose of life, and personal life goals and spirituality (Neimeyer, 2004).

McIntosh and Jordan (2010), in their empirical research on adaptation to loss from suicide death, established "much evidence is emerging in the larger bereavement literature regarding the importance of sense making and meaning making after a loss. These aspects of grief hold much promise for revealing valuable information regarding our understanding and intervention with survivors following a death by suicide or other traumatic or violent causes" (p. 68–69). Moreover, Lichtenthal, et al., (2013) argue that even though studies on meaning making in response to violent loss is still in its early stages, particularly in the tragic event of losing a child, current research emanates that additional investigation into this topic is crucial.

Fleshner's (2013) study demonstrates that meaning based strategies may be helpful in influencing growth. These include the activity of making sense of the loss. Given the theme of meaning making and its influence in growth following bereavement by suicide, it is perhaps appropriate to reflect completely the inferences in utilising growth oriented strategies. This may entail looking for opportunities of growth, as goals of a successful bereavement process: making sense of the loss, via various mechanisms that facilitate PTG outcomes. It may be about supporting suicide survivors to reach out to others in circumstances similar to theirs. Also it may that survivors are guided to become politically active in raising the level of consciousness about young adult suicide and its impacts on family and the community. If survivors can be encouraged to participate in social action, activities with other survivors that may facilitate the construction of positive meanings from their experiences.

2.6.3 Cognitive processing

Groleau, Calhoun, Cann, and Tedeschi (2013) maintain that cognitive processing is crucial to meaning making as it is a mechanism that facilitates PTG. Reflection is pivotal to personal development, where the re-thinking of experience provides added personal meaning and learning (Macfarlane, 2011). Groleau, et al., contend that cognitive processing incorporates both cognitive processing and rumination as key components of PTG. They suggest that significant stress inevitably produces emotional and cognitive turmoil. Rumination or reflective thinking, a result of cognitive turmoil, is a common posttraumatic reaction, and is a process of repeated reflection and striving to make sense of an occurrence. Similarly, Groleau, et al, specify rumination as being event related. In contrast, Wortman, Silver and Kessler (1993) research findings indicate that cognitive processing did not seem to be involved in growth and that those who do best after trauma did very little processing.

2.6.4 Te Mamae, Pōuritanga, Whakamomori

Pouritanga has been described as a state of psychological exertion that ranges on a continuum from feelings of anxiety and disappointment to feelings of deep suicidal tendencies. Pōuri refers to the ngakau or internal system where memories and knowledge

are stored (Waretini-Karena, 2011). According to Smith (2013) whakapapa narratives identify two realms of darkness:

> Hinetītama, the first human being born from the earth formed Hineahuone, who knowingly had an incestuous relationship with her male parent in the atua Tāne. The discovery of finding out who her true father was (in some text described as patu ngākau) which can be translated to mean a strike or an assault to the heart, or source of emtiones. It also caused the conditions of whakama, or to be filled with shame and whakamomori to become devasteed. The pōuritanga became so intense and overwhelming that she decided to commit to living premanetly in the world of darkness (p. 11).

Whakamomori has been used to refer to suicide however the term has deeper connotations and meanings. These implications include extreme despair, to fret desperately or to become committed to a course of action (Waretini-Karena, 2011).

2.6.5 A new model of grief: Continuing bonds

Traditional models of grief focused on the premise that the answer to resolving grief was dependent on successful detachment from the deceased person (Davies, 2004). Nonetheless, Walter (1999) highlights that although these models may well be appropriate in dealing with the grief resolution of partners or family members, they are not beneficial for grieving parents for whom it is not possible to cut off and reinvest. Various authors maintain that grief is complex and the manner in which a person mourns is exclusive to the individual (Dyregrov & Dyregrov, 2008; Riches & Dawson, 2000; Talbot, 2002; Tonkin, 2006).

Current research acknowledges different considerations of parental bereavement that contemplate various perspectives whereby parental detachment from the deceased child is disputed, instead the maintenance of finding ways to keep the deceased in their inner lives and maintain bonds, is encouraged (Walter, 1999; Worden, 1999; Hedtke, 2002; Davies, 2004). Research concludes that the bereaved parents continue their involvement and connectivity to their loved one and discover their distinctive manner of maintaining a bond with the deceased loved one (Silverman & Klass, 1996, Klass, 1999). What is

evident is a permanent connection to their deceased loved one, which is not only commonplace but also empowering for bereaved parents (Tedeschi & Calhoun, 2004).

Findings from other research describe the process by which bereaved mothers sustained the course of assimilating the loss inside their lives and progressing forward (Tonkin, 1996; Talbot, 2002). At the same time maintaining the links with who they were, who they are now as a consequence of their bereavement and tragic loss, and their now changed world (Neimeyer, Prigerson & Davies, 2002).

Rituals and performative actions are utilised by bereaved parents to evidence and safeguard in the world their continued relational connection with their deceased child. Armour (2003) refers to this symbolic act as, repositioning. Armour, suggests the use of rituals provides a method of allowing the deceased to be present in the living world. Further, rituals denote and credit the meaning of the new reality as a consequence of the death in the world and offers a context in which to integrate and order the traumatic loss. In the grief and loss process, rituals are widespread marking birthdays, deaths days, memorials and other memorable moments in the joint bond amongst those bereaved and the deceased (Armour, 2003).

Various cultural societies undertake rituals that retain linkages with the dead and strive to preserve their deceased's identity within the family and community. Both life and death are intricately intertwined within the cultural framework of Te Ao Māori (Māori world view). The connection with Tupuna, and deceased family members is assimilated into daily life (Tauroa & Tauroa, 1987).

In the current context, a notable feature of the tangihana process is the coming together of whānau, hapū and iwi for several days, with housing and meal arrangements. These are usually located on a marae. The tangihana process is typified by rituals of engagement that include ceremonial greetings, dialogue and other ceremonial interactions amid family members and visitors to the tangihana. Tributes are offered to the deceased family member, wherein they are honoured through recognition of their contributions and is the subject of affection. Undertaken in the public and family context are spiritual and religious dedications for those that are deceased as well as the living. In following tikanga, burials in whānau, hapū or iwi are typically ended by the partaking of food and dialogue

and the acknowledgment of support rendered.

From a historical milieu, Sir Apirana Ngata's (1959) *Nga Moteatea* offers examples of demonstrations of grief and loss. Explicitly, it contains also those displays of grief and loss upon the sudden death of a child or children. In the present-day setting a number of Māori authors have commented that various undertakings around death, including unveilings of headstones and tangihanga (grieving), have a more compelling cultural meaning for Māori than do funerals for people from a Westernised culture.

Ultimately, rituals maybe cognized as a kind of performative action in the world wherein meanings are construed through actions in the world (Armour, 2003). From a Māori worldview, life and death are fully intertwined into the cultural makeup of Māori society. Thus the dead as well as tupuna are very much assimilated into daily life (Tauroa & Tauroa, 1986). 'Kinship', according to Lawson-Te Aho and Liu (2010, p.128), cannot be extinguished as such; these kinship connections comprise a continuous, spiritual permanence.

2.6.6 Relationship with deceased through Continuing Bonds

> *When a person dies, a relationship with them does not pass away because death*
> *is not final. It can be seen as an invitation to a new relationship with the dead*
> *loved one* (Klass, 1996).

In his book *Continuing Bonds*, Klass (1996) uses the term to describe the ongoing connection of the bereaved to the deceased. In his writings he offers a number of a variety of important aspects of this concept, 'continuing bonds'. The bereaved parents in Klaus's ethnographic study, were observed to want to maintain their attachment to the dead child. What was evident in this study was the continued attendance of the group members until such time they had established and secured a lasting connection to their child. Only until this was achieved, did they leave the group. Klass (2006) cautions against simply equating continuing bonds with healthy outcomes, suggesting that the connection amongst the dead or living can either improve wellbeing or impact on it negatively.

Nadeau's (2001) study considered the inference for survivors of suicide in establishing the survivors' relational world; predominantly the kind of their relationship with the

deceased and the way in which the bereaved arrange, give voice to, co-create and preserve an interpersonal bond with the deceased. Klass (2006) suggested that it was probable that the family could endure the death and as a collective co-construct narrative that integrate a continuing relationship with the deceased. Nadeau (2001) indicated the key purpose of family communication in making sense of a significant death. Hedtke and Winslade (2004) also emphasised the importance of families remembering their dead family member, and the ways by which they may achieve this.

Previous studies on bereaved parents reveal parents were able to move on with their lives without the physical presence of their child through a process of continuing bonds. Subsequently, the function of parent alters to that of bereaved parent (Talbot, 2002). Rosof (1994) states "building a life in which the child does not live and keeping the child alive in your heart" (p. 48). Maintaining connections with the deceased can be achieved by retaining belongings, telling treasured stories, creating ceremonies and rituals, speaking about and to the deceased and keeping their possessions and rooms intact (Davies, 2004; Klass, 1993a, 1993b; Riches & Dawson, 2000; Rosenblatt, 2000; Talbot, 2002). Worden (1982) however earlier contended these practices revealed not only a renunciation of reality but an indication of being caught in neurotic grief.

The American psychologist, Daher (2003), summarized the phases he underwent following the suicide death of his 22-year-old son. Some of these stages included feelings of sadness and crying, and feelings of despair and intense anger. These stages encompassed feelings of longing and of remembering. Parents belonging to the bereavement support group; 'The Compassionate Friends', confirm attachment as the final stage of grief and emphasize that the resolution of grief does not mean ending the connection with the dead child but of incorporating the child's life into the present life of the parents (Klass, Silverman & Nickman, 1996).

The means by which this incorporation occurs is acknowledged in the memoire of a deceased child, as 'post-death parenting' (Arnold, 2011, p. 124). In this memoir parents desired to keep alive their deceased child's characteristics: "not as someone we remembered and talked about … but as a presence in the new things we did" (p. 236). In trying to accommodate this view, a grieving parent said:

I had to enlarge my understanding of the world to make room for it, so that living her and the fact of her short life, her loss, must become part of everything I thought and did (p. 236).

Finkbeiner (1998) reverberates similar emotional states in her case studies of parents whose young adult children had died from five to 25 years earlier. Rejecting the traditional grief and loss theories that encompass the 'stages' of grief, she articulated the different means whereby parents are able to find acceptance of their loss and integrate the child's trajectory into their own lives, restating that at the death of a child the connection is not severed: "I think the parents insert the children into their lives and continue living, one person now, parent-and-child" (p. 244). Though physical detachment takes place, emotional attachment continues. The continuing bond serves not only to protect the parents psychologically, but also allows them to live fully (Talbot, 2002).

Tonkin (2006) found in her New Zealand study of bereaved parents that in the period immediately after the death of their child, parents are consumed by loss. Thoughts of the child swamp all other thoughts, from waking to sleeping, and it is impossible to imagine ever feeling any different. Parents believe that over time the grief will diminish a little and become something more manageable, while they – the parents – remain the same. However, Tonkin found that what actually happened was that the 'size' of the grief remained the same, no matter how many years passed, but the parents' life grew around it, the life and death of the child becoming incorporated into the life of the parents.

This parallels Klass's (1993b) conclusions that the continuing bond with their dead child is central to the new world-view of bereaved parents. He says of one mother: '… the life she now lives is the life that was shown her by the now dead child' (p. 263). Accordingly, this mother reflects, "I will always carry this grief, but my life would add new layers around it, I felt a tremendous sense of relief as I understood I did not have to relinquish my attachment to Rebecca in order to carry on living a full and productive life" (Arnold, 2011, p. 45). Other ways of maintaining bonds is to include having something that represents the child or something of significance for the dead child in their home and to encourage conversations that include their loved one.

2.6.7 Relationship with deceased through Social Action

Various authors argue that posttraumatic growth does not merely derive from cognitive efforts to find meaning and re-organise and reform assumptive views about life. They suggest that growth occurs for individuals when they translate these cognitive benefit-finding processes into action (Hobfoll, Hall, Canetti-Nisim, Galea, Johnson, & Palmieri, 2007). Essentially they argue that PTG must include action in partnership with cognitive processes so to sustain long-term positive changes.

Engagement in social action and social policy change programs and plans connected to the principal cause of a loved one's death by suicide has the probability to not only mitigate distress and grief (Armour 2003, 2006; Janoff-Bulman, 1992). Grieving a death accredited to lethal self-inflicted injury, can find a place in the public domain of social action work. Although such a violent death of a family member will not ever be redeemed, taking on the role as a facilitator of change, sanctions suicide survivors the ability an opportunity to recover and reclaim certain degree of influence and control in their child's life by creating a future even in the face of permanent loss.

Sadinsky (2009) reveals that an overwhelming and shocking occurrence such as suicide can aid as an enabler for suicide survivors to act on their grief rather than be made powerless and immobilised by it: involvement in social action offers one such medium. Drawing on grief in the service of the loved one lessens the shame and guilt of death by suicide, creates a future in the name of the loved one and serves as a conduit between the bereaved and the community. For those undertaking the work, it nurtures positive growth post-loss.

Nolen-Hoeksema (2005, as cited by Eliseeva, 2007) argues that "meaning making plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works" (p.2). The prior assumptions held by a survivor of a violent death determine which assumptions are most affected: a belief in the benevolence of the world, the meaningfulness of the world, and self-worth (Janoff-Bulman, 1992). The literature also reflects that a devastating and traumatic loss such as suicide can serve as a catalyst for

survivors to act on their grief rather than be immobilized by it: engagement in social action provides one such vehicle. As an adaptive coping mechanism, drawing on grief in the service of the deceased beloved has therapeutic value to the bereaved precisely because it lessens the shame and guilt of death by suicide, creates a future in the name of the violently killed, serves as a bridge between the bereaved and the community, and fosters positive growth post-loss in those who undertake the work.

2.7 Suicide Grief

"An event has happened upon which it is difficult to speak and impossible to be silent"
Edmund Burke (1887, cited in Kenny, 2011).

"Traumatic loss generates a singularly difficult mourning experience" (Sadinsky, 2009 p. 62), and suicide is among the ultimate threatening trauma for the human psyche to integrate and adjust to (Lichtenthal, et al., 2010). Because traumatic loss can be theorized as the assimilation of grief and trauma, it is not unexpected that suicide offers a predominantly intricate and perverse psychological phenomenon or that it provokes such an acute disequilibrium in suicide survivors. Overwhelming loss and mourning are amplified by the complicating presence of a traumatic incident as the cause of death (Currier, Holland, & Neimeyer, 2006; Green, 2000; Neimeyer, 2005; Walsh, 2007), and when that incident is a brutal feat of social violence such as suicide, the internal life of the suicide survivor is even more intensely despoiled.

This understanding of violence originates in part from the idea that death by suicide has several stratum and positions of meaning. Its content is at once private and public, its reasons and impacts personally experienced by the mourner but jointly evaluated meaning by those who are positioned external to the event, and its malign breakage of the human connection (essential to enhancing survivor well-being), alienate the bereaved from the community. Violent death is a profound violation not only to one's sense of moral order: it may also bring up horrifying images of suffering, inspire feelings of rage or a desire to retaliate, and immobilize the bereaved with a stunning and overwhelming range of emotions including shame and guilt (Walsh, 2007).

Suicide death represents a particular acute form of traumatic loss for survivors, and its power to stigmatize the death of a loved one further complicates grief and mourning for the grieving survivors. Nolen-Hoeksema (2005, as cited in Eliseeva, 2007) highlights that "meaning making plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are more threatened by loss and trauma: our sense of self that often are more threatened by loss and trauma: our sense of self-worth and our most fundamental belief or assumption about how the world works" (p. 2). The assumptions most impacted are a belief in the benevolence of the world, the meaningfulness of the world, and self-worth (Janoff-Bulman, 1992).

Survivors of suicide may well undergo complications comparable to those grieving other modes of traumatising death (Cerel et al, 2009). Survivors of suicide death undergo recurrent emotions of rejection and extra overall grief reactions in comparison to survivors of other forms of death (Bailey, et al., 1999). A suicide death leaves those grieving a suicide death with a myriad of distinctive difficulties to cope with (Jordan, 2001; Provini, Everett, Cynthia, & Pfeffer, 2000). This includes feelings of betrayal and rejection by the dead person (van Dongen, 1993) and a lengthy and resolute quest for the motive for the suicide (Wagner & Calhoun, 1992). Many people suffer from a contorted perception of culpability for the death and the capacity to have stopped the suicide death (Worden, 1982; Dunn & Morrish-Vidners, 1987), and the sense of being held accountable for initiating the difficulties that created the suicidal ideation in the first instance (Silverman, Range & Overholser, 1995).

Jordan's (2001) literature review points to other difficulties for survivors such as increased levels of anger, shame and guilt as well as family dysfunction (Vachon & Stylianos, 1988), and feelings of social stigmatization. Significantly, some evidence suggests survivor's vulnerability to their own suicidal behaviour (Worden, 1982). It is hypothesised, that these factors lead to more intense, disruptive and complicated grief (Arnold, 2003; Osterweiss, Solomon, Green, 1984; Prigerson & Jacobs, 2001; Jordan, 2001; Cerel, et al; 2009). Indicators of complicated grief consist of longing, pining for and seeking for the deceased alongside of four or more symptoms of trauma because of death.

Such symptoms comprise; avoiding mementos of the dead person, emotional states of purposelessness, senselessness, trouble envisaging an existence alone, without the deceased, numbness, disinterestedness, feeling overwhelmed, stunned or disturbed, feeling the emptiness or meaningless of life, sensing a portion of self has died with the deceased, bewildered, extreme death-related antagonism of resentment and symptoms or harmful behaviours reminiscent of those undergone by the deceased (Prigerson, & Jacobs, 2001; Cerel, et al; 2009; Shahtahsabesi, 2012). Suicide survivors who have close intimate kinship connections to the deceased have displayed complex degrees of complicated grief (Mitchell, Kim, Prigerson & Mortimer-Stephens, 2005).

2.8 Posttraumatic Growth

Despite the high rates of Posttraumatic Stress Syndrome Deficiency, and other psychological, mental-emotional, physical and social symptoms amid suicide survivors, emerging evidence amongst survivors of traumatic events report, positive life changes following the trauma. Jarden (2009) states that decades of scholarship have concentrated on the detrimental impacts of stress and truama, have been fruitful. Likewise, Tedeshci and Calhoun (1995) and Linley and Joseph (2011) exclaim the preponderance of research has focused primarily on negative reactions to trauma with very little attention paid to the potential for psychological growth following a traumatic incident. As such there is an emerging body of research that has concentrated on Posttraumatic growth. Growth does not occur as a direct result of trauma. "It is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs" (Tedeschi & Calhoun, 2004, p. 5). It is imperative to consider that the occurrence of growth for many participants does not signify the nonexistence of suffering. Supporting this view, Tedeschi and Calhoun (2004) exclaim that ongoing personal distress and growth frequently coexist.

The notion of posttraumatic growth captures the central theme of this research suggesting the capacity for growth and enhancement as outcomes from personal suffering. Tedeschi and Calhoun (2004) claim that recently "although much progress has been made, little is known about the processes, concomitant and consequences of the experience of growth"

(p. 4). This study does not intend to determine the extent of the occurrence of PTG, rather it endeavours to examine the mechanisms that are connected to the individuals struggle with trauma that influence PTG. This section will commence with the conceptualization and definition of PTG.

2.81 Definition and Conceptualisation of the concept

There is a growing body of literature signifying the presence of alleged effects in the outcome of a traumatic occurrence. (Affleck & Tennen, 1996; Helgeson, Reynolds, Reynolds, & Tomich, 2006; Tedeschi & Calhoun, 1996). Research investigating growth post-trauma started increasing as some Psychologists established a different interest in promoting health whilst decreasing emphasis on pathology (Joseph & Linley, 2006; Seligman & Csikszentmihalyi, 2000). This is relevant, as it helps explain why researchers have attempted to operationalize adversarial growth over the last couple of decades, and consequently have generated several expressions in which to encapsulate the essence of this phenomenon.

The literature has conceptualised these positive changes in a variety of ways namely; "stress-related growth, benefit-finding, perceived benefits, thriving, positive by-products, positive psychological changes, flourishing, positive adjustments, and positive adaptation" (Ramos & Leal, 2013, p. 44; Helgeson et al., 2006; Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). These views reflect well the differing and sometimes conflicting conceptualisation of PTG and contribute to the interchangeable nature of the terminology encountered in the literature. For the purpose of this research and in the context of focussing on survivors of suicide, Tedeschi and Calhoun's definition and conceptualisation will be utilised.

Tedeschi & Calhoun's definition is one of the most utilised constructs that defines the positive changes experienced, due to the psychological and cognitive struggles completed because of dealing with perplexing situations. It is known as posttraumatic growth (Calhoun & Tedeschi, 2001, Tedeschi & Calhoun, 2004). Further, Tedeschi & Calhoun (2004) identify that it "is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs" (p. 5).

The field of Positive Psychology which centre much of the work on 'the benefits of trauma' and 'self-growth' subscribe to a similar position. They explain that PTG provides the opportunity in which challenged ideologies and beliefs about life can offer a foundation and a chance for self-growth. This phrase is theoretically beneficial for a number of reasons. Firstly, and importantly, it concedes the possibility for growth without diminishing the tumultuous disposition of the incidences that provoke change. Secondly, the phrase distinguishes psychological growth from personality traits such as resilience, hardiness, optimism and a sense of coherence. Such potentials are said to enable an individual the capacity to overcome trauma (Biswas-Diener & Dean. 2010).

O'Rourke (2011) states that although research is in its infancy several studies have examined PTG in response to a diverse range of diverse trauma, comprising medical conditions such as cancer (Antoni, Lehman, Kilbourn, Boyers, Culver, & Alferi, 2001); heart attack, (Affleck, Howard, Sydney, & Levine, 1987), rheumatic disease (Abraido-Lanza, Guier, & Colon 1998; Danoff-Burg & Revensen, 2005), multiple sclerosis (Pakenham, 2005), and HIV/AIDS (Costar, 2005, Milam, 2011; Siegel & Schrimshaw, 2005).

Posttraumatic growth involves finding positive meaning from the loss and it may involve learning about one's own strengths, gaining insight into the meaning of life, or developing a better understanding of the importance of the relationships in one's life (Davis et al. 1998; Janoff-Bulman, 1992; Neimeyer, 2000). These processes, in turn, contribute positively to the adjustment of bereaved individuals by decreasing distress and helplessness (Davis et al., 1998).

PTG is closely linked with the concept of resilience, wherein the literature points out that both emphasize people's strengths in the encounter with difficult life incidents (Bonanno, 2013). In contrast however the research on resilience accentuates people's readjustment back to pre-trauma functioning following challenging life events whereas PTG studies have examined how people make positive changes and enhanced functioning and therefore grow beyond their pre-trauma level of adjustment (Tedeschi & Calhoun, 2004).

2.8.2 Historical overview of Posttraumatic growth

The notion of positive benefits and growth from trauma is counterintuitive, but the emergence of positive changes after experiencing adverse life situations is not a new phenomenon (Jarden, 2009). In fact, the awareness and knowledge that disturbance and suffering can be probable sources of positive change, is centuries old. For instance, some of the philosophies and spiritual traditions of ancient Greeks, Hebrews, Hindus, Buddhists, early Christians and Islamic dogma encompass rudiments of the conceivably transformative influence of grief and sorrow (Tedeschi & Calhoun, 1995).

In Christiandom, the narratives of the crucifixion and resurrection of Jesus Christ, were regarded as transformative events, wherein his suffering was regarded as possessing the function to transform people. The Islam religion recognises suffering as contributory to the dedication and allegiance of Allah (Curtis, 2006). Moreover, significant philosophical inquiries, work of novelists, film producers, poets, have included attempts to comprehend and ascertain the meaning and implication of human suffering (Tedeschi & Calhoun, 2004).

Tedeschi, Calhoun & Cann, (2007) highlight in the domain of psychology, writers of the 20th century, including Frankl (1963); Maslow, Frager, and Cox (1970) and Yalom (1980) acknowledged that critical life crisis presented opportunities for positive personal transformation. For instance, Maslow, Frager and Cox (1970) constantly disputed that psychologists exert more effort into researching and studying "people who are actually healthy" (p. 270), and the healthier and optimistic features of human nature and behaviour. More currently Cowen and Kilmer (2002) and Seligman and Csikszentmihalyi (2000) have continued the attention and focus on positive psychology.

2.8.3 Explanations for Growth through Trauma

How can positive benefits emerge out of trauma given the adverse outcomes of trauma? Personal changes as the result of trauma, demarcated as the consequence of the struggle with extremely traumatic occurrences, have of late captured increased attention by trauma scholars. Whilst only recently becoming well accepted within the clinical and research

context, there has been a traditional recognition of human struggles and suffering as possibly being precursors of significant good (Wortman & Silver 1989; Zoellner & Maercker, 2006).

Reports have documented a large number of people remarking "that was the best thing that could have happened to me". Such claims highlight Joseph and Linley's (2006) viewpoint, "that a traumatic event has the potential to lead to personal growth and positive personal change" (p. 1041) and that this likelihood for growth, post trauma, may be more typical than once thought (Joseph & Linley, 2006; Manne et al. 2004). Whilst, traumatic incidents can be perplexing and fear-provoking, in time individuals acquire profound learnings about themselves and about life, which in turn have the capacity to enhance people's insight of themselves, their family and life's priorities. Such learnings are said to enhance coping and adjustment abilities, necessary elements in PTG (Calhoun & Tedeschi, 2010).

Calhoun and Tedeschi (2010) believe that integral to PTG is the notion that significant pain frequently coexists with those who are experiencing growth. This relates well to findings from Folkman and Moskowitz's, (2004) study with cancer patients, wherein the data suggested that personal growth for cancer patients took place alongside of their distress and trauma around coping with their illness. This is significant as not only does it link to current posttraumatic literature that suggests that it is not the trauma itself, but the struggle with the trauma, that establishes a baseline on which the responses to the trauma story are significant mechanisms that in essence link well to the PTG outcomes (Cann, Calhoun, Tedeschi, Kilmer, Gil-Rivas, Vishnevsky & Danhauer, 2009).

This focus and attention on 'growth', links with the Social Work context, with their emphasis and application of models recognizing human potential in the midst of tribulation. Such models and concepts include the Strengths Based model, (Saleeby, 1996; Passarelli, Hall, & Anderson, 2010), the Solution Focussed model (De Shazer & Insoo-Berg, 1997), and resilience and empowerment (Cadell, Karabanow, & Sanchez, 2009). These relate well to the framework of Positive Psychology whose underpinning philosophy envelops the belief that individuals desire to have a meaningful, fulfilling life by cultivating what is best within themselves and to enhance life experiences.

2.8.4 Assumptive world

Returning to the concept of the 'assumptive world' is useful to this discussion in that this construct has significant relevance to the mechanisms that influence PTG, and are inherently linked to PTG outcomes, significant to this research. The assumptive world then is a broad set of fundamental beliefs that include, for example how we believe people will behave, how events should unfold, and our ability to influence events (Cann, et al., 2009. Understood in this regard, these conventions contribute order to events in an individual's world and permit each individual to design and predict, and contribute to how people and events in the world are comprehended and valued. Research has speculated that "the essence of trauma is the abrupt disintegration of one's inner world. (Janoff-Bulman, 1992).

2.8.5 Religious and spiritual coping

Religious coping has been found to be associated with PTG (Gerber, Boals, & Schuettler, 2011; Hays & Hendrix, 2008). It is well established in the literature that religious and spiritual beliefs are associated with well-being, thus it is "reasonable to expect that religion and spirituality may also play a role in how people adjust to traumatic events" (Shaw, Joseph, & Linley, 2005, p. 2). A review conducted in 2005 by Shaw et al., (2005) identified 11 empirical studies which reported a connection between religion, spirituality, and posttraumatic growth. These authors found that religious and spiritual beliefs can develop as a result of trauma (Shaw et al., 2005). Moreover, Folkman & Moskowitz, (2004) view religious or spiritual beliefs as mechanisms for making sense of the loss and finding meaning in both their life and that of the deceased.

There are many forms of religious coping, including seeking spiritual support, expressing gratitude and contentedness, benevolent appraisal, and establishing and maintaining feelings of connection with God (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001). Ano and Vasconcelles (2005) also conducted a qualitative study on religious coping post trauma. They found that religious coping ways for their participants and families included having a belief in God, accessing spiritual support from people like their pastors and seeking out like-minded people (Harris, 2008). The research serviced a significant population of urban population where there was easy access to support groups.

Ano and Vasconcelles (2005) also suggested that for the participants and families, religious coping ways were regularly linked to enhanced psychological outcomes. Such outcomes included acceptance, optimism, hopefulness, life fulfilment, spiritual development, and stress-related growth.

In the mileu of PTG for survivors of suicide, these concepts, indicate possible outcomes that may occur as a result of trauma. Aten and Leach's (2009) research argues that religious resources promote greater mental and physical health outcomes for clients open to religion or spirituality, or are devoutly religious or spiritual. This information is important to my research in that it provides the context, and as Neimeyer (2006) further reports, religion may act as a "route to meaning". In other words, religion can provide "higher-order schemas that can serve to preserve meaning in life even when events themselves seem senseless and tragic" (Tedeschi & Calhoun, 1995, p. 72).

In another example, Gerber et al. (2011) found from their descriptive research based in Florida that survivors after Hurricane Katrina all reported that religious coping was an adaptive mechanism utilised to survive the trauma. These authors concluded that religious coping was more linked closely to PTG, as opposed to social support and optimism. This association is consistent with past studies whereby those who participated in their churches and showed a commitment to their religious beliefs, were inclined to undergo psychological growth.

2.8.6 PTG Outcomes

Schaefer and Moos (2001) provide a review devoted to the theme of 'grief to growth' in their article, "Bereavement Experiences and Personal Growth". According to Schaefer and Moos (2001) the grief to growth transition is likely to proceed differently dependant on the type of relationship the bereaved survivor had with the deceased person. For instance, the death of a child will take the survivor across various recovery pathways, in comparison to other losses, for instance the death of a spouse, sibling or parent.

The intent of this research was to specifically focus upon parents who have lost their young adult child to suicide. There is an ever increasing amount of research literature emerging about the adaptation of parents losing a child, utilising the two established

measuring instruments previously mentioned (Dyregrov & Dyregrov, 2008; Riley, LaMontagne, Hepworth & Murphy, 2007; Wagner, Knaevelsrud, & Maercker, 2007). However, there are very few research studies solely focussed on the loss of a child to sudden and unanticipated death via suicide, accidents and SIDS (Dyregrov & Dyregrov, 2008).

A few studies have considered these topics in more wide-ranging and theoretical terms, frequently depicted as case studies. These include Nadeau, (2001) and Shapiro, McCormack, & Jen (2008). Whereas other studies have attempted the use of surveys, examining large numbers of bereaved persons, frequently using instruments to measure personal growth. Two of these are Tedeschi and Calhoun's Posttraumatic Growth Inventory (2006) and the Hogan Grief Reaction Checklist (Hogan, Daryl, Greenfield & Schmidt, 2001). Research undertaken by the Dyregrovs discovered a large amount of Norwegian participant's experienced positive personal change or personal growth post loss. Feigelman, Jordan and Gorman's study (2009) endeavoured to investigate the growth experiences of parents following the loss of a child to suicide only.

The Hogan Grief Reaction Checklist was employed which measured significant elements in the grief process. With this sample of bereaved parents, the study found evidence of optimism and adaptive coping among their participants (Hogan, Daryl, Greenfield, & Schmidt, 2001). Such positive impacts have been labelled as enhancing or reinforcing of a person's "ability to cope with adversity, development of self-discipline, and the realisation of an appreciation for the value of life as well as a sense of accomplishment, competence, and resilience" (Dunning & Silva, 1981, p 1). The authors concluded that personal growth in an integral component of bereavement.

Existential psychiatrist Victor Frankl (1985), in providing an explanation for positive growth argues that the 'will to meaning' is a pivotal motivational factor in an individual's life. He claimed that people needed to have a sense of purpose, direction and meaning which acted as catalysts. These he suggested were effectively expressed through goals and ambitions which projected them into the future. Tedesschi and Calhoun (2004) observed that PTG increases with time because time is needed for the productive rumination or cognitive processing that is necessary to achieve PTG. PTG theory suggests that potentially traumatic events must be of great enough impact to force individuals to

reconsider their basic assumptions and initiate a cognitive process (Tedeschi & Calhoun, 2004).

Janoff-Bulman (2004) posited that different pathways might exist for the development of different domains of PTG. Specifically, she suggested the domains of new possibilities and personal strength might be best explained by a "strength through suffering" (p. 90) model, whereas the domains of relating to others, appreciation of life, and spiritual change might be best explained by an "existential re-evaluation" model. In other words, Janoff-Bulman pro-posed that different models might better explain the coping and positive outcomes derived from exposure to traumatic experience.

2.8.7 PTG models

Models of the processes by which decidedly traumatic life events end in PTG (Park & Helgeson, 2006, Tedeschi & Calhoun, 2004, 2006)) have concentrated on the effects these traumatic incidences may have on a person's assumptive world. Janoff-Bulman (2006) and Joseph and Linley (2006), posit that traumatic occurrences initiate processes of examining basic assumptions that are threatened when a sudden trauma occurs. This is consistent with Linley and Joseph (2004), who advocate distressful occurrences can interrupt basic assumptions about the world. This interruption can make people re-examine their basic beliefs and understanding of how the world operates and consider how the changes can be accommodated.

The assumptive world then is a wide-ranging array of key philosophies that includes, for instance, how we believe people will behave, how events should unfold, and our ability to influence events. Understood in this regard, these assumptions contribute structure to events in an individual's world, allowing each individual to plan and predict, and contribute to how individuals and events in the world are realised and understood. Janoff-Bulman's (1992) research hypothesizes "the essence of trauma is the abrupt disintegration of one's inner world. Overwhelming experiences…shattering...fundamental assumptions" (p 63).

Inherent in this message is the idea that Tedeschi & Calhoun (2004) explain as "the individual's struggle with the new reality in the aftermath of trauma that is crucial in

determining the extent to which posttraumatic growth occurs" (p. 5). Therefore, extremely traumatic incidences are conceived to at times, but not always test central fundamentals of the assumptive world. This is a good point in that it is essential that when that happens and the individual is left to re-examine core beliefs. The cognitive processing implicated in dealing with this threat to existing philosophies, is what makes it conceivable to identify positive changes and experience (Calhoun & Tedeschi, 2006; Janoff-Bulman, 1992, 2006; Joseph & Linley, 2006; Linley & Joseph, 2004; Phelps, Williams, Raichle, Turner, & Ehde, 2008).

Understood in this regard then, it is not automatically the "stressfulness" of the vent itself that is essential in the development growth, but rather the challenge to one's world assumptions and the cognitive work required in re-establishing a purposeful set of assumptions. The importance of learning about this is that it is critical to this research as it provides an impetus to examine the mechanisms that participants have utilised when dealing with shattered assumptions and how this links to PTG outcomes (Cann, Calhoun, Tedeschi, Kilmer, Gil-Rivas, Vishnevsky & Danhauer, 2009.

Various theoretical models have also been presented by Joseph and Linley (2006). Zoellner and Maecker (2006) describe the existence of positive change after trauma. The varied array of concepts and models displays the fields emerging development and indicates a necessity for conceptual agreement. Based on the strength through suffering model (Janoff-Bulman, 2004), new strength is derived from surviving experiences that are extraordinary and trying. This model posits that people derive greater personal strength and confidence after a traumatic event that, in a way, stretches their capacities beyond what was previously thought possible. After such events, the survivor is able to take ownership of this newfound strength and derive from it new possibilities.

Therefore, it stands to reason that the PTG domains of new possibilities and personal strength would be impacted, or predicted, by a challenging of the belief in the world as a dangerous place through the experience of a traumatic event. In "suffering" through and surviving the event, the person is stronger than his or her assumption that the world is a dangerous place. Further research is needed to clarify the possible relationship between these strengths through suffering domains and one's cognitions about the external world. In addition, the extent to which the strength through suffering model leads to taking

action, or implementing change in one's situation, toward new possibilities is unknown and is an area in need of further study given previous work in this area (Hobfoll et al., 2007).

The existential revaluation model proposes that events that are unexpected and traumatic could lead to greater mindfulness toward the meaning of life and one's place in the world (Janoff-Bulman, 2004). The existential re-evaluation model, as the name indicates, involves a re-evaluation of one's place in the world and the meaning of life. Events that are truly central to one's identity could lead to "shattered assumptions" and worldviews that are considered to lead to PTG via meaning-making processes (Janoff-Bulman, 2004). Contradictory research pertaining to cognitive models (e.g., Hobfoll et al., 2007) of PTG in the context of our findings, as well as the existential re-evaluation model, warrants further investigation into these processes and how cognitive processing might lead to, or inhibit, taking action after stressful events.

Whilst, traumatic incidents can be perplexing and fear-provoking, in time individuals are said to acquire profound learnings about themselves and about life, which in turn have the capacity to enhance people's insight of themselves, their family and life's priorities. Such learnings are said to enhance coping and adjustment abilities (Cadell, Jeff & Sanchez, 2009). Such growth outcomes comprise of 'altered self-perception, transformed interpersonal relationships and philosophies of life (Tedeschi & Calhouns, 1995)

One aspect of the change in altered self-perception is that individuals can possess feelings of immense vulnerability and feelings that encompass a sense of instability, tenuousness and preciousness of life. Vulnerability can promote intimate interpersonal relationships, improved strength and sense of self, as well as strengthened gratitude for life, among other outcomes. The category of 'interpersonal relationships' implicate a heightened awareness and sense of empathy and compassion for people, as well as connection to and acknowledgement of the significance of relationships and the capacity to impart and share one's feelings.

'Changes in life philosophy' may comprise of changes in priorities as a result of a stronger gratitude for life, negotiating with existential questions, discovering different life opportunities and linking with spirituality. Tedeschi et.al. (1998) clarifies spirituality as

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"a deeper engagement with one's religious tradition and/or an open ended dialogue with existential questions" (p. 14).

These growth outcomes may be seen in PTG. PTG is, however, wider than and separate from coping as it incorporates growth different to that of the pre-trauma state (Cadell, Regehr & Hemsworth, 2003). It is vital to appreciate that PTG is recognised as both a process and an outcome, wherein growth takes place alongside of distress and trauma (Folkman & Moskowwitz, 2000). Significant pain frequently coexists with those who are experiencing growth (Calhoun & Tedeschi, 2008). Franzts, Farrell and Trolley (2001) echo the notion that survivors may experience a positive outcome in relationship to the death of a loved one.

Calhoun, Cann, & Tedeschi, (2010) recognise that the types of change undergone can differ dependent on the particular situations, however suggest that there are three sorts of core outcome categories. Specifically; these incorporate: 'spiritual and existential domain', an example is stronger beliefs or answers to existential questions; ' growth in interpersonal relationships', like stronger relational connections to others who suffer; and 'changes in self-perception', for example, changed priorities, life paths and an increase in the general appreciation for one's life and existence'.

PTG usually occurs within five domains, identified by Tedeschi and Calhoun in 1996. The Posttraumatic growth inventory has three domains of growth which are most frequently experienced. Changes in perception is the first category. Second, changes in relationships. Thirdly, changes in life priorities. (Cole & Lynn, 2010; Joseph & Linley, 2006; Tedeschi & Calhoun, 1996). These are shown in Table. 1.

TABLE 1 Positive changes reported in the PTG literature
Changes in Perception
An increased feeling of personal strength, confidence, and self-reliance
Greater appreciation of the fragility of life, including one's own perception of self as a survivor rather than a victim
Changes in Relationships

| Closer ties to family |
| Greater emotional disclosure and feelings of closeness to others |
| More compassion for others and more willingness to give to others |
| Changes in Life priorities |
| Increased clarity about what is most important in Life |
| A deeper and often spiritual sense of the meaning of life |
| A new commitment to take life easier |
| Less concern with acquiring material possessions, money and social status |

Table 1: The Posttraumatic Growth Inventory (PTGI) (Tedeschi and Calhoun, 2010)

2.8.8 Critique of PTG

McFarland and Alvaro (2000) supported the existence of self-enhancing illusions following traumatic experiences. "People cope with threatening experiences by constructing self-enhancing illusions of change" (p. 340). However, Westphal and Bonanno (2007) argue that illusions can assist people to adjust successfully and cope in the midst of extreme adversity. What emerges from research is that the experience of PTG is not a "one size fits all phenomenon. The intersectionality of mechanisms that can facilitate growth is both multifaceted and unique to each individual. However, scholarship has emphasised cognitive processes, coping skills, types of trauma and external factors that are associated with growth (Cherwien, 2012). Indeed, posttraumatic growth continues to be an extremely personalised encounter that cannot be required or merely anticipated. Zoellner and Maecher (2006) have challenged PTG validity and have endeavoured to critique this notion. For example, they argue that for PTG to be a valid topic of psychological research, it should have an effect on "people's lives by affecting level of distress, well-being, or other areas of mental health" (p. 631).

Accordingly, other authors have determined that PTG should encompass action in conjunction with cognitive processes (Hobfoll et al. (2007). In reply to Hoboll's critique, Tedeschi, Calhoun, and Cann (2007) argue that PTG as a concept can be misinterpreted and essentially implicates "internal changes that can set the stage for changed behaviour" (p. 399). Basically they are suggesting that cognitions lead to actions and these actions are not necessarily outcomes of growth. Another critique is forwarded by Zoellner and

Maercher (2006), who critique the constructiveness of PTG, indicating that it possesses an illusory component.

2.8.9 Transformative Learning Theory

Transformative learning theory linked to PTG in that it is most interested in the cognitive process of learning, the mental constructions of experience, and the creation of meaning. Transformative learning is "a deep, structural shift in basic premises of thought, feelings, and actions" (Transformative Learning Centre, cited in Kitchener, 2010). Positioned within the experiential learning framework, Mezirow's transformative learning theory suggests that as learners,' adults can learn more through processing their experiences compared to engaging in the usual pedagogical practises. Explicitly Mezirow (1999) states, "what becomes fact for us depends upon how we have defined for ourselves the nature of our experience" (p. 25).

A core part of Mezirow's ideas encompass the concept of schema change, or fundamental change in the way we look at the world and changes in our belief system, which he suggests is known as perspective change. Schemata is the concept that refers to psychological assumptions by which people situate their worldviews or frames of references on. The suddenness and violent nature of the suicide death provokes an array of responses by family members wherein individual's assumptions of the world they live in are shattered. The intense pain survivors experience following the passing of their child is closely linked with the understanding that a central part of their life has left, and the reality that they now "know death in a way they have never known it before" (Klass, 1999, p. 46). The ideas that children are not supposed to die before their parents and that their child had a future of an array of possibilities is core to parent's belief systems. This type of schema change creates a dissonance between 'what was' and 'what is' (Kitchener, 2010).

Moreover, transformative learning is expected to transpire at a time when people are exposed to quick sudden and dramatic changing situations wherewith their "beliefs are no longer working well and old ways of thinking are no longer functional" (Mezirow, 1994, p. 223). Furthermore, this learning theory holds the premise that triggering incidences or experiences motivate people to scrutinise their assumptions given that their

current worldviews have been fractured or in disarray and therefore creates a sense of disorientation and dissonance (Mezirow, 1999). Death by suicide causes extreme disruption into the lives of surviving parents as well as the affected family. Major alterations in emotional, physical, cognitive and social functioning are frequently undertaken by survivors.

Two key components of transformative learning are critical reflection, or critical self-reflection, on assumptions and critical discourse (Mezirow, 2000). Continuing Kitchener (2010) claims that transformative learning comprises frame of references that involves habits of mind and meaning perspectives, which lead to a perspective transformation. Tedeschi & Calhoun (2004) identify that it "is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs" (p. 5).

Transformative learning constructs the capability to critically reflect on incidents and experiences, and so coming to an awareness about dissonances and utilising the new knowledge to inform actions and develop to be more effective (Mezirow, 2000). It is in these situations that individuals are inspired to learn, enabling them to restore stability in their worlds. Therefore, this theory is central to the PTG process. Hence, by responding to altering situations as well as challenges to trusted assumptions, and the motivation to regain a sense of control and order, transformative learning affords different avenues of thinking about things and acting, based on a changed and more holistic integrative perspective (Mezirow, 2000). Mezirow argues that the increase of implicit learnings linked to meaning schemes are exposed and open to critical reflection and therefore are transformative. So changing meanings schemas, generate new understanding and awareness. Mezirow (2000) refers to this transformative learning as an integration.

Critical reflection is a method by which to "integrate and reintegrate meaning, experience, perspective, and information" (Kitchenham, 2010), wherewith it makes possible cognitive and moral growth and development (Brookfield, 1986; Mezirow, 1999; Argrysis & Schon, 1984). A number of researchers have examined how transformative learning takes place.

According to Cranton, (2006) learning occurs when "an individual encounters an

alternative perspective and prior habits of mind are called into question", and it occurs as a dramatic event or a "gradual cumulative process" (2006, p. 23). Dirkx (2006) proposed that transformative learning can be as much a process of everyday occurrences as a "burning bush" phenomenon (p. 132). Kegan and Lahey (2009) suggested that transformative learning is the process of transforming our meaning making so that the way we make meaning "becomes a kind of tool that we have rather than something that has us" (p 51).

For Mezirow (2000) transformative learning "may be epochal, a sudden, dramatic, reorienting insight, or incremental, involving a progressive series of transformation in related points of view that culminate in a transformation in habit of mind" (p. 21). It is the process of gaining successively more complex ways of knowing that defines transformative learning, a process that Kegan and Lehy (2009) described as "messy work" that "draws on head and heart, on thinking and feeling" (p. 54). Transformative learning theory is most interested in the cognitive process of learning, the mental constructions of experience, and the creation of meaning.

2. 9 Chapter Summary

PTG is the central feature of this research. Much of this literature review explores broad themes relevant to Posttraumatic Growth. The objective of this chapter was to integrate these bodies of research in a manner that provides a rationale for studying PTG as a result of surviving the suicide death of a child. I began with essential concepts such as trauma, grief, bereavement, child death and suicide death to construct the context. This literature review highlights the paucity of research that focuses on experiences of parents bereaved by suicide in relation to the notion of posttraumatic growth. Subsequently, I have drawn on key theoretical constructs such as new grief theories, suicide grief, posttraumatic growth and transformative learning theory to lay out the theoretical notions central to the main questions behind my research.

The next chapter examines the methodology of this research explaining how the research combines a Māori Centred approach and Case Study to explore how parents surviving the suicide death of their young adult child, experience positive growth. This chapter provides

philosophies, ideologies and methods that pertain to the research carried out in this thesis. Some of these philosophies and methods are endorsed by Western theorists and others are guided by a Māori paradigm.

CHAPTER THREE: METHODOLOGY

3.0 Chapter Introduction

The previous chapter focussed on PTG as the central feature of this research, as such much of this literature review explores broad themes relevant to Posttraumatic Growth. The objective of that chapter was to integrate these bodies of research in a manner that provided a rational for studying PTG as a result of surviving the suicide death of a child. I began with essential concepts such as trauma, grief, bereavement, child death and suicide death to construct the context. Subsequently, I drew on key such as new grief theories, suicide grief, posttraumatic growth and transformative learning theory to lay out the theoretical constructs central to the main questions behind this research.

This chapter begins with an account of the general aim of the research. In as much as the positioning of my research is about a marginalised people, I commence with discoursing Māori experiences and awareness of research inquiry into their lives. Next, views of Māori methodologies are examined and elucidate how Māori Centred methodology was a valuable influence for this research.

Following, an overview of a case study approach is proffered and how this is an appropriate methodology for this research. As most of the participants sourced in this research are located in a Māori context, it is critical to acknowledge the various approaches that are relevant to a Māori methodology. These considerations will endorse how these areas became imperative tools for this research methodology. Finally, in this chapter are located the research procedure and methods section.

3.1 Aim of Research

This is a qualitative investigation of the experience of ten parents bereaved by suicide. The purpose of this study is to explore the notion of how suicide survivors experience posttraumatic growth following the suicide death of their child?

Question 1. *What are the mechanisms that influence the post-traumatic growth trajectory*

for parents bereaved by suicide?

Question 2. *What are the outcomes of post traumatic growth for parents bereaved by suicide?*

Despite growth in the bereavement literature, relatively little is known about the positive growth experiences of bereaved parents following the suicide death of their child (Kazak & Noll, 2004). This is the central tenet of this thesis and to add to this body of literature.

3.2 Māori and Research

In the process of understanding philosophical underpinnings of Māori centred research, an essential factor is to comprehend its origins. It has been documented that Māori people, for the most part, have been recognised as some of the most highly investigated and studied participants, globally (Smith, 1999; Kovach, 2005). Historically research in Aotearoa/New Zealand/New Zealand has been driven by western, Eurocentric, ontological and epistemological assumptions (Davidson & Tolich, 2003).

Within such paradigms, Māori experiences and understandings have not adequately been accommodated. Western research methodologies have been viewed as colluding with other dominant colonial discourses in the denial and invalidation of Māori knowledge, language and culture (Bishop, 1996; Cram, 2001; Smith, 1999; Walker, 1997). Māori knowledge has been typified as 'other' within the science, technology, and research sector

In response to the unhelpful, unacceptable ways that western approaches have portrayed Māori and as a result of both a Māori dissatisfaction with dominant western forms and control of research around issues affecting Māori, and having a desire to recover and reinstate Māori ways of knowing (McKinley, 1995), various approaches to research have developed. According to Cunningham (1998) the emergence of Kaupapa Māori research theory was a deliberate contestation to reposition Māori research away from the restraints of a western positivist paradigm, assigning it to an epistemology centred on Māori ideology and practices.

It has become imperative that "Māori research is carried out from a Māori cultural framework" (Bishop, 1998, p.119). An ontological construct termed 'Kaupapa Māori' theory, contests a western paradigm that sanctions the researcher as the key recipient of the research wherein the researcher sets the agenda as well as controls the research process and decision making processes. Primarily, it challenges the failure "to locate Māori at the centre of the exercise or to even seriously incorporate Māori needs" (Durie, 1996, p. 2). An understanding of the various Māori research approaches necessitates the recognition of the underlying "philosophical and theoretical orientations" (Kiro, 2000, p.16) which constitute these approaches.

Originally, it was my aim as researcher to utilise only Māori whānau in this research. This decision was underpinned on the notion that historically situated in western epistemology and ontology, research and researchers have influenced the way the world has regarded communities, particularly indigenous (Bishop, 1996). As such a 'Euro-centric lens' has demarcated indigenous practices within the 'realities of western understanding and reshaped significantly indigenous narratives (Smith, 1999).

Whilst my focus initially was on Māori whānau, the community liaison people reported an interest from non-Māori whānau who sincerely wanted to share their stories of their experiences. Predominantly my focus as a Māori Counsellor is on healing whānau, based on concepts of 'aroha ki te tangata and manaakitanga, the practice of negating these non-Māori whānau from this research, was not an option. Non-Māori whānau were included in this research. The participants that were selected had the following characteristics: availability; were good examples for this study as they were parents of young adult children who had taken their life through suicide, and who were also known to the key contact people. I was able to identify and invite key support personnel, who were community health workers, to assist with recruitment and endorsement for conducting the research. On my behalf, these key people identified and approached various likely participants, who they knew were survivors of suicide. These key community people became my negotiators in gaining the initial consent and my access to all Whānau.

The study was advertised on flyers and given to selected key contact people, working within Māori organisations and who were also facilitators of suicide support groups. In this instance, key informants were able to identify Whānau who had a family member die

by suicide, who then approached Whānau (family) with information about the study. Potential participants were advised and given an account of the requirements for eligibility, should they elect to participate.

Research on suicide thus far has addressed prevention, treatment, and links to mental health, but research from the perspective of survivors has been limited. Much of the consideration of the mental health profession has focussed on people who commit suicide and seldom addressed what occurs for those people who have endured the suicide of a family member. A limited total of qualitative research has been directed toward a target population of survivors (Linley & Joseph, 2004).

As professional counsellors and social workers we work with people who encounter a variety of stressful and traumatic life circumstances regardless of their race, ethnicity etc. Moreover, this group of people have been labelled "The forgotton people" (Shahtashabesi, 2013). They are a marginalised population because of the lack of services available for and to them. There is evidence of a lack of opportunities for whanau to talk about their experiences. So I was fortunate to have the whanau (family) voluntarily come forward and support me in this research.

The inclusion of non-Māori parents alongside of Māori parents may work toward promoting a cohesive grassroots approach to preventing the suicide death of young adult children. More young people die from it than any other illness or accident. Global prevalence by 2020 is said to occur at a rate of 10-20 seconds. Every 10-20 seconds someone will die. It's a global epidemic and therefore we need to join together utilising all the resources to prevent suicide death. Māori like non-Māori cannot do it on their own. It is the whanau voices that we need to work from if we are to work toward preventing the prevalence of suicide death within the global community.

The research methodologies are a bi-cultural approach utilising a mixture of Western and Māori approaches.

3.3 Kaupapa Māori

A Kaupapa Māori approach to research recognises as well as promotes aspects of Māori knowledge and understanding (Smith, 1997; Cram, 2001) (see table 2). Essentially it indicates research for the purposefulness of Māori development, centred on Māori ideology and values (Durie, 2002). Kaupapa Māori research involves traditional belief and ethics and encompasses approaches that strive toward Tino Rangatiratanga (Henry & Pene, 2001). Established on a Māori world view; Kaupapa Māori theory (Pihama, 2010; Smith, 1999) not only incorporates essential beliefs, ideologies, theories and practices but also is a "reassertion of Māori epistemological construction of the world….and asserts the validity and legitimacy of te reo and tikanga Māori….and challenges dominant ideologies which serve to marginalise te reo and tikanga Māori" (Kiro, 2000, p. 12). It recognises principles inherently linked to Te Ao Māori. Thus for this reason it is fundamentally all around identifying as Māori. Simply, as Kiro (2000) suggests, "it reflects those values and behaviours that reinforce this identity and that distinguish our uniqueness as a people" (p.16).

Kaupapa Māori research is culturally engendered and sited with the incorporation of a Māori world perspective utilising Māori beliefs, understandings, approaches, methods, traditions, conventions, te reo, principles and philosophies As such, the fundamental principles of a Kaupapa Māori methodology derive from the premise, by Māori, for Māori control of the research process (Moewaka Barnes, 2000); consequently placing Māori and Māori experiences and interests as the focus for the study (Bishop, 1998). Bevan-Brown (1998), Bishop (1997), Cunningham (1998) and Mead (1996) all believe Kaupapa Māori Research needs to be culturally adequate and evaluated by culturally suitable approaches thus ensuring research process and outcomes are mutually inspiring and valuable to the research participants (See Table 2).

Inside of a Kaupapa Māori research approach, according to Powick (2002), ethics are defined from a Māori viewpoint by way of tikanga, thus mirroring Māori principles. Bevan-Brown (1998) exclaims that it is a Māori researcher's obligation to carefully plan the gathering of materials and as such involves reciprocated regard, and reliance and frequently befalls "a te wā"; the right time. In the use of interviewing processes, I placed

emphasis on supporting the whānau whenever possible. This included the participants' selecting the time and place of their interview and allowing them the space to start where they felt comfortable to start. Another supportive strategy was ensuring participants knew how to contact the researcher after the interview if they wished to add, take away, or even withdraw from participating.

Cram (2001) and Smith (1999) have established notions that align with the ethical matters based on Matauranga Māori. Such concepts ensure that issues of accountability and benefit are addressed. Notions that are described by Kennedy and Cram (2010) are reflected in the following guidelines by Smith (1999, p.120):

These are distinctly Māori ethics that enunciate the fundamentals of research incorporating Māori as subjects as opposed to Māori as objects of investigation. A core applicable feature of Mātuaranga Māori is the relationship ethic based on kinship links (G. Smith, 1997). The appeal 'Nō hea koe?' associates people at many levels, such as where we come from or who our connections are – at the same time distinguishing the connections and variances. Bishop (1996) views this as "…identifying, through culturally appropriate means, your bodily linkage, your engagement, your connectedness, and therefore unspoken but implicit connectedness to other people" (p. 152). A relationship ethos similarly involves ideas of the researcher as well as the participant exploring concurrently, being taught from each other in the milieu of researcher obligation and participant control.

The principles and practices illustrated within whakawhānaungatanga, guide this research process (Bishop, 1998). Whānaungatanga as a research process influences the establishment of relationships and the mutual sharing of power and control. Vital to the research relationship is the awareness and acknowledgment of the researcher's positioning in the field, as manuhiri (visitor). The researcher situates himself/herself within the research as a participant, permitting an experiential point of view of observing, doing and learning. It is also acknowledged that this experiential positioning ensures one of a teina – learner position rather than a tuakana – leader, knower position (Winitana, 2009). Because the researcher is also the participant they become holistically connected and not merely concerned with procedures and results.

Tikanga Māori therefore is not only pivotal in guiding the research process, but also is an important factor in whānau health and wellbeing. These will be articulated in the findings and discussion chapters.

Principles	- Tikanga Māori - Whakawhānaungatanga - By Māori for Māori
Strategies	- Reclamation and Revitalisation of Māori language - Validation and legitimization Matauranga Māori and Māori ways of being - By Māori for Māori - Utilisation of Māori methodologies - Recognition of Māori whānau, Hapū, iwi
Outcomes	- Māori development and advancement - Cultural safety

Table. 2. Kaupapa Māori research (Bishop, 1994).

3.4 Māori Centred Research – research at the interface

As a consequence of the negative experiences and processes experienced within the health research arena, the Māori Centred framework was developed and presented by Durie (1996) at the Hui Whakapakari in Hongoeka, 1996. The methodological strategy adopted in this research, is the Māori Centred approach.

As this proposed research includes mostly Māori adults, the research procedures and practices will be cognizant with "Māori culture, Māori knowledge and contemporary Māori realities" (Durie, 1996, p.2). Yet it is to be acknowledged that Māori are not homogeneous, as our lived experiences as Māori are divergent. Such variances are

mirrored in our involvement in Te Ao Māori, our capacity as well as proficiency in the usage of Te reo, and knowledge of tikanga. In essence it recognises diverse Māori realities.

Māori centred research is inclusive of Māori views and philosophies. A major construct of a Māori Centred methodology is that it positions Māori experiences and knowledge at the core of the research and "does not ignore the importance of other approaches" (Durie, 1998, p. 91).

 Māori centred research applies Māori methods and analyses and can be included alongside of western methodologies and utilise mainstream or western interpretations (Cunningham, 1998; Powick, 2002) (see table 3). The outcome of a Māori centred approach to research is the generation of Māori knowledge (Wilson, 2004). However, a limitation of Māori Centerd research is that the researcher needs to be accountable to both Māori and mainstream which could result in conflict.

Such a bicultural interface is well placed alongside of the Tiriti o Waitangi and its core prinicples that are discussed late in this chapter. This methodology is not only culturally appropriate for Māori but is also directed at achieving good health benefits for Māori as well as reflect whats good for all New Zealanders and their health (Ministry of Health, 2000). Māori live in a changing sphere, illuminating that it is our right to evolve and to change (Reid, 2005, p. 47).
Apirana Ngata' well known whakatauki emboldens:

Grow up and thrive
For the day destines to you
Your hand to the tools of the Pakeha
To provide physical sustenance, Your heart
To the treasures of your Māori ancestors
As a diadem for your brow
Your soul to God
To whom all things belong.

This whakataukī endears the use of both Māori and Western knowledges. This research

process takes Ngata's wisdom into application. Durie (2005) argues that even with the "methodological gult that existed between Western science and indigenous knowledge there is room for each system to accommodate the other" (p. 141). This research has been undertaken by a Māori researcher with predominantly Māori and some non-Māori participants.

When we talk about methodology, what we are really talking about is a certain order of philosophical commitments (Natanson, 1963, p. 271). As Natanson suggests, a researcher's methodology will always reflect aspects of the researcher's worldview, or philosophy. This section discusses the influential western theories that have informed this research. I acknowledge my non-Māori ancestry and the influence it has had on the development of both my Māori and non-Māori worldviews. With this in mind, this research as discussed earlier is also influenced by non-Māori (otherwise called Western or European ideologies). As such this study has allowed both Māori and Western belief systems their own integrity by utilising the energy of two systems of knowledge in order to generate new knowledge for the benefit of all (Durie, 2005). Also essential to this research is the affirmation of distinctive cultural identities for both cultures. Bevan states (2002, p. 25) that "every culture can borrow and learn from every other culture and still remain unique and when cultures are in dialogue with each other can true human growth occur. Durie (2004) states that there are "striking commonalities in experiences and worldviews" (p. 3). However, holding onto one's cultural background (Durie, 2001; Jackson, 2001) whilst participating in the Pakeha world is not rhetoric but a reality for Māori.
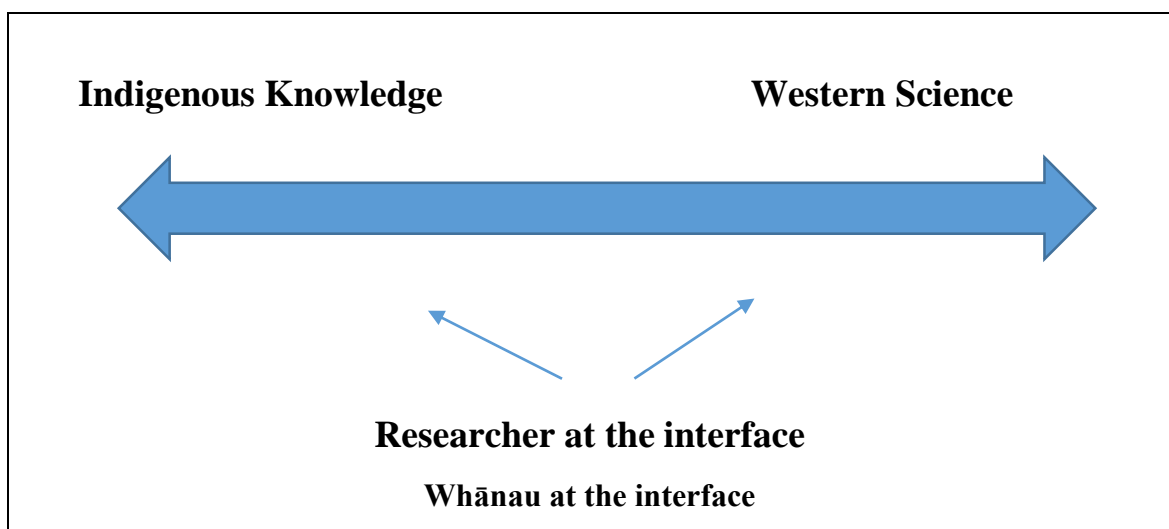
Figure 1. Research at the interface

There is an increasing number of academics and researchers who use the interface of both science and indigenous knowledge, as a source of inventiveness. These academcis and researchers have entrance to both systems and use these insights and methods of one to develop and enrich the other. In this approach, the emphasis moves from substantiating the superiority of one system over another to recognising prospects for merging both. In the context of Aotearoa, 'research at the interface' has to be differentiated from Mātauranga Māori research, which is research undertaken exclusively within the context of Māori knowledge and Māori methodological approaches. It also is different from scientific research that engages only those approaches aligned with emiprical scientific principles. Interface research endeavours to employ two sets of values and methods simply to bridge the benefits that might arise from each, but ultimately to produce gains for indigenous people most of whom live at the interface (Durie, 2005). The new knowledge derived from the two systems of understanding can be used to develop new knowledge and transform research findings into practical applications. Ultimately this increases Māori integrity in the global society.

However, Bevan (2002, p. 25) argues that there are challenges where one culture is always in danger in selling out to another and can become "a mere juxtaposition of ideas that really do no enhance one another." Therefore, the author believes it is an advantage for Māori to learn and understand both worlds therefore making obtainable skill sets and knowledge base required to empower Māori to participate across each world, thus acting as a conduit between Pakeha and Māori worlds. Furthermore, theory highlights that holding onto one's cultural background (Durie, 2001; Jackson, 2001) whilst participating in the Pakeha world is not rhetoric but a reality for Māori.

Bevan (2002) claims a culture can close itself off from interdependence and global realities. Suicide is not only a local or regional issue. The World Health Organisation maintains that by the year 2020, the prevalence of a single suicide death will occur at a rate of 10-20 seconds. Aotearoa has been listed as the third highest for suicide deaths in the OCED countries. Therefore, communal participation, by both Māori and non-Māori alike is required for the prevention of suicide.

A number of principles underlie 'research at the interface'. The first, mutual respect has also been coined 'mutual mana enhancement', which fundamentally invites researchers to acknowledge the validity of dual knowledge systems and recognise that each needs to be given its own space. Researchers from one system may not have the capacity to interpret meanings that evolve from the other but can decide to have a collaborative relationship in which each adds unique and diverse components to thereby co-create original constructs (Durie, 2006).

The second principle this research observed was shared benefits. Essentially it is about researchers acknowledging outmoded assumptions about research that left indigenous peoples as passive respondents who derived little or no benefit from the research. This research gives explicit consideration to indigenous peoples as active respondents and beneficiaries of this study. Researchers have accountability to the participants to disseminate the findings in numerous ways (Durie, 2006).

Human dignity, also termed in this context 'aroha ki te tangata' is a core principle for this research project. It takes into account worldviews of individuals, groups and populations and has ethical inferences and specific effects for the way in which this project was designed, implemented and applied. Lastly, the principle of discovery emphasises both exploration and invention. For this research, discovery of new knowledge was and is paramount. Discovery as a principle draws on innovative insights enlisted from dual knowledge underpinnings that have come together in directions not possible by the option of one system only (Durie, 2006). Culture is never static (Durie, 2006; Bevan, 2006) and Māori live in a changing world, illuminating that it is our right to evolve and to change Reid (2005, p. 47). Māori have expanded knowledge and carry a formula for exploring the future as they continue to discover enviroments, advance theories about social relationships and derive conclusions about the disposition of the global community (Durie, 2006).

Essentially this approach is a bi-cultural approach wherein it is utilised by both, Māori and non-Māori. Wilson (2004) elucidates an array of notions of a Māori centred approach. Māori and participants are the primary beneficiaries of research. While identifying as Māori is imperative, the researcher still needs to have the essential abilities and knowledge to attain beneficial results for Māori (Kiro, 2000).

Regardless of the ethnicity of the researcher, valuable research necessitates the researcher exhibiting research as well as cultural components, wherein "the objectives of the research component will take precedence over the origin of the researcher, and provided the initiative remains with Māori; a Māori Centred approach need not be compromised" (Durie, 1996, p.239).

Essentially, it is imperative to ascertain the methodological basis of the approaches utilised in research. According to Huff (2009), procedures to research are theoretically intended to "bring us closer to what it is we are trying to understand" (p. 182). Moreover, he suggests approaches to research invariably comprise "the principles behind the set of methods used" (p. 182) within an inquiry. Therefore, it is imperative that as a researcher, I have a perception and knowledge of the various research approaches that are beneficial to my arena of inquiry and which are acknowledged as academically rigorous as well as being comprehensively sound when put into practice.

Within the area of social science research, there is a twofold commonly recognised classification of research methodologies, which include quantitative as well as qualitative research methodologies. In determining the choice of research method, Howe and Eisenhart (1990) emphasise that the expediency as well the suitability of the approach to the objectives of the inquiry and the research questions which initiated the research, should be paramount deciding factors.

Based on this consideration and upon appraising literature on research methods some of which include those of Denzin & Lincloln, 2005; Huff, 2009; Punch, 2009), qualitative inquiry has been implemented as the methodology for this particular research. Justification for this choice was deliberated in terms of its alignment with the research objectives and in accordance with the research questions which influenced this research.

Cunningham (1998) and Powick (2002) suggest that for Māori centred research one of the obvious challenging features is the twofold obligation to not only Māori but also universities. Various advocates of the qualitative research approach (e.g. Berg, 2009; Denzin, Lincoln & Smith, 2008; Stake, 2005) were influential in my preference of employing qualitative methods. Whilst not solely dependent upon their influence, the choice of research methodology was endorsed by the circumstance that there was a dearth

of information and investigation carried out on the current research topic.

Paradigm	• Māori Worldview
Philosophy of research	• Māori are best equipped to understand Māori situations utilising both Māori and Western approaches • Holistic health encompasses Māori ways of knowing to ensure wellbeing
Principles	• Whānaungatanga as a research process influences the establishment of relationships and the mutual sharing of power and control • Whakatuia – identified the need for a holistic – integrative approach
Purpose of research	• Linked to Māori health gains and Māori positive development • Empowerment for Māori whānau
Strategies	• Utilisation of active Māori participation, use of multiple methodologies and measures that are relevant to Māori • Inclusive of Western paradigms • Links to Māori wellbeing
Outcomes	• Advance Māori knowledge

Table 3. Māori Centred Research (Durie, 1997).

3.5 Researcher positioning

Māori Centred theory appraises the philosophies and procedures of Māori research methods that inform the process of outlining and organizing the most appropriate and beneficial approach to this study. This study arose out of my previous research and

community work with survivors of suicide, which meant that the aims and objectives of the study derived from myself through my work with suicide survivors.

The choice of the research approach came about after deliberating which approach best suited who I was as an individual. As a Māori female, raised predominantly in a small rural township with ninety percent Māori population, but moving to live overseas and returning home infrequently, I did not feel confident within some areas of Te Ao Māori. With limited understanding of tikanga and lack of ability to speak the Māori language, I did not fit comfortably in one research approach; Māori or Western. I felt inexperienced to undertake and uphold the practice guidelines existing within a Kaupapa Māori approach.

However, I could connect and relate with aspects of Māori Centred research (see Table 3). This was mainly because of my personal biography and life experience as a woman of both Māori and English ethnicity. I believed I was unable to completely approach research from a traditionalist Kaupapa Māori research point of view. For this reason, I took the guidance from my supervisor and chose a methodology that best suited my style as a researcher and my cultural positioning as a Māori woman. The Māori centred approach matched my strengths and attributes but more importantly, it made available, safe, suitable set of guidelines, informed by Māori for research with Māori and non-Māori.

3.6 Qualitative Research Methodology

	Qualitative	Quantitative	Mixed
Distinguishing Research aims linked to research methods	• Explanation (how or why things happen) • Detail (adding detail and depth to abstract theoretic • explanation) • Empathy or interpretation (connecting abstract ideas to human	• Inference (from sample to population) • Prediction (past to future) • Description (patter in large data sets) • Hypothesis • Testing	• Quantitative to qualitative (make quantitative results more understandable) • Qualitative to quantitative (understand broader applicability of

	experience) • Exploration (seeking unacknowledged • antecedents, unanticipated consequences)	(increasing confidence in a theoretic explanation) • Generalization (expanding the range of a theoretic • explanation)	small-sample qualitative findings) • Concurrent (robust description and interpretation)
Research outcomes achieved through application of specific research method	• Rich description • Meaning • Qualified arguments • Context-specific • descriptions • Reflection • Connection	• Objectivity • Neutrality • Replicable procedures • Discovery of causal laws • Abstraction • Precision • Rigor • Verifiability	• Balance • Compensating strengths • Cancelling weakness • Inclusive outcomes
Evaluation of the research method	• Subjectivity • Sloppy observations masquerading as interpretation • Intrusion of the researcher in all representations	• Oversimplification • Unacknowledged • subjectivity of definitions • and procedures	• Shallow application of • intrinsically incompatible methods

Table. 4. Qualitative, Quantitative, Mixed Methods of Inquiry

Note.   Adapted from *Designing research publication,* by A. S. Huff, 2009, Thousand Oaks, CA: Sage Publications, pp. 184-185. Copyright by A. S. Huff.

Qualitative methodologies incorporate a selection of research approaches that include, grounded theory, discourse analysis, ethnography, phenomenology, autobiography, case study, amongst others. Such qualitative approaches enable the collection of rich descriptive data (Huff, 2009; Punch, 2009), which enables the researcher to examine the

research topic in depth. Denzin and Lincoln (2011) postulate that qualitative research involves the use and collection of a variety of empirical materials that describe routine and problematic moments and meanings in individuals' lives. Accordingly, qualitative researchers deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand. It is understood, however, that each practice makes the world visible in a different way (pp. 3-4) (See table 4).

Justification for this choice was deliberated in terms of its alignment with the research objectives and in accordance with the research questions which influenced this research. Qualitative methodology is proposed to provide a rich collection of data regarding an individual's experiences following trauma (Cherwien, 2012). The use of qualitative research designs may be essential if researchers are to elicit the important details in suicide bereavement. This research is designed to capture the complex experience of PTG of parents following the suicide death of their young adult child. A qualitative approach allows the researcher to gather information without priming participants toward positive self-reports or forcing a choice between positive and negative outcomes (Calhoun & Tedeschi, 2006). This study is exploratory and flexible in order to gain understanding of the complex and subjective nature of posttraumatic experiences.

The research objective assists to inform the appropriating of the qualitative research methods utilised in this inquiry. Another significant principle with qualitative inquiry that is incorporated in this research, concerns making the world visible. The findings which will be made evident in the concluding analysis will make visible one account of the meanings that are extracted from the stories participants' voice of their lived experience. Denzin and Lincoln (2005) emphasize that qualitative inquiry enables responses to subject's query on how social experience is formed and accredited meaning, rather than providing an emphasis on measuring or analysing causal relationships between variables

Most significantly, qualitative researchers strive for knowledge and insight of the world we live in, beginning from the research participant's world view. Thus, to appreciate any human experience, a phenomenological question should be asked, such as what is this or that kind of experience like? (van Manen, 1990). The intention of questions that strive to understand is to move the researcher into the experience of the subject under

examination, specifically to appreciate and comprehend the subjective experience from the viewpoint of the participant. Methods such as case studies allow this to occur. The aim is a detailed description of a phenomenon as it is experienced by the person who lives it. Another significant principle with qualitative inquiry incorporated in this research concerns making the world visible.

Denzin and Lincoln (2005) propose, "qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meaning's people bring to them" (p. 3). According to Creswell (2005), qualitative research techniques are an appropriate fit for studies on subjects that are reasonably new in a subject area. Accordingly, such methods facilitate a comprehensive, detailed investigation to a subject (see table 4).

Personal narratives on death and loss, with their sometimes powerful metaphoric language, contribute to academic understanding of the experience and are particularly appropriate as a means of exploring the evolving nature of grief (Gilbert, 2002). While such studies are supportive in moving bereavement research away from a preoccupation with problems and pathology the use of quantitative methods neglects the rich possibilities that qualitative research can offer.

As numerous academics have suggested that positive change often arises via an individual's struggle for meaning (Clay, Knibbs & Joseph, 2009) and that meaning is often constructed through the stories we tell (Neimeyer, 2003; Valentine, 2009). There is clearly much to learn from listening to and analysing parent bereavement narratives. Through the telling of stories and interaction with the listener or audience, order and meaning are created out of disorder, by giving structure to experience Gilbert, 20002).

Gilbert (2002) argues that telling stories is a medium well suited to exploring the experience of death and bereavement. "We live in stories, not statistics" (p. 233). Moreover, storytelling has power that can be utilised as a strategy to support the bereaved construct a new reality (Riches & Dawson, 2000). Morgan (1985, as cited in Riches & Dawson, 2000) suggests, "we may not know what we think or feel until we have heard ourselves saying it" (p. 186).

To date, there is a paucity of research that draws on narrative enquiry methodology to consider the bereavement experiences of bereaved parents. As Payne, Field, Rolls, Hawker and Kerr (2007) urge, there is a need for more research on the experience, efficacy, and outcomes of parental bereavement following the death of their young adult child.

Taking the lead from Valentine's (2009) study of bereavement narratives, I drew on a list of broad themes that formed a flexible interview guide and adopted an informal conversational style in which participants were encourage to talk about their experiences of living with bereavement in their own words. The use of open-ended questions such as: How has it been since I last saw you? Or "as you know I'm here to talk about your child. I am happy to start wherever you feel comfortable", provided a beginning point from which other questions emerged depending on the information given in the answer.

The direction of the interview was strongly shaped by the participants rather than controlled by the researcher. I had already developed a level of confidence in working with people experiencing trauma due to my work as a Social Worker and Counsellor and was able to develop good level of rapport with suicide survivors due to time involved in facilitating suicide support Wānanga.

Most significantly, qualitative researchers attempt to gain knowledge and insight of the world we live in, beginning firstly, from the research participant's world view. Thus, to appreciate any human experience, phenomenological questions that inquirers into kinds of events people experience, are asked (van Manen, 1990). The objective is a comprehensive account of a phenomenon by those people who live through and are subjected to various experiences. Qualitative research is recommended when the objective of the study explores a human experience that is detailed, information rich and will occur over time (Neuman, 1994; Ritchie & Lewis, 2003) such as the topic of this study.

Most suicide bereavement research has been conducted among bereaved family members within clinical care settings. This study however aimed to better represent suicide survivors in the community, by interviewing whanau members in their home. For the sake of analytic simplicity, this study was confined to parent survivors of child loss. Generally,

qualitative research incorporates interpretive, material practices that are envisioned to make visible and transform the world (Denzin & Lincoln, 2005, p. 40). The researcher, instead of procuring a stance of aloof observer, is positioned in the world and strives to "study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2005, p. 3).

Denzin and Lincoln (2005) acknowledge that qualitative research can represent different things to different qualitative researchers. However, the common denominator amid qualitative researchers is that they seek awareness and insight of the world we live in from the perspective of the research participant. The quantitative approach on the other hand inclines to favour researcher knowledge of the topic and content, over and above that of the participant's viewpoint. With this current research, one approach has been to adopt the case study approach. This approach was deemed to be the methodological approach of choice that would serve well to unearth useful findings on suicide survivors' experience of posttraumatic growth. Each approach will now be discussed.

In investigating the opportunity of growth through trauma, Neimeyer et al., (2002) utilised a narrative model of construction of meaning. In contrast to the paradigm offered by Neimeyer and Botello, this research invoked conversation to make available understandings into the mechanisms that influence the trajectory of PTG and the outcomes of PTG for suicide survivors.

The importance of qualitative methodologies was further highlighted by Jordan and McMenamy (2004) who stated that these involve "broader constructs such as changes in the individual's assumptive world, quality of life, and social adaptation" (p. 346). Neimeyer and Hogan (2002) advocated the need for research "to assess processes and well as outcomes" (p. 101). The data from the research derives from participant's spoken texts, from researcher observations and written texts. Themes created in this research offer a framework for considering the processes and outcomes of posttraumatic growth and link to common patterns and questioning.

Participant conversations represent spontaneous conversation that permits research participants to converse about their experience in their own words. Results from this

research specifies that for many of the bereaved, the researcher-participant space was the only 'open' communication space for conversation about their grief. Occurrences in which to process grief through every day conversations are frequently non-existent, unless it is through counselling. There are restricted openings for researchers to access the type of data utilised in this research, and the consent given by participants to utilise intimate, personal data was associated to their taking a risk to share; the lack of opportunities to talk about their experiences, and their ability to trust the community worker. This research also presents a unique opportunity for participants to share their stories, in a space that is unique. This space may also facilitate whanau healing.

A finding from qualitative studies can be represented as a narrative story, themes, description of the phenomenon under study or an interpretive account of the understanding or meaning of an experience. Regardless of how the final outcome is presented, the researcher should discuss the finding in the context of what already is known (Thorne & Darbyshire, 2005). The researcher should relate the study's findings back to the original purpose and illustrate whether it has been adequately addressed or not.

Unlike qualitative research, quantitative research is a data-led, logical approach. This provides measurements of people thoughts from a numerical, statistical view point. In this way quantitative research can gather large amount of data which is then collated, organised and manipulated into analysis and reports (see table 4). Therefore, methods such as surveys, questionnaires allows participants to answer set questions which participants tick from a predefined selection (Sibanda, 2009).

3.7 Qualitative Interviewing

Parents and family members are often treated as experimental or observational units from whom information can be gathered and inferences made about suicide survivors (family of a suicidal case). Collecting data in this way limits the knowledge about suicide survivors' needs (Shahtahmasebi & Aupouri-Mclean, 2011). One of the distinguishing features of qualitative journeys is that researchers must listen carefully, attentively, and analytically to the experiences that are described. It takes considerable training and

practice to learn to withhold your own biases, preconceptions, and expectations in order to hear clearly what is being said, rather than "hearing" what you anticipate will be expressed.

Qualitative interviewing involves opening yourself up to explore, and being surprised with what you learn. It means taking on a position of respectful curiosity, prompting open sharing in such a way that you don't overstructure and guide the conversation, but instead allow participants to tell their own stories in their own unique ways. This is remarkably difficult to do since often you must surrender control and a position of authority.

Interviewing is a necessary technique for acquiring case study data since for the most part, according to Yin (2003) the case study encompasses human activities, and as such is informed and explained using the voice of the participant. Interviews are formatted into three variations; structured, semi-structured and lastly unstructured (McMillian & Schumacher, 2001). The structured interview was not utilised in this study due to the predisposition of the influence of power differentials that may impact on participant accounts by the researcher controlling the course of the interview (Fontana & Frey, 2005; Kvale & Brinkman, 2009). While the unstructured interview would complement the case study approach in that it opens space for the researcher and the participant to uncover the subject matter as the interview evolves, this study instead chose the semi-structured interview design.

The interviews had an open structure to permit open conversations as well as flexible, adaptive questioning. The intention for selecting the open structured interview was that it allowed participant stories to unfold in the way they felt best suited them. Denzin & Lincoln (2005) and Morrow (2007) suggests open dialogue and flexible, adaptive questioning enables the story to develop. Specifically, Fontana & Frey (2005) state that qualitative interviews are intended to guide dialogue for derivation of meaning and interpretations instead of as a means of gathering data. In this study qualitative interviews were utilised both as a means for collecting data as well as a means to develop meaning and interpretation.

Every interview with participants was face-to-face. Research with Māori incorporates he kanohi kitea, which is articulated by Cram (2001) in the whakatauaki, "He reo e rangona,

engari, he kanohi – a voice may be heard but a face needs to be seen" (p. 43). The interviews were facilitated by the researcher in a locality established through the participants. At the time of the research, all participants resided in various small rural townships located in various locations in the central North Island, prior to interviewing them. Waretini-Karena's (2014) Pōwhiri Poutama counselling model was used as a guideline in the interview process (see Table. 5). A consent form (see Appendix III) was required to be completed.

Being manuhiri (guest) in the homes of the whānau and being privy to some of the participants' most delicate but intense thoughts and feelings has been a privilege and a source of honour for me as a researcher. Researcher facilitation enabled participants to freely express and manifest feelings and thoughts in ways which permitted participants to regulate all movement and progression during the interviews. The subsequent rich information is verification in regards to the suitability of not only the particular approach but also the interviewer's skill and ability to connect and build trust with the Whānau.

Steps	Guidelines
Whakamoemiti: Preparation	• Prepare mentally & emotionally for the interview. • Consult with experts prior to going into the field. • Check equipment is working • Familiarise self with topics, questions etc .
Whakatau: Engaging with participant	• Establish good rapport with participants. • Ask them how they would like to begin the hui/meeting • Acknowledge them for allowing others into their home or for wanting to take part in the interview. • Sharing of ko wai au? Ko wai koe? Making connections will allow the establishment of trust and make it easier to share their experiences • Assurance of confidentiality and anonymity provided
Whakapuaki:	• Whakarongo, titiro, korero • Use of attending skills – eye contact, relaxed body posture, tone of voice, pace of speech, use head nods to affirm. • Use of paraphrasing and clarification statements • Attention is focussed on speaker • Allow space and time for speaker, so that they do not feel rushed to finish speaking
Whakaoranga: Closing	• Acknowledge participant for their sharing. • Facilitate their feedback or anything significant that came up for them, • Leave participant in a safe place. Gauge how the participant is feeling. Reiterate the opportunity to see a counsellor if needed. • Ask how they would like to bring the session to an end.

Table. 5. Interview Guidelines (Adapted from Waretini-Karena's Pōwhiri Poutama revised model, 2014, see appendix VII)

A counsellor was available to the participants. The accessibility of a counsellor ensured suitable assistance was available in the chance concerns arose whilst interviews were

taking place and immediately following the interviews. The vulnerable, sensitive disposition of this study made this incredibly pertinent to the procedure and came as an outcome of strategic safety control and pre-planning to guarantee that field crisis could be minimised or dealt with competently. In most cases I was relying on instinct as well as trained expertise as a Social Worker/Counsellor and making subtle perceptive judgement calls, which was vital because every so often respondents became emotional whilst recollecting and relating their experiences.

Two colleagues acting as consultants provided a safety mechanism for myself as the researcher, contributing interventionist backing, encouragement and supervision. The strength acquired through having the knowledge that there was direct access to a valuable back up system, was a crucial aspect affording reassurance all through the interview process.

The interviews were commenced with a particular open-ended sentence that began with: "in the best way you feel is appropriate for you, perhaps starting with sharing a bit about before your child's death and your experiences ever since the death of your child". This statement was thoughtfully formulated to permit the participants 'entrance' into the research focal point, which was the story of their experiences with suicide.

Denscombe's (2007) approaches to useful interviewing became my strategies during the course of each interview. These encompassed basic counselling skills like active empathetic listening, being non-judgemental; being considerate to intense feelings and being comfortable with silence and pauses in the discussion; and lastly using techniques like checking back, prompting, probing, clarifying and summarising, to elicit information.

Within the interviewing process the stance of being led by the participants so as not to influence what was discussed was adopted, so that deliberately guiding the conversation in a specific direction was avoided. Following, prompts were utilised, elicited from participant narratives, to inquire into an area of their story more intensely or to elucidate areas the researcher was unsure of. Commencing at the inception of this study, there was a recognition of how imperative it would be to honour and pay tribute to these parents' stories in all ways, and a process was required which would provide this. In this way, faith, perception of shared meaning, alongside of hope, were attributes of this research

dialogue, in ways not always characteristic of researchers (Lofland & Lofland, 1995). These interview techniques summons people to be spectators of their own story (White & Epston, 1990).

Following the interviews, I was able to leave the homes of the families with the awareness and understanding that I had sufficiently conveyed my gratitude and appreciation for the participants. The privilege of having been afforded the opportunity to be a witness to the stories of these Whānau was voiced. The researcher developed what Bradley, Curry and Devers (2007) call an integrative process, whereby there was an engagement in reading applicable literature, pondering, reflecting, reading participants' accounts of their experiences, re-reading and making sense of field notes. Moreover, they claim that qualitative research is well suited for understanding phenomena within their context, uncovering links among concepts and behaviors, and generating and refining theory.

3.8 Research Design

In this section I explain the research procedure, method and engagement with participants within a case study framework. Also this section is an explanation and rationale for collating and analysing the data elicited from the interviews. Categories from the data and the findings sections are located under each case study. These can be found in chapters four and five. The case study method was utilized as the study design.

This study sought to identify the mechanisms adapted by participants in their grief trajectory, which enabled the emergence of positive growth, post-loss. Employing the case study design facilitated the researcher to investigate the breath of the phenomena and expand on knowledge regarding how survivors of traumatic loss experience positive growth from a life radically altered by violent death and how this process was influenced by various mechanisms.

3.9 Case Study Methodology

Case-study research has been renowned in the advancement of disciplines such as sociology anthropology, psychology, management and social work. This study used a case study approach in conjunction with qualitative research methods; mostly relying on individual accounts and narratives to explore the "lived experience" (Van Manen, 1990, p. 70), as taped during the interviews. As a qualitative approach the case study research, is appropriate in certain situations when the emphasis is on "contemporary phenomena" (Yin, 2003), inside of an actual life context. The life context is trauma, specifically suicide survivorship and the contemporary phenomena is PTG.

So developing a case-study research design, the researcher thus aims to attain a comprehensive knowledge base and understanding of the phenomena and their meaning. Case studies therefore provides an outline to systematically investigate in more details the key pieces of information, responses and coping strategies of parents bereaved by suicide. The case study for this study is: the posttraumatic growth experiences of parents Bereaved by suicide.

Case study research design, described by Yin (2003) as "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (p. 13), made available an effective framework to examine the participant's processes of positive growth post-loss following the suicide of their child.

This study sought to identify the mechanisms adapted by participants in their grief trajectory, which enabled the emergence of positive growth, post-loss. Employing the case study design facilitated the researcher to investigate the breath of the phenomena and expand on knowledge regarding how survivors of traumatic loss experience positive growth from a life radically altered by violent death and how this process was influenced by various mechanisms that were influential in promoting growth.

Corresponding with a Māori worldview, the case study approach derives from a holistic perspective. Conspicuously, there are various features of the case study methodology that

parallel with aspects of Māori methodology. For instance, a case study approach is concerned with a context (internal and external) and location (history and contemporary) (Berg, 2007). This approach is also both important and relevant for research with Māori communities (Smith, 1999; Battiste, 2000).

Hancock and Algozzine (2006) suggest that both approaches also value the place of a variety of meaningful sources of information. Explicitly the inclusions of narratives are vital aspects for both approaches. In knowing this, it facilitated a purposeful resolve in selecting the appropriate methodology for this research.

In developing a case-study design the researcher aims to achieve a careful comprehension of the phenomena and their meaning. Moreover, Guba and Lincoln (1994, cited in Merriam, 1998) concur that the final results of case studies is a 'thick description', an analysis of the significance of information in relation to "cultural norms and mores, community values, deep-seated attitudes and notions" (p.11). Considering aspects of culture, values, perspectives, social issues and notions implies the inclusion of any number of variables in a case and therefore contributes to its complexity (Gillies, Tinirau & Mako, 2006).

Stake (2003) endorses the inclusion of a wide range of variables and issues because the aim of case-study research is to increase a deep awareness that focuses on the particular or uniqueness of the case. He further acclaims

> "that the actual interest of case study is specification, not generalisation: we take a particular case and come to know it well, not primarily as to how it is different from others but what it is, what it does. There is emphasis on uniqueness and that implies knowledge of others that the case is different from, but the first emphasis is on understanding the case itself" (Stake, 1995, p. 8).

Furthermore, literature highlights the case study as a mode of naturalistic generalisations, where the reader of the case study "comes to know some things told, as if he or she had experienced it. Enduring meanings come from the encounter, and are modified and reinforced by repeated encounter" (Stake, 1995, p. 145). Thus positioned within a Māori centred approach, case-study inquiry sufficiently expedites the fusion of Māori cultural

exemplifications that include language, values and beliefs, experiences, and oral testimonies during the process, and offers a methodologically disciplined domain for Māori research (Gillies, Tinirau & Mako, 2006).

The following diagram represents an overview of the case study process. A review of pertinent literature was undertaken, followed by a case selection. Certain data collection protocols were established utilising both Western and Māori conventions, prior to undertaking the field work. Participants were both Māori and non-Māori. From the case selection, a cross unit thematic analysis and comparison was initiated that led to a discussion of the findings and conclusions.
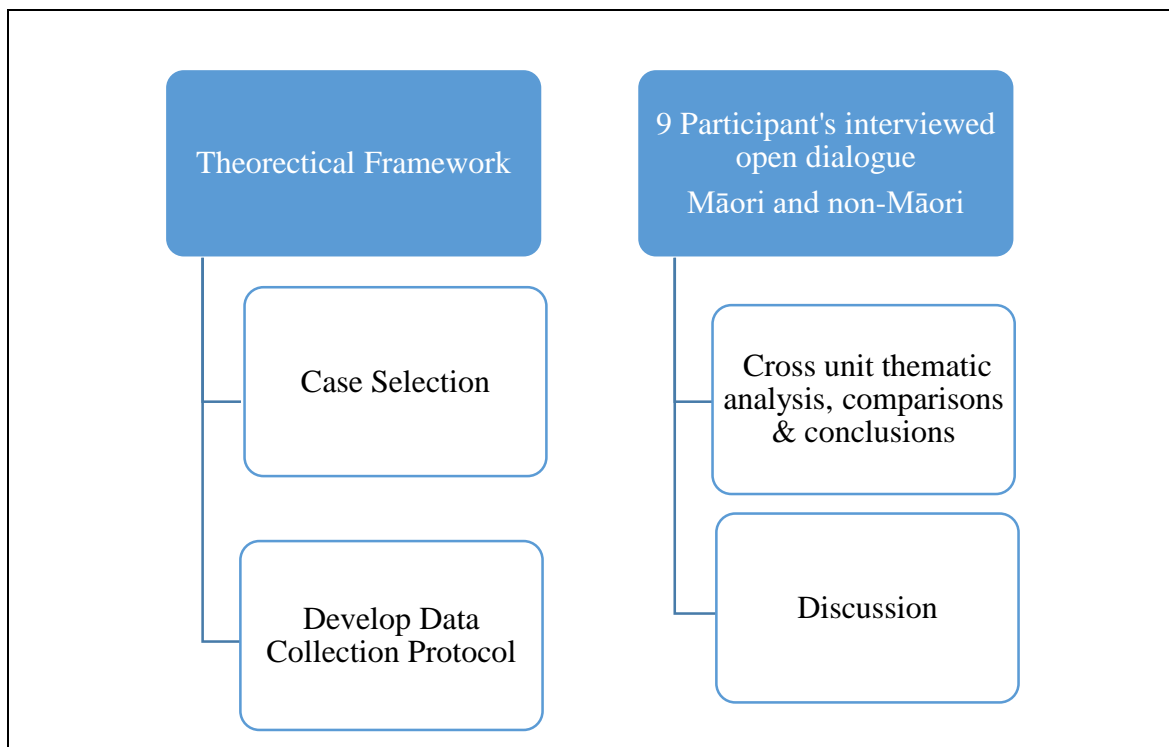
Figure 2. Case study process.

An explanatory case study design provides a complete description of the phenomenon within its context. An explanatory case study design aims to explain how things happen, by examining cause and effect relationships (Hancock & Algozzine, 2006). A descriptive case study design provides a complete description of the phenomenon within its context.

Stake (1995) divided case study designs into different categories of intrinsic, instrumental and collective. "Intrinsic case studies' focus on improving the general understanding of a particular case, whereas instrumental case study provides insight in other phenomenon.

In relation to this research, a single-case design was chosen because it allows the investigator the opportunity to observe and analyze a phenomenon. Identifying the unit of analysis is significant as this will ensure the case in in fact relevant to the issues and questions of interest. Yin (2003) suggests adding subunits of analysis so that a more embedded (complex) design is developed which will enhance insight into the phenomenon. The diagram below illustrates a single-case embedded design.
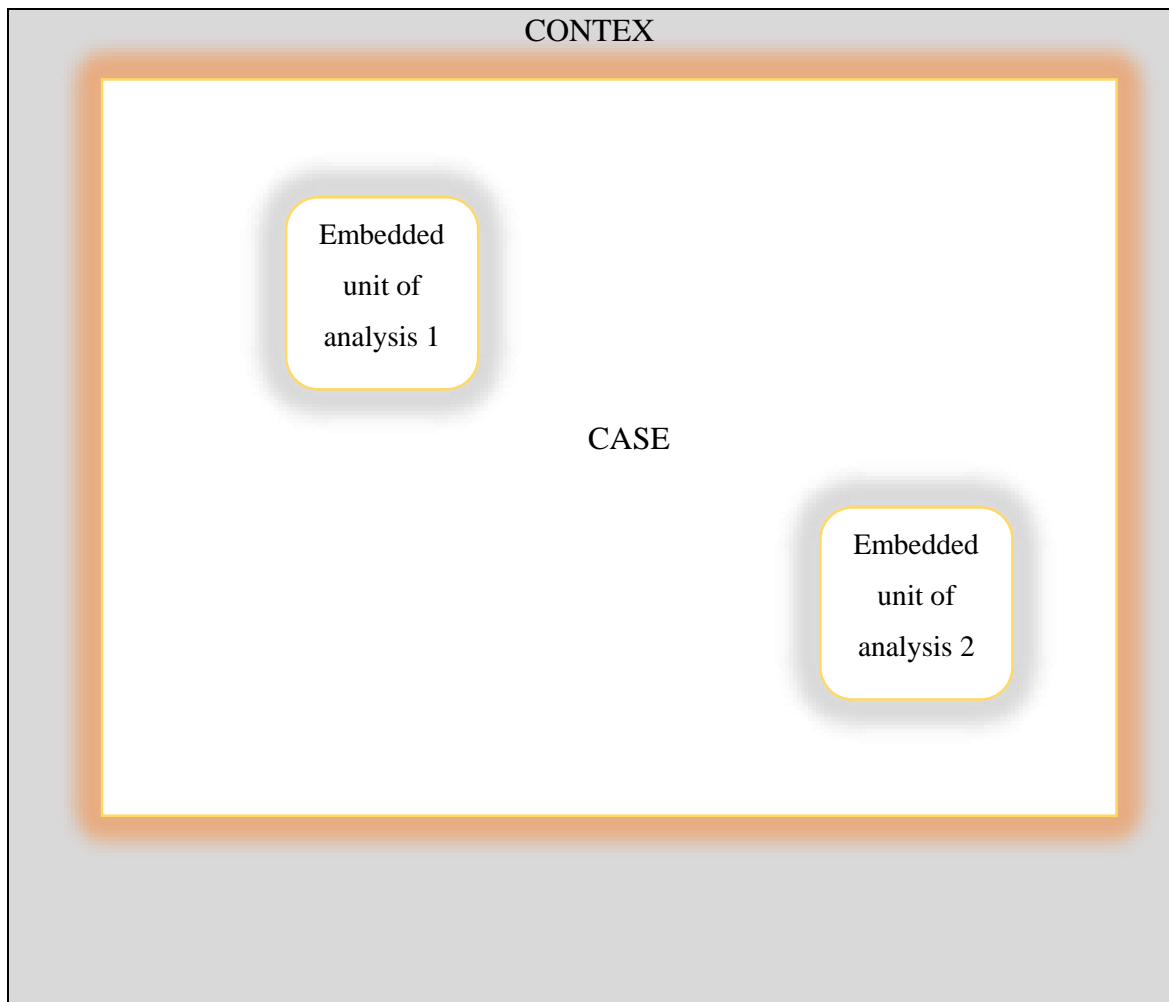
Figure 3. Embeded single-case study design. Note: Adapted from Yin, R. (2003). *Case Study Research Design and Methods* (Third edition ed. Vol 5.) USA: Sage.

An intrinsic single case study design will be used (Stake, 1995; Yin, 2003). The intrinsic aspect of the design will focus on understanding PTG experiences of parents bereaved by suicide, the focus being to learn more about PTG as experience by parents and less about examining or creating general theories or generalizing research finding to broader populations. The intrinsic design will allow for the identification of everyday actions and interactions about complex social structures in order to understand the meaning of the experiences of the participants (Hancock & Algozzine, 2006). Multiple sources of evidence will be gathered that will include interviews of participants, observation of researcher and international literature regarding other experiences of populations. The diagram below illustrates the study design.

CONTEXT: Suicide grief and loss experiences

CASE: PTG experiences of parents bereaved by suicide

Qualitative interviews with participants

International Literature

Māori Researcher observations
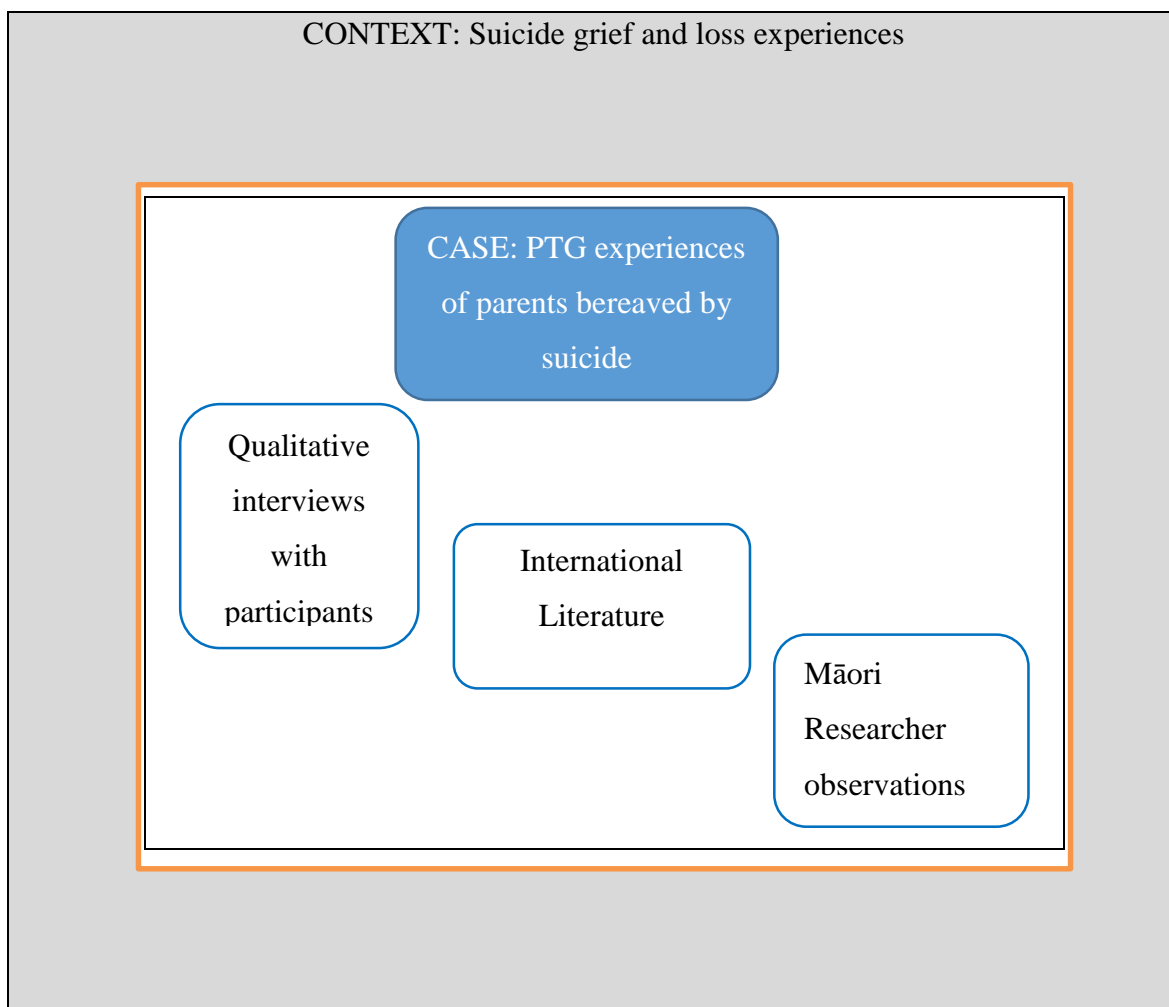
Figure 4. Parent's bereaved by suicide PTG experiences as an intrinsic single case (embedded design). Note: Adapted from Yin, R. (2003). *Case Study Research Design and Methods* (Third edition ed. Vol 5.) USA: Sage.

The following is the Māori-Centred Case Study approach used in this study:

1. *Identifies a contemporary Phenomenon to study* – **Posttraumatic growth** experiences of parents bereaved by suicide, inside of a *real life context* – **Trauma and suicide death**

2. *Emphasises indepth understanding of a case to improve the general understanding* – the case is the PTG experiences of parents bereaved by suicide.

3. *Incorporates an in-depth data collection involving multiple sources* (Cresswell & Maetha, 2002)

4. *Rich informed data* from Parents *lived experience* – individual accounts/ parents voices – narratives. The data from the study also derived from the literature and the obsevations/reflection and field notes of the researcher.

5. *Research of events about a specific subject with the aim of exploring the issue or phenomenon (Berge, 2007).* The event was suicide death of a young adult child with the aim of exploring what the mechanisms are that facilitate PTG and the PTG outcomes for parents bereaved by suicide.

6. *Applicable when there is little known about what is there* (Barton, 2008)

7. Data thematised to assist in revealing the essential features of the experiences of parents bereaved by suicide death, their grief in relation to suicide death. The themes capture and illustrate the context of meaning making and the mechanisms that facilitate PTG outcomes.

8. Informed by Māori for research with Māori and non-Māori.

9. Research procedures and practices cognizant with "Māori culture, Māori knowledge and contemporary Māori realities" (Durie, 1996, p.2). Recognition of divergent lived experiences as Māori.

10. Māori centred research applies Māori methods and analyses and includes western methodologies and interpretations

11. The creation of Māori knowledge as an end product to a Māori centred approach (Cunningham, 1998; Powick, 2002).

12. Māori centred research is inclusive of Māori views and philosophies alongside of non-Māori

Qualitative Case Study research methodology:

Attempts to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2005).

This design is to capture the complex experience of the phenomenon of PTG of parents bereved by suicide death

- o Qualitative methods are suitable for studies on topics that are relatively new in the field and
- o Enable in-depth study into a subject matter.
- o Facilitate the gathering of rich descriptive data (Huff, 2009; McMillan & Schumacher, 2010; Punch, 2009).
- o Choice of method motivated by the fact that little or no investigation carried out on the current research topic resulting in an absence of sufficient theoretical knowledge.

Research is exploratiory and flexible in order to gain understanding of the complex and subjective nature of PTG

- o Qualitative research focuses on people's experiences, feelings and behaviour, which is important in this research.
- o Neimeyer and Hogan (2002) advocated the need for research to assess processes as well as outcomes that links into the questions of this research.
- o Participant conversation represents spontaneous conversations that permits research participants to converse about their experience to make available the understanding into the mechanisms that influence the trajectory of PTG and to the outcomes of PTG for survivors.

Data has been thematised to assist in revealing the essential features of the experiences of parents bereaved by suicide death, their grief in relation to suicide death and the grief processes that facilitate PTG.

CASE STUDY APPROACH
- o **Contemporary phenomenon** – PTG of parents bereaved by suicide
- o **Life Context** – Trauma, suicide death
- o Allows an exploration into the problem: suicide death, the issues: complexity of parental grief and loss and lessons learned: Parent narratives of bereavement (Lincoln & Guba, 1985)

- o The concept of bereavement engenders and requires reflexive conversations with self and others (Walter 1996 pg 20).

Themes created in this research offer a framework for considering the processes and outcomes of PTG and link to common patterns and

- o Utilises triangulation
- o Material is accessed utilising a variety of sources: interviewing various parents bereaved by suicide, use of literature, research observations and field notes for the intent of gathering deep, meaningful data. Participant conversation represents spontaneous conversations that permits research participants to converse about their experience in their own words. Invoke conversation to make available the understanding into the mechanisms that influence the trajectory of PTG and to the outcomes of PTG for survivors.

Table 6: Qualitative Case Study research methodology

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According to Punch (2009), the overall theory of the case study approach is the study of a single or a number of cases with attention to detail, to promote a complete comprehension of the cases in their normal milieu(s), identifying the significance of context as well as the complexities contained in the cases. Likewise, a case study involves systematic research of an event/s, to understand how it operates or functions or about a specific subject with the aim of explaining an issue or phenomenon (Berg, 2007).

As a research approach, case study methodology was particularly suitable to investigating conditions "where little is known about what is there or what is going on; when it is necessary to get under the skin of a group, or to view a case from inside out" (Barton, 2008, p. 48). Moreover, "Case study is an exploration of a 'bounded system' or a case (or multiple cases), over time, through detailed, in-depth data collection involving multiple sources of information and rich in context" (Creswell and Maietta, 2002, p. 162). Likewise, Hancock & Algozzine, (2006), confirm that case studies are fully descriptive, because material is accessed utilising a variety of sources. Therefore, in this present study the interviewing of various parents bereaved by suicide, served as a source of information across time; as well as literature, and including researcher observations and field notes, exclusively for the intent of gathering deep, meaningful data.

An epistemological case study methodology denotes information as set within the distinctive features (e.g. time, place, individuals, and event) of the cases examined (McMillan & Schumacher, 2001). In reference to a case study methodology, Stake (2005) recognizes three different categories of case study familiar to Social Science research. Firstly, 'Intrinsic case studies' are motivated by an inherent research interest to improve the general understanding of a specific case. The next type is commonly referred to as the 'instrumental case study' wherein the case is not the central focus of the researcher however provides insight into other phenomena and permits detailed examination into a subject. The final case study is the 'collective case study' or 'multiple case studies' (Yin, 2000). This category examines a number of cases to increase knowledge and awareness of phenomenon.

In this study, the chosen case study is the intrinsic case study approach. Punch (2009) exclaims intrinsic case studies affords comprehension to improve general understanding of a multiple cases.

Type of research	Design	Analysis	Research Methods Triangulation	Research Techniques
Qualitative Methodology	Māori Centred Approach- Māori Researcher Māori and non-Māori participants Māori Tikanga Principles	Thematic analysis	Observation –good for measuring actual behaviour as opposed to self-reported behaviour	Audio recording, Tape recording
	Case Study Approach		Face to face korero Open dialogue/interviews	Observations
			Theoretical Literature	Open questions
			Self-reflectivity	Reflections, paraphrasing
				Emails, phone calls

Table 7. Overview of research methods and methodology.

3.10 Ethical and Māori Ethical Considerations

Researching the topic 'suicide bereavement,' necessitated thoughtful provision to address ethical issues. For research focussed on loss and grief, Māori tikanga provides assistance in regards to arenas of eminent sensitivity. Thus any research endeavour that may impact on an individual's tapu or mana, should be considered sensitive, despite the person being dead or alive.

This particular research topic was delicate, and like the karanga, summoned emotive feelings as it unlocked the memories of mamae and hurt for the whanau who have died. Because of its delicate disposition and since there was a venturing into the sphere of the dead, karakia in the form of covering and safeguard was necessary for those involved in this project (Cram & Kennedy, 2004).

The following whakataukī advises precaution and careful deliberation when embarking on research in areas of high sensitivity.

"Ko tau hikoi i runga i oku whariki,

Ko tau noho i toku whare,

E huakina ai tōku tatau, tōku matapihi,

"Your steps on my whariki,

your respect for my home,

open my doors and windows"

(Barnes, 2000, p. 4)

An understanding of this whakatauakī establishes that for doors and windows to be opened it is essential that researchers walk quietly (Barnes, 2000). Therefore, narratives and stories should not be probed without valuing participants who decide to contribute and without consideration of the obligations of researchers. Consequently, this mode creates conditions whereby there is no deception or duping of participants; where entering into sacred spaces is a collaborated partnership. Various research practices, techniques

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and consulting processes have to be precise, whereby at the close of the research all those linked to the research venture are enlightened, enhanced, and pleased to have been associated with it.

Specific deliberation was given to the intricate make-up of the data required of the participants. Well-defined, distinct protocols were carefully chosen to ensure participants were totally advised and guided of their entitlements and of my responsibilities, for the extent of the research. When a person dies tragically, and unexpectedly, through suicide, dynamics form to produce circumstances of the upmost sensitivity.

What became obvious was the specific attention essential in constructing a project which would be responsive to and protective of the requirements of participants. In this study I had direct interactive exchanges with the participants, as well as the oversight of all interviews. As a considerably qualified and experienced Social Worker and Counsellor, I was capable of engaging in the interview discussions with bereaved parents, during which I was receptive and conscious of my own self-care (Maple, et al., 2010).

A code of Ethical Conduct for Research, Teaching and Evaluation involving Human participants designates various requisites for researchers of Te Wānanga o Awanuiārangi to abide by while carrying out research studies concerning participants who identify as Māori. The different requisites relate to the principles of Te Tiriti o Waitangi specifically, protection, participation, and partnership to their research pursuit, thus ensuring researcher appreciation of both individual rights and group rights as well as the recognition of Māori research approaches.

Cultural variance or difference affords provision for Māori participants to speak in Māori, the acceptance of Māori cultural concepts as legitimized knowledge, as well as the application of tikanga when undertaking research with Māori participants. As such, these principles and ethical assertions advocate logical justifications in terms of why this research will follow a certain path and validate the usage of Māori research methods as the ideal and central approach of this research. By 2014, a submission for consent of a planned study was finished and subsequently approved by the Te Wānanga o Awanuiārangi Human Ethics Committee (See Appendix 1).

The term tikanga relates to Māori customs and is derived from the term 'tika' which has a variety of meanings that include proper, true, honet, just personally and culturally correct and upright. Traditionally, the Māori legal system was on values wherein Māori adhered to a set of principles rather than precise set of rules. Tikanga was inextricably interwovern from a spiritual framework and link to daily living. The following tikanga are cultural values and principles are pivotal to the success of this research project. Mana enhancing practice hinges upon the efficacious application of these principles between both the researcher and whānau. Whakawhānaungatanga describe the dynamic process of establishing and maintaining links relationships. It reinforces the commitment and connection of those involved in the research. It has been suggested that whānaungatanga gives a feeling of belonging, value and security. It forms a sense of identity at the same time as it captures the essence of connection between kith and kin. Moreover, Māori counsellors recognise whakawhānaungatanga as an important component and process in the therapeutic process. These values are also paramount in the practice model "Awhi Whānau" discussed and located in chapter eight under the heading of implication for practice.

Cultural Values (Smith, 1999)	Guidelines (Cram, 2001)	Practice Examples
Aroha ki te tangata	A respect for people – allow people to define their own space and meet on their own terms. The researcher gives the whanau the power to define how we should conduct ourselves when in their whare.	Maintain a genuineness, openness, and support for whanau. Well-being of the whanau it paramount

He Kanohi kitea	The importance of meeting people face to face, and to also be a face that is known to and see within a community.	Connected relationships where there are genuine interactive engagements Actions are connected to korero
Titiro, whakarongo, kōrero	Looking and listening and then speaking and sharing understandings. Develop understanding in order to find a place from which to speak. Development of trust.	Encourage the story to evolve, ensure there is support for the story to build to a point of maāramatanga for both you and the whanau
Manaaki ki te tangata	Sharing, hosting, being generous	Mana is achieved through a display of generosity to others Ensure whanau are safe at all time in your engagement
Kia tūpato	Be cautious – be politically astute, culturally safe, and reflective about insider / outsider status	
Kaua e takahia te mana o te tangata	Do not trample on the mana or dignity of a person	Mana is maintained when you are respecting the mana of others Mana enhancing practice

Kia mahaki	Be humble – do not flaunt your knowledge: find ways of sharing it	Mana is maintained when you enhance the mana of others Listening to the stories allows for the validation and legitimation of the story/voice
Koha	Researchers reciprocate/give back. Utu has no boundaries or time constraints. The researchers' obligation may extend beyond the immediate project and revisit the researcher at any time. Knowledge made accessible to people.	Use different forms of data dissemination beside journals and conferences. Support whanau, hapu and iwi groups Support suicide prevention groups

Table 8. Māori ethical considerations

3.10.2 Principle of Partnership

This principle encompasses acting reasonably, honourably and in good faith. This was undertaken by the display of sensitivity and demonstration of respect toward the whanau/families particularly the parents who shared their stories. In applying these principles, the subsequent consultations were made throughout the planning stage:

1. Consulted with Dr. Said Shahtahmasebi, (research leader in the Centre for Health and Social Practice, WINTEC) on research matters relating to suicide and suicide survivors
2. Consulted with community liaison people (community workers) who played key roles in linking research participants with researcher
3. Consulted with two other suicide survivors on probably issues and benefits of this research topic to the suicide survivor's community.

4. Consulted with Academic tutor, Bill Shaw (holds a Master of psychology) in relation to the topic of "posttraumatic growth".

Incorporating this principle permitted participants from the suicide survivor community to volunteer as part of this study in a non-coercive mode. Respondents who showed interest to volunteer were contacts by the community liaison people who presented them with copies of the Participant Information Details (see Appendix II) and the Consent Form (see Appendix III).

The aim of the dissemination of this information was to allow participants to have freewill and to make informed decisions about their involvement in this study. Those participants who agreed to volunteer for this study read and signed the appropriate forms prior to interviews taking place.

3.10.3 Principle of Protection

The final principle was featured into this study by being aware of the need to maintain confidentiality, privacy and safety of all participants. Careful protocols were devised to protect participants from harm and deception. The place of interviews was chosen by research participants. Prior to starting the interviews, every participant was informed on their right to stop or withdraw from the interview at any point of the session.

Also, pertinent facts on the Information Sheet of participant rights and protection were emphasized. Opportunity was provided for participants to seek clarification on any part of the process they were unsure of. A mutual agreement was made with the participants that identities would remain anonymous and pseudonyms would be used. Furthermore, that all transcripts would be given back to the participants to read and confirm accuracy.

In the past attention has been directed on the ethical considerations when undertaking research that comprises of survivors of trauma, and in studies wherein survivors are asked to relate their traumatic encounters. In response to these deliberations the New York Academy of Medicine and the National Institute of Mental Health's 2003 meeting on "Ethical Issues Pertaining to Research in the Aftermath of Disaster" (Collogan, Tuma, Dolan-Sewell, Borja, & Fleischman, 2004) assembled to discuss the issues at hand. These

discussions led to a number of publications in journal articles and journal reviews encapsulating the current knowledge base and best practices in trauma scholarship (e.g. Jorm, Kelly, & Morgan, 2007; Newman, Risch, & Kassam-Adams, 2006).

What is important is the acknowledgment of the increasing literature written in this area that confirms "that research participation for trauma survivors is not harmful, and that it also may result in positive perceived benefits" (Griffin, Resick, Waldrop, & Mechanic, 2003, p. 227). Much research on the impacts of participation in trauma related studies have been undertaken amongst different groups that include domestic violence (Griffin, et al., 2003, Johnson & Benight, 2003). Other trauma related research includes topics on sexual abuse and assault (Draucker, 1999; Griffin et al., 2003), refugees (Dyregrov, Dyregrov, & Raundalen, (2000) and combat (Halek, Murdoch, & Fortier, 2005).

3.11 Participants: Recruitment and Selection

A sampling method was chosen that was appropriate to the qualitative, single case study method. A blending of both purposive (Patton, 2002) and snowball (Patton, 1990), otherwise known as whakawhānaungatanga (Bishop, 1996) sampling techniques, were applied in the selection method for ascertaining vital informants for 'information rich' and 'illuminative' data. The goal and aim was to increase understanding and meaning from the information as opposed to empirical generalisation of the population (Patton, 2002).

As the most appropriate techniques for this study, purposive and snowball sampling allowed for samples to be nominated centred on the research purposes. The purposive sampling method, used in qualitative research, is a particular method, wherein subjects are selected because of definite characteristics (Patton, 1990).

The participants that were selected had the following characteristics: availability; were good examples for this study as they were parents of young adult children who had taken their life through suicide, and who were also known to the key contact people. I was able to identify and invite key support personnel, who were community health workers, to

assist with recruitment and endorsement for conducting the research. On my behalf, these key people identified and approached various likely participants, who they knew were survivors of suicide. These key community people became my negotiators in gaining the initial consent and my access to all Whānau.

The study was advertised on flyers and given to selected key contact people, working within Māori organisations and who were also facilitators of suicide support groups. In this instance, key informants were able to identify Whānau who had a family member die by suicide, who then approached Whānau (family) with information about the study. Potential participants were advised and given an account of the requirements for eligibility, should they elect to participate. Four months after the death incident, is recommended as a suitable time for survivors to discuss their traumatic experiences (Dyregrov, 2004).

An information pack was made available to them, with written specifics of the research proposal, at which time parents were accorded the opportunity to take part in the research. The key contact people acquired the name, telephone and details of persons inclined to participate or who were interested in further information. Telephone calls and emails were made between the researcher and key contact people in regards to interested participants; interview times and places, established by the participants.

The key contact people spoke face to face with potential participants and used the flyer to explain the research. Having support from these key personnel in gauging interest and preparing participants was invaluable. Ten parents from various families decided to be involved in in-depth discussions and converse about their experiences of their young adult child's suicide. The parents comprised of six mothers, and three fathers. At the choosing of the participants, an interview was undertaken with a parent as well as sibling of one of the deceased. In another interview a Grandfather interviewed alongside of an uncle of the deceased as they considered her their whangai (adopted) daughter because they had raised her from birth.

The ages of participants varied between late forties to early fifties. One participant was subjected to the suicide death of her child within a five month period of being interviewed

– recently sufficient to recall the immediate effects of the suicide death. I also spoke with this participant several months later, after our initial korero. The majority of participants' experience with suicide occurred between 7-9 years previously. Every one of these participants believed that they even still were able recollect the bereavement process, even though the suicide had transpired quite a few years prior to the interviews.

Sample characteristics

The final purposive sample comprised of nine participants (three males, and six females), one of whom have been through this tragedy twice. One participant had been bereaved by suicide, twice. Participants' ages ranged from 38-72 years.

Participant pseudonym	Person Lost	Ages at Death	Time since death (years)
P6	Son	21	7 yrs
P4	Daughter	16	10yrs
P5	Daughter	16	10 yrs
P3	Son	20	12 yrs
P9	Daughter	19	4 yrs
P8	Daughter	18	4 yrs
P2	Son x 2	23 & 24	7 & 8 yrs
P1	Daughter	18	5 yrs
P7	Son	20	4 yrs

Table. 9. Relationship between the deceased and the bereaved and the length of time since bereavement; age of decease at time of death.

The ethnicity of the participants are as follows:

Participant 1: Non Māori   Participant 6: Non Māori

Participant 2: Non Māori   Participant 7: Māori

Participant 3: Māori   Participant 8: Māori

Participant 4: Māori   Participant 9: Māori

Participant 5: Māori

3. 12. Informed Consent

Both written and verbal consent were required of parents, preceding the commencement of the interviews. The interviews were audiotaped, and lasted approximately 2-3 hours.

Interviews were carried out at the very least three months' post-suicide.

3.13. Qualitative analysis

Thematic analysis centres on distinguishable common subjects and patterns of behaviour identified with the intention of developing theory. Stake (1995) suggests qualitative data analysis involves the processes of scrutinizing, classifying, and organizing along with continually analysing evidence in response to attaining the objectives of the research. Ascertaining themes requires linking to the aims and questions of the inquiry which are being examined. These themes, they advocate "evolve from the saturation of the collected information", therefore researchers ought to strive to foster themes "that represent separate and distinct categories of findings" (Hancock & Algozzine, 2006, p. 61). Stake (1995) reveals that in case study research, a chief element in the analysis of the data is the development and modification of interpretations from the findings of which deductions are elicited.

After the tapes were transcribed, the interviews were scrutinized and clustered by organizing the incidence of diverse categories followed by the creation of a template of classifications and allocating all evidential data inside of each category (Yin, 2003). Then an analysis was formulated traversing the cases, which entailed recognising the incidence of categories or patterns of behaviour in the dialogue. Next common themes were recorded by rate of recurrence and relativeness to the research topic and purpose. The Posttraumatic growth inventory earlier discussed, was also used as analysis tool to support the interpretation of the data (See pages 84-85).

Māori research methodology underpinned by Māori centred theory, was a fundamental element informing this study. Furthermore, it provided the opportunity for the researcher to incorporate a western methodology in conjunction with a Māori paradigm, with the outcome being the achievement of a better understanding of the phenomena. This approach seemed fitting considering the aim and focus of this research.

3.15. Chapter Summary

This chapter began with an account of the general aim of the research. In as much as the positioning of my research is about a marginalised people, I commenced with discoursing Māori experiences and awareness of research inquiry into their lives. Next, I examined views of Māori methodologies and explain how Māori Centred methodology was a valuable influence for my research. Following, I submitted an overview of a case study approach and how this was an appropriate methodology for my research.

As most of the participants sourced in this research are located in a Māori context, it was critical to acknowledge the various approaches that are relevant to a Māori methodology. However, the utilisation of a case study approach provided the opportunity for the researcher to incorporate a western methodology in conjunction with a Māori paradigm, with the outcome; the achievement of a better understanding of the phenomena. Finally, the research procedure and methods pertinent to examining how suicide survivors experienced posttraumatic growth subsequent to the death of their young adult child, was followed by a brief discussion on the limitations of this study.

This next chapter will examine the findings from question one; what are the mechanism that influence posttraumatic outcomes for parents bereaved by the suicide death of their young adult child? Throughout the chapter there will be a focus on the various mechanisms that were revealed from research participant narratives. Within each subcategory there are various concepts that are interrelated, will also be discussed.

CHAPTER FOUR: MECHANISMS THAT INFLUENCE POSTTRAUMATIC GROWTH IN SURVIVORS OF SUICIDE

".....it seems so simple to ask people whether they have experienced something positive from their traumatic event. However, the thought process underlying a person's response may be much more complicated" (Hegelson, Reynolds & Tomich, 2006, p. 813).

4.0 Chapter Introduction

The previous chapter began with an account of the general aim of the research. This was followd by a description of the methodologies and methods used in the thesi. Next, the valuable influence of Māori methodologies, particularly Māori centred methodology was discussed, followed by an overview of a case study approach and why this was an appropriate methodology for my research. Finally, the research procedure and methods pertinent to examining how suicide survivors experienced posttraumatic growth subsequent to the death of their young adult child were discussed.

This chapter will examine the findings from question one; "what are the mechanisms that influence posttraumatic outcomes for parents bereaved by the suicide death of their young adult child?" Throughout the chapter there will be a focus on the various mechanisms that were revealed from the research participant's narratives. The chapter will open with the core finding 'meaning making', that is located in the previous chapter on 'mechanisms' and is also situated in this chapter on 'outcomes'. The chapter will also introduce the unfolding of the 'suicide story'. Where this study has an emphasis on posttraumatic growth, inclusion of participants' responses to their child's suicide death is vital. In essence, the presence of the 'suicide story' presents the backdrop to the forthcoming categories situated in both findings chapters (Chapters 4 and 5). Various subcategories extracted from the main categories will also be examined.

4.1 Preliminary Discussion

The question, what mechanisms influence the trajectory of posttraumatic growth in suicide survivors? was one of the core questions that the researcher considered. This study also sought to examine what the posttraumatic growth outcomes were for suicide survivors. As mentioned in chapter three, a case study method was used as the study design, integrated with a Māori centred approach. Narrative data was collected from nine participants over the course of two – three hour interviews, followed by analyses of the participant's interviews. This empirical data was gathered based on the foundational information and practices discussed in the previous chapter.

Data analysis from the nine interviews yielded various categories. Each category contributes to and results from the growth process. Nonetheless, in order to more closely analyse the research question that aims to look at the mechanisms that contribute to growth, the themes were divided into two groupings which reflect firstly the mechanisms and secondly the outcomes. This chapter however focuses on the mechanisms alone.

Direct quotes from the interview transcripts will be given to capture the experiences of the participants, as consistent with case study methodology. The responses gathered from the interview participants were wide-ranging as a result of the openness and breadth of the interview procedure used to facilitate the exploratory nature of this research. Nevertheless, emerging domains and categories were identified after several rounds of reading through the data. To ensure anonymity of the participants, I assigned each participant a new name. When quoted they are referred to by a number preceded by P for participant. I intend to explore the key issues and link these to the overall findings which will be outlined in chapter six.

This chapter contains two categories directly linked to the first question asked in this research: "what are the mechanisms that influence PTG in suicide survivors?" Categories developed in this research were not discrete; each was complex and contained a number of issues. The two categories 'The Suicide Story' and 'The search for meaning', contain participant experiences, insights and perceptions, of which various categories emerged. These categories are arranged in a particular order.

The category, "The suicide Story", will be discussed first, highlighting participant responses to the suicide death of their child. The Suicide Story is a critical aspect of this section, as its function is to set the scene and provide a background of the 'struggle with trauma' for participants. Moreover, distress or grief response are prerequisite to posttraumtic growth 'Nga hiahia kia titiro ki te timatanga, a, ka kite ai tatou te mutunga'. 'You must understand the beginning if you wish to see the end' (Cram, 2009). This whakataukī articulates the notion that what happens within a particular context. It does not exist within a vacuum, but is a result of what has occurred prior. The suicide story presents the mamae (trauma responses) as precursors to post traumatic growth.

From this category, four subcategories were mined from the data:

- Shock and anger
- Betrayal and rejection
- Guilt and self-reproach
- Self-blame

The next category, 'Search for Meaning' describes key aspects of the participants' meaning making processes, from their struggle with trauma. Narratives in relation to the mechanisms that influenced PTG in survivors of suicide are covered in this section. From this category, four subcategories were extrapolated from the data. These comprise:

- Making sense of the loss
- Increasing understanding
- Tautoko, awhi and aroha ki te tangata
- Whakawhanaungatanga -Staying connected

4.2 The suicide story

"I looked around and there she was and that's when I just spun out....I had to lift her up and she was dead weight and then dad come in and we both tried to lift her but we couldn't undo her and the nephew ran in and that's when he ran…… I said no don't cry just get a knife we gotta cut this girl down and my mouth was flying off. I was spinning out and you know we cut her down. Dad tried to resuscitate her because I don't know CPR or anything. I had two phones on me, her phone

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and mine and I don't know where I lost them so I had to come over and wake my Aunty up to ring the ambulance." (P5, 26/05/2015).

This participant dialogue is significant as it introduces the trauma story. Specifically, this dialogue highlights the scene the family are confronted with when finding their dead child. The shock of suddenly finding the dead child handing in the wardrobe and striving to lift her up and cut her down. At the same time the participant tells of attempting to calm the other family members who are also reacting in shock. Moreover, the participant voices in this section will inform readers of the perplexing disposition of the grieving process resulting from young adult suicide; not only experienced throughout the early months following the suicide, but also how it has continued to affect them in their lives. The responses by suicide survivors provide a unique insight into their struggle with the trauma of the suicide death of their child. A survivor described the initial reaction to the death as *"like you're off your rainbow, you are off your tracks"* (Participant 4, (P4), 12/12/2014). Such traumatic responses highlight the fracturing of the suicide survivors' assumptive world and it is this fracturing that drives survivors to search for meaning.

4.3 Pōuritanga - Shock and anger

The suddenness and the violent nature of the suicide death provokes an assortment of responses by survivors of suicide, wherein they have conveyed undergoing shock, panic and disbelief on finding the body or else being advised of the death of their family member *"and when our younger son notified us of our older sons' suggestion of going to kill himself, we still could not believe that he would do it because it was out of character. When we could not find him, we thought he had gone back to the pub"* (P4, 12/12/2014).

Common reactions displayed by were shock, disbelief, numbness, devastation, anger, sadness, fear and panic. Participants reported *"we weren't prepared you know we weren't prepared"* (P5, 26/05/2015). Similarly, another participant remarked *"she seemed happy enough but to go and do that"* (P4 12/12/2014). Feeling overwhelmed and of devastation are typical of suicide survivors. One participant describes the shock of finding out about his daughter's death by stating, *"it was just whack, it was a big slap in the face. I couldn't even go and see her at the funeral I just didn't want to face her"* (P4 12/12/2014).

Suicide survivors conveyed being overwhelmed by the intensity of their feelings and struggled to deal with them. In describing the experience of initially being informed of the suicide, one participant simply stated, *"It was ugly"* (P2, 10/010/2014).

Participants talked about the disbelief they exhibited, that they just couldn't believe it was true. They experienced shock and protected themselves by way of repudiation, incredulity, and detachment. One participant described how *"she asked me to go dress him and stuff, I went 'no'. I just stayed back home and everything* (P 2, 10/10/2014*).* Further, this participant commented, "*I was sure as like nothing happened but as soon as I seen him, I just dropped with tears and really believed it, that it really did happen, it was like a whole lot of wave of things"* (P 2, 10/010/2014*).* It would appear that this family member did not want to cry or see the body as this would endorse that their child was really gone. Van Dongen (1990) states that incredulity go with shock and supports the suicide survivors in protecting themselves from the harsh veracities of the suicide.

There were some distinct connections between how the parents described their reactions to the suicide and what previous research has found. Similar responses of feeling overwhelmed and devastated resonated in the survivor's experiences. Suicide survivors reported undergoing emotional responses interrelated with severe grief. These entailed crying and longing for their child. The initial months post loss, was a period of intense pain, suffering and mayhem.

In most cases the anger conveyed by participants, was focused toward the deceased. It has been acknowledged that suicide is not like other deaths in that when parents mourn the death of a child through homicide they can emit wrath at the perpetrator, but the uniqueness of suicide death is that the perpetrator is also the victim. To appreciate this is to realise that in an instant the life that whānau had built together during the 16-21 years with their child had ended suddenly and unexpectedly, without time for goodbyes.

Participants spoke to the issue that the child they thought they knew better than anyone else, was now dead by their own hand, and as parents they had been unable to stop it. For some participants they found out that their child had "talked about wanting to do it". The sadness this sentence holds, and the knowledge that it's 'too late', ignited the sense of betrayal, instead of the awhi and tautoko, participants believed defined their relationship

with their child.

Moreover, participants revealed struggling with guilt of not being aware of their child's demise and having missed an opportunity to support or be of assistance to their child at a pivotal part of their child's demise. Moreover, participants berated themselves for not knowing how much pain their child was in. Even though they had spoken with each other, they did not know or understand that their child was at that time choosing death over life.

Participants queried their role as parents, by asking questions of themselves and laying demands of "*Why didn't I know?* (P3, 15/10/2014), *"Why didn't I see anything?* (P7, 23/09/2014) *Aren't parents supposed to know everything about their children?* (P7, 23/09/2014). These demands challenged their beliefs of keeping self and loved ones safe, because they "couldn't stop it from happening". This dialogue highlights the struggle with feelings of lack of control which translated for participants into a portrayal of their failure in their parental role as 'protector'.

In essence this deception, according to the participants, deprived them of the chance to provide parental guidance and support, wherein one participant expressed anger and disappointment at being deceived which ended up in a family member stating to the deceased, *"I'll never forgive you for what you have done. I asked you and you said, no"* (P4 12/12/2014). Another family member *"walked up to the coffin, booted it and swore at his cousin"* (P2 10/08/2014). Expressions of violent grief parallel the violence of the death (Walsh, 2007).

Accompanying the shock of the death is the feeling of numbness and disbelief of the death. Most of the participants talked about the disbelief they exhibited. They just couldn't believe it was true. One participant described how their son had told them his *"older brother said he wanted to kill himself, but we just thought no he'll be at the pub drinking"* (P5, 26/05/2015). This dialogue significantly exemplifies how family respond to family members who express their desire to suicide. This participant explained how they wanted to believe he would be where he usually was as to believe he had killed himself was too hard to believe or comprehend.

4.4 Te Mamae - Betrayal and Rejection

The grieving process evidenced by the participants involved various emotional responses that included feelings of betrayal, abandonment and rejection by the dead person, were common reactions experienced by the participants. From the participant responses the act of their child committing suicide was seen as a rejection on them.

The once-familiar world exploded with their suicide; in an instant the life they had built together during the 16-21 year ended, without discussion or time for goodbyes. The people that they thought they knew better than anyone else in the world, were dead by their own hand, and they had been unable to stop it. A participant reflects on the deliberate actions of his daughter stating, "*she more or less mapped it out without us knowing anything about it*" ((P4 12/12/2014). Parents were left bemused and the 'why question' was a question left unanswered. One survivor commented that *"when it is a suicide…. its a big question mark"* (P4 12/12/2014).

For parents there is the feeling of being rejected by their child. For example, participants expressed the betrayal of their child at deliberately leaving the family. The statement "*they never tell us they just go away with the birds*" (P4 12/12/2014) is a matter of fact explanation offered up by a father at the death of his daughter. One participant explained his position of not having forgiven his daughter for ending her life. His sense of betrayal and rejection at her actions was evident as he indicated visiting his daughter's grave site and speaking out loud *"Why couldn't you tell me?"* (P8, 05/09/2014*).* Another participant mentioned *"its just not knowing why she done it. She assured me that she'd never get into that position"* (P4 12/12/2014). "*That's what really pissed me off you know we tried to help her"* (P4 12/12/2014). A reaction by one participant is highlighted in this excerpt, *"sad and very very angry and I found I went through an emotional rollercoaster. I went from really been traumatised when he hung himself…..to trying to function normally* (P1, 8/10/2014).

As a result of suicide survivors contending with 'a sense of blame,' a noticeable feature of the psychological state of survivors was the feeling of helplessness. From the narrative findings, the young adult victims had concealed their suicidal ideation from not only their

parents but also from their extended family. Participants who knew of their child's suicidal tendencies remarked that they had confronted their child but had been met with denial, and yet they had tried to support them.

A valuable example of helplessness was illustrated by one participant in this study who simply asked *"What could I have done?"* (P1, 8/10/2014). This participant provides a perception into her relationship with self and the immensity of the guilt she feels and she puts on herself. Unable to create adequate meaning consigns self-reproach, as well as hunting for possible people to hold responsible.

4.5 Whakamomori - Guilt, Reproach

The proposal that parents suffer from bereavement overload, resulting from a sense of guilt and failure as parents (Rando, 1995, Shahtahmasebi & Aupouri-Mclean, 2011) resonated with the participant's experiences. A usual reaction is that parents feel responsible for not being more attentive. Expressions like*, "I should have been more attentive" and* "*that slight inner guilt of maybe we didn't give enough help or didn't give enough time to her"* (P9, 11/11/2014), were expressed by participants. "*Were we too hard or too soft?"* (P4, 12/12/2014). A sense of helplessness for not knowing what to do for their child was apparent.

On the night of the suicide, one participant relates how her son's friends had made several attempts to ring her phone to warn her of their son's strange behaviour. She had her phone switched off. In hindsight, the participant saw this as being her missed opportunity to prevent his suicide. Another participant fared similarly; she hadn't heard the phone ring, when her brother called her for the last time – a coincidence that left her with sleepless nights after his death.

These and similar events torment many surviving dependents of suicide victims. Feelings of self-blame and guilt were borne by participants. However, participants were also explicit in expressing a sense *of "what did I miss?"* (P2, 10/10/2014), or *"was it me?"* (P 9, 11/11/2014). For them, their inadequate information about suicide made them incapable of supporting their child or even preventing the death. One participant remarked

"even the teacher blamed herself" (P4, 12/12/2014). Questions are asked similar to *"was it because he got angry at us?"* (P3, 15/10/2014).

Generally, participants contended with a personal sense of blame for not having stopped the death. A usual response is that parents blame themselves for not being more cautious and attentive (Knapp, 1986, Shahtahmasebi & Aupouri-Mclean, 2011). In hindsight, the participants recalled, they admonished themselves for incompetent parenting and negligence, in anticipating and averting the tragedy, but admitted, *"How could we have known" "There is no sign.....suicides don't have signs"* (P9, 11/11/2014). A participant describes *"self-blame, yeah lots of self-blame. I contributed to the cause of suicide* (P5 26/05/2015). Alongside of self-reproach is the quest for the reason why their child wanted to die. What was significant from the participant dialogue was the search for the motive. One participant stated, *"we couldn't understand why because we believed we were looking after her properly. We would shower her with love and we did everything for her. It's a big slap in the face"* (P4, 12/12/2014). Parents struggled with a lack of insight and doubt. Also important to note that at the same time as they are striving with questions as to what were the reasons their child killed themselves, parents are obtaining resources to support themselves and their families to cope. This is a usual reaction in grief; however, knowing that their child has killed themselves makes this particularly perplexing.

4.6 Impact of suicide on relationships

The effect of the suicide death upon the relationship the bereaved shares with the deceased, is able to be located and tracked in narratives appraising the relationship in terms of the suicide, *"I loved her"* (P4, 12/12/2014*)*. In this statement the participant is saying I loved her so why did she kill herself? His confusion is made evident in his next statement of, *"That's what I can't get"* (P4, 12/12/2014*)*. The bereaved questions the nature of the relationship with the deceased and experiences everything from anger to abandonment, and again questions are asked, *"Why could she not come to me?"* (P4, 12/12/2014). *"After she died three others hung themselves at the school and they are buried alongside of her"* ((P4, 12/12/2014). Another impact on relationships was evidenced in the statement; *"it split everybody up it did, it split a lot of us up. Our family haven't really healed from it we've all gone our own way"* (P4, 12/12/2014). *"Dad*

doesn't go down there (Refers to the urupa) *He hurts a lot*" (P4, 12/12/2014).

The impact of the suicide death on the relationship with self emerges in themes identical to, self-reproach, guilt, betrayal of trust, feelings of abandonment and low self-esteem. Lastly, as the perception of self is demarcated, inveterated and designated with and amidst relationships with significant others, the influence of suicide death ascends in relational themes of anger, hurt, misunderstandings, shame, social and psychological exclusion; in themes of disappointment, loss of hope and anger at mental health institutions, organisations, various individuals and at an *"unfair world"* (P7, 23/09/2014).

Altogether suicide survivors' stories corroborate with experiencing fear, panic, shock, detachment, incredulity, and physical sickness; sequels that manifest a conspicuous semblance to posttraumatic stress responses. Noticeably, the various physical and cognitive responses that transpired reflect former empirical data on coping with traumatic experiences.

The following section will endeavour to explicate another likely development of a suicide death, and that is post traumatic growth.

4.7 The search for meaning: making sense of the loss

This section includes excerpts concerned with participants' responses to their child's death and the cognitive processes of learning to live with the loss. One participant exclaimed "*we don't know why. They choose their path we can't do much, there is nothing we can do about it. It's done* (P5, 26/05/2015). This dialogue evidences the participants attempt at making sense of the death and draws the conclusion that he doesn't know why his child died except that it was her choice and that as a parent there was not much he could do.

Data from the current research provides awareness that the meaning making process is a mechanism that influences change and growth in individuals as a consequence of the grieving process. For instance, one participant in her disorientation and dissonance claims, *"It wasn't fair that he died"* (P7, 23/09/2014). Their assumptive worldview of life being fair had been fragmented.

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The subsequent excerpts are typical samples that reveal the themes provoked by research participants striving to make sense of a suicide death through cognitive processing which as learners we rely on "development of cognitive structures to view and interpret information and to make a decision" (Mezirow, 1999, p. 40). Participant values and beliefs of trust and respect are shattered and questions are therefore asked, *"Why does a simple teenage problem like relationship struggles have to end in death?"* (P3, 15/10/2014). Another participant statement revealed *"something made her snap"* (P4, 12/12/2014). 'We still don't know why' is a similar, common statement made by all suicide survivors.

The impact of suicide fragments the assumptive world of the survivors as learning to live with the loss is closely associated with the 'search for meaning'. The effects of suicide surfaces in themes of anger, self-blame, guilt, confusion and betrayal. The bereaved painstakingly examined their relationship with the deceased as well as searched for an adequate understanding of the death. The deliberate nature of suicide stimulated a variety of problematic issues linked with efforts to comprehend the motives and actions of the deceased. These issues evoked for the participants queries around the nature of their relationship with the deceased and raised concerns associated with feelings of self-blame and self-responsibility, blame, guilt, betrayal of trust, rejection and abandonment, disillusion at individuals, mental health agencies, and essentially an unfair world.

Data elicited participants' attempts at reflecting, reviewing, and questioning in an attempt to make meanings, in answer to an intentional death. A typical example is evidenced in the following excerpt where the participant acknowledged, *"I was trying to find answers, trying to pull things apart to critically process and analyse"* (P5, 26/05/2015). Similar questioning of all participants centred on *"how could we have known?"* (P6, 10/04/2015*).* Another example of this was spoken by a participant who expressed, *"I just needed an understanding"* (P4, 12/12/2014). What seems to compound participants' confusion and the 'need to know why they killed themselves' is that the deceased children were described by their parents as 'talented, intelligent, and compassionate'. For example, one participant described his daughter as being, *"well liked and that's what I couldn't understand you know, this I couldn't understand it"* (P9, 11/11/2014).

What further adds to the lack of understanding, was that participants described their loved one as being, *"extraordinary at school work"* (P2, 10/10/2014). Yet, another participant described their child as, *"having saved someone who had meningitis"* (P6, 10/4/2015). Such descriptions are pervaded by the knowledge that they killed themselves. Participants expressed how incomprehensible their child's actions were in the light of what they knew. There was nothing that warned them of the death. The description of the relationship parents shared with their child, *"I loved her, I don't understand, that's the thing I can't get over, I loved her"*, (P4, 12/12/2014) captures the deeply felt love this parent had for his child. This narrative sets the context of the relationship preceding the death and accentuates the tremendous struggle participants will encounter striving to comprehend the meaning of the death. Through the action of their child taking their lives, the child has revealed a part of themselves unknown to their parents, whereby parental assumptive world views are shattered. The participant narratives suggest that their child *"had everything to live for", "was a very clever girl"* (P6, 10/4/2015)*, "was an exceptional worker"* (P2, 10/8/2014). These descriptions are pervaded by the knowledge that they intentionally killed themselves. Parents strive to make the effort at finding meaning by asking the questions of themselves, what part of them did I not know? How could I not see that this could happen? Cognitive processing was undertaken for parents to make sense of the death. As suggested, adults learn more through processing their experiences (Mezirow, 1999)

This search for meaning, linked to a complex death such as suicide, can be difficult because suicide death sends messages that can be difficult to interpret and therefore survivors are inclined to feel at fault or that they were somehow responsible for the death. Those left behind have the task of explaining why their loved one killed themselves and to fill in the missing pieces and explicate the state of mind of the deceased and the concerns, issues, feelings and incidents that would account for the deceased in making a final decision. The deconstruction of a sudden, deliberate death starts with several kinds of 'why' questions: Why did he do this? Why couldn't I do anything to stop it? Why didn't he/she tell me? Why didn't I see it coming? Why did this happen to me? In this instance the bereaved are engrossed in a process of reflexivity, evaluating, questioning, reviewing, assessing, in an attempt to make meanings that answer the 'why' behind an intentional death.

Reoccurring throughout the interviews was the theme of "why" the suicide had occurred. Integral to coping with the impacts of suicide were the elusive attempts to find an answer to the pivotal "why" question" which consumed much of participants' energies. The fact that a family member ended their life was in absolute contradiction with their prior beliefs about the deceased individual, and their own family and their view of life. Some of the general questions asked of by parents were, how can this happen? and why did my child do it? These questions are important as participants are responding to their altered situations as well as to their challenged assumptions, in the motivation of striving to regain a sense of control and order. Such transformative learning is a catalyst for different avenues of thinking and acting.

The next participant presents a strong case of how complex and impaired the process is when she stated, *"for two years the question of 'why' kept spinning around in the head over and over and over again"* (P9, 11/11/2014). 'Why' questioning seemed to be a typical response to meaning making.

The 'not knowing', "striving to make sense", for participants was echoed in statements like; "*What did you think you were doing, look what you have done, you're a bloody waste you know, you had everything to live for"* (P3, 15/10/2014). Participants attempted to query, ask questions, in an attempt to find answers and make sense. *"I just can't understand she seemed happy enough but to go and do that"* (P4, 13/112/2014), was one response. Yet another response, *"was it because he moved out. Was it because he got angry at us…. all these questions going round and round"* (P3, 15/10/2014). The impact of this preoccupation, obsession, and anxiety, this striving to make sense and find answers is described by one participant as having "*drove me insane"* (P3, 15/10/2014). These questions can be understood as part of an ongoing dialogue. "Why" questions are a response to other mean making dialogues. Research participants were questioning, reflecting and reviewing in an attempt to make meanings that answer the messages contained in a suicide death.

Feeling awkward and uneasy with such imprecision, most participants wanted to in a private way, revisit the "why question" and cognitize this repeatedly. This tormenting questioning stimulated family members to go through again and again the period preceding the suicide episode, including looking for signs that may reveal some

motivation or reason for the suicide. Cognitive efforts like this can be problematic to endure, and emotionally insufficient. What generates the insufficiency is that the only person who knows the answer to the 'why' question is not available to provide answers, survivors tend to exhaustively appraise their relationship with their dead child, the dead child's life, and the suicide event. Participants had engaged in what other researchers have noted as a reappraisal back and forth between stories of the deceased and the suicide event in order to make sense of and cope with the suicide.

Participants identified with the feelings their child had of sadness and pain as they make meaning that their thinking and decision making was a product of "*quick decisions* "and *"not very good ones*" (P6, 10/4/2015). Their relationship with their child is taken away and they are left empty of identity, without a way forward. These parents are in a shattered world, experiencing the intense grief, carrying the pain of their child and striving to comprehend and make meaning of what has happened to their lives. Participants felt robbed of their future. They see this world as being unfair, because they could not stop bad things happening. This destroyed their world of beliefs of sense of order and safety.

Transformative learning transpired at a time when these parents were exposed to quick, sudden and dramatic changing situations, where their beliefs no longer worked well and old ways of thinking were no longer functional. However, such incidences motivated parents to scrutinise their assumptions and there was an effort made to repair their assumptive world, to make new pathways for their lives as well as having to reinvent self.

Examples provided through the narratives revealed most participants referred to having mental pictures or recollections of the death setting as they struggled to adjust to the reality of the suicide. These were intense experiences, particularly overwhelming, that often significantly brought disruption to their cognitive abilities. Three participants offered graphic portrayals of intermittent periods in which they re-experienced cognitively, emotionally and physiologically the encounter of coming across the victim's body. The image of their child hanging in the wardrobe, or lying in the water had left participants, bereft, numb and empty, "*It was ugly especially the hanging bit. I could picture him struggling, how you see it on the bloody television and that. I could picture all of that, it was ugly and horrible and mamae. You name it, it was all of that*" (P6, 10/4/2015).

The effect of these cognitive efforts, is aptly captured in the following excerpt; *"it was hard"* (P2, 10/8/2014). Though expressed differently, this was a typical response by all parents. Traumatic loss from a violent death interposes the usual progression of grief and loss, the search for meaning and the struggle to evoke a sense of equilibrium post-loss is both complex and impaired (Sadinsky, 2009). The following excerpt is a vivid description of how families attempted to evoke equilibrium:

> *"The stages of grief were tapu not wanting people to come into our lives and not wanting to go in other people's lives, huddling together, being isolated as a whanau in the first few weeks, keeping ourselves tapu. The noa probably came out as we started coming to the realisation and the truth of what happened"* (P3, 15/10/2014).

This participant describes how her family came together in a vulnerable state to grieve their loss, not wanting to open themselves to others but to have space to grieve on their own and to feel each other's' mamae (hurt). The other part of the process came about through the insight behind the events that took place prior to the suicide.

These parents have had to relearn how to live in a world without the physical presence of the deceased person. Striving to make sense of the suicide of their loved one was a major recovery task for surviving parents and that the struggle with trauma involved cognitive processing and affective engagement that influenced growth and change.

4.8 Māramatanga - Increasing understanding and knowledge

Another mechanism to influence PTG for participants was increasing their understanding and knowledge around their child's death. Participants were motivated to increase their awareness and understanding particularly because they had a limited insight and knowledge of suicide. For instance, a participant stated *"There are no signs… suicides don't have signs"* (P6, 10/4/2015). As a result of there being no signs that suicide death was imminent, a common response by the participant survivors was the feeling of being in a state of 'shock' and of 'being in a state of limbo', wherein they have experienced a sudden, unexpected violent death, anticipatory in nature and were now left reeling with the impacts of this. A common impact was the not knowing why this incident had occurred and of wanting to know why it occurred, and so there's a *"searching for the*

reason" (P7, 23/09/2014) and *"I guess you start blaming the lack of understanding and then having to go to the system he was going to Henry Bennett for almost a year and there was still not much information on suicide"* (P6, 10/4/2015).

Some participants shared that prior to their child's death they had little knowledge of mental unwellness, they were unaware of how prevalent suicide death was, how often parents and families are left to cope on their own, and how difficult it was to cope with a child's violent death. From the participants' reports there was generally a lot of pain striving to manage a loved one with a mental illness, as mental illness was not easy to understand. In addition, it was confusing for the participants to know how to care for their family member with a mental illness. Participants reported difficulties in obtaining information that could assist them in understanding and caring for their family member.

Participants whose children had been diagnosed with a mental illness prior to the suicide had spoken of the difficulty of managing their loved one. Families struggled to understand mental illness and how to care for their family member. Participants' perceptions about expanding their knowledge around mental health was heavily influenced as a result of coping with suicide death. One participant spent her time *"reading about border line disorders"* (P2, 10/8/2014). Four participants explained how they studied mental health to comprehend more about suicide. One participant remarked, *"I actually went to mental health to look for some answers that was a help as well for me, you know trying to understand that mauiui (sickness) side of it"* (P6, 10/4/2015).

Perhaps, a motivating factor in participants' search for information about suicide was evidenced in the following participant's statement; *"there was just no help"* (P6, 10/4/2015). This participant's words, reflects the all too common response from all the participants and reinforces the impetus as to why participants sought to increase their knowledge and understanding about their loved ones death. Participants did not know the causes of suicide so this motivated them to search for an understanding that would help find meaning to their child's death. There seemed to be a sense of helplessness from participants in striving to answer the 'why' question, at the same time experiencing a driving need to have an answer. This is aptly captured in a participant's description of what he was now faced with.

It seems participants seek understanding to assist in their meaning making about what took place for their child. These participants attempted to see through the eyes of their child, tried to make meaning of how "*she could jump off the bridge onto an oncoming car, whilst talking to a counsellor at Lifeline*" (P1, 8/10/2014). They wonder about what their child was thinking. The pivotal statement was "*all she needed to do was straighten her legs and stand-up as she wasn't far off the ground*" (P5, 26/05/2015). This knowledge clarifies his child's intentions and they realise it wasn't in her psyche to 'stand up' and continue to live because if she wanted to stand up she could have. The full realisation that their daughter did not stand up, is a stark, painful conclusion.

In their need to understand their loved ones death, participants began to query what kind of knowledge was needed to prevent suicide. Participants wanted to know what they were going to do now? Another participant exclaimed, "*I wanted information, I wanted to understand to help out the extended whanau to be able to connect with them. I don't want them to go down the same track as what their cousin went down. I don't want to lose them*" (P6, 10/4/2015). Another participant, proactively found information by "*surfing the net*" (P2, 10/8/2014) and was able to "*find out all sorts of things*" (P2, 10/8/2014). She was able to connect to an online suicide support group where she says she "*spent hours and hours with the group, they were absolutely wonderful*" (P2, 10/8/2014). For another participant, it was important for her to increase her awareness into understanding the link between mental health and suicide. She explained the importance of increasing understanding and knowledge was to "*get some closure I suppose*" (P8, 5/09/2014). Furthermore, another participant remarked, "*I do understand loss, I'll never understand why and I'll have to let that go*" (P8, 5/09/2014).

Through studying about suicide and mental health, expanding their understanding about suicide, and researching resources, participants found that they were more able to confront what happened. They became more personally alert and aware of the signs of suicide and participants found that they were abler to support people. This participant shared that through her experience she feels less 'naive' now that she has gained knowledge about what it is like to go through something like a suicide death. This participant also commented that she values the "*increased awareness*" she gained about suicide death, as well as "*being able to talk about it with others and spread the knowledge*" (P6, 10/4/2015).

It is important to note that at the same time as parents are striving to understand why their child killed themselves, the parents are drawing on resources to help them and whanau cope. This is a usual reaction in grief (Niemeyer, 2004), however knowing that their child has killed themselves makes this particularly perplexing.

4.9 Tautoko, awhi and manaakitanga

Another mechanism to influence PTG and one of the most poignant subcategories, was that of tautoko/awhi and aroha ki te tangata. For all the participants the core of their pain is the knowledge that their loved one preferred to die than to be alive and they felt responsible for not doing enough for their loved one. Participants berated themselves for not doing enough for their child, that somehow they had failed their children and "*that he cannot bring her back*" (P5, 26/05/2015). However, there is a possibility that maybe he can "*use his knowledge to help someone else*" (P5, 26/05/2015). This is a shift in direction towards living, towards new purpose in life.

Parents became resolute in honouring the life of their child. Their loved one became their inspiration. *"Because of what happened to my sons, I had to make a difference in the world. My priority was their deaths. So their deaths and what I can do now they came together"* (P7, 23/09/2014). According to this participant, meaning flowed from her engagement in social action. As a result of what happened to her boys, she was inspired and driven to reach out/awhi and support/tautoko others.

This awareness motivated participants to begin to look for ways to tautoko/support and reach out/awhi others through their grief and loss experience and to help prevent suicide. For example, the next participant asked, "*how are we going to help others*"? (P8, 5/09/2014). Similarly, another participant asks *"How can we help"*. Another participant said, *"What are we going to do about it now"?* (P8, (5/09/2014). These questions reveal the motivation of participants to seek out information, not only to increase their understanding about suicide death but also to help others in their grief.

Participants shared that they felt a sense of responsibility to help others which committed themselves to helping others as described by the next participant who explained, "*it just*

made me feel like I was doing something for somebody" (P9, 11/11/2014). Participants mentioned they wanted to prevent others from having to go through something similar to what they had gone through. For example, one participant explained, "*We need to help prevent all of this from happening to others"* (P6, 10/4/2015). The comment provided by this participant, affirms participants' motivation for their behaviour, which was they were more aware of what is happening to others. One effective method of prevention was 'speaking out' as one participant explains, *"I did a presentation and it was awesome. I cried and everybody that was there they knew me and yeah it was awesome it was a mean presentation"* (P6, 10/4/2015).

Another example of becoming socially involved and speaking out was presented by a participant who stated, *"I've attended some hui and have been given a korero around coping strategies and what took place in my personal life"* (P7, 23/09/2014). Her desire to understand the 'why of suicide' as well as her desire to prevent others from taking their lives, became a promoter for her to involve herself in social action. In addition, this next participant recognised the importance of linking with other survivors and thus became a member of an online chat room for parent survivors whose children have died through suicide. She offers insight into her participation; "*I was online at 1 o'clock in the chat room and they had a candle light ceremony".* Her new found desire to be personally socially and politically active led her to go further and as she suggests, *"I organised a support group for suicide survivors"* (P2, 10/8/2014).

Participants described feeling *increased empathy and or compassion* for others as a result of coping with the suicide. Five participants were explicit in sharing that they experienced having more compassion and empathy for others, were more able to relate to others and had a desire to help others. For example, this participant reported that she has *"jumped into helping other people as well you know it was easy for me to do that as well".* She explained that, "*There's a family up the road, her son had a mental illness...I couldn't help it I had to go there and just offer whatever like if I had any answers for them right down to if you want me to clean your house"* (P6, 10/4/2015).

This excerpt demonstrates the typical willingness of participants to awhi/reach out to others:

> *"if someone needed support around being a victim to suicide I would certainly be able to sit down, hopefully engage with them and support them and give them some advice with the things that supported me through my journey"* (P5, 26/05/2015).

This participant reflects on her experience as a parent bereaved by suicide and her willingness to awhi and tautoko others who might be grieving. The search for reasons for their loved one ending their life prematurely was not necessarily growth itself. Rather, it was interpreted that the effects of having this awareness led to a desire to awhi/reach out and tautoko/support others, and so participants seem to seize opportunities as they were presented. Further, to support and assist others who were struggling with mental health issues or having suicidal thoughts. They used this awareness and understanding to support, awhi, tautoko and manaaki others in comparable situations as well as make possible beneficial change within their communities. What the findings suggest is that whanau bereaved by suicide also have an inherent ability to nourish, nurture and uphold the mana of others. The following participant offers insight into how she became an activist by participating in making policy changes to the current policies to the youth suicide prevention plan. She described becoming "*a part of a group of advisors of policy development and implementation in Parliament*" (P7, 23/09/2014).

As well as learning to find meaning in life without their child, this participant alluded to transcending her unfortunate circumstances by reaching out to others. In referring to finding meaning in life, another participant alluded to channelling her energy toward changeable aspects of her life and others. This was also the case for another participant who described, *"I've been to a few tangi and they have been close friends….we definitely pulled together big time, so it's been good to just be there and awhi"* (P3, 15/10/2014). Another case of awhi, manaaki and reaching out to support others was illustrated as a participant explained her empathy with other bereaved parents or youth who were struggling with life and as a consequence she too was willing to talk openly about her traumatic experience.

Comments provided by the next participant confirmed that, *"Helping other people makes me feel better"* (P6, 10/4/2015). This explanation recognises the significance and value in becoming engaged in positive affirmative action. Likewise, another participant

articulated being, *"passionate about it not happening to anyone else if I can prevent it and stop it I will"*. Another participant describes; *"My aunty told me about my cousin whose son died and she told me she needed a bit of awhi (support), so I went and saw my cousin"* (P5, 26/05/2015).

Ninety percent of the participants began to accept social responsibility by talking openly about their traumatic experience, in the public arena. These participants realized the merit of using the lessons they learned as a result of their unfortunate circumstances to help others. For instance, one participant expressed that her life work has taken on new meaning, with the future prospect of using one of her houses for people less fortunate, *"I've got a three-bedroom house for those who need my help"* (P7, 23/09/2014).

All participants in this study were eventually able to manaaki, awhi and reach out and support their family members and others. Any one activity tended to overlap in multiple domains: education and outreach both preventing future harm and restoring the lost honour of their loved one, engagement in their immediate world eased their isolation, freed them to maintain their child's presence in their immediate world and give them a sense of purpose and accomplishment.

4.10 Whakawhānaungatanga -Staying connected

Staying connected to the deceased was pivotal for the participants' grief process. What was significant in the participant dialogue was the determination to foster and develop an ongoing relationship with their deceased loved one. Participants were adamant in their need to keep their child as a real and vital connection in their current lives. One approach to continued bonds with the deceased child, was to keep reminders of their child and never forget them. One participant simply acknowledged, *"some people expect us to move on and forget them, but its strength to me"* (P6, 10/4/2015). Another participant agreed, *"just to remember the good things that they did and to keep them in your heart"*. Many participants spoke of the various strategies for keeping keepsakes and reminders of the child. Cultural rituals of visiting the urupa (gravesite) were employed, *"I go to visit her every year on her birthday"*. Also another participant noted, *"I honour them around the house, I have all their stuff in the room; their photos"* (P7, 23/09/2014). One participant

specifically advised how she thought of giving her son's belongings away but happily changed her mind and kept his stuff. It was evident that participants' families had different rituals to keep their children as part of their family.

These findings suggest integrating the deceased into the ongoing life of the bereaved is significant for the bereaved to make meaning. All the participants spoke about needing and wanting to find meaningful ways of continuing to love the deceased child. For example, one participant said, *"I still celebrate the life they lived"* (P3, 15/10/2014). Thus staying connected was highly valued by the participants. One participant shared her belief by saying, *"I know he watches over me every day"* (P2, 10/8/2014). One participant said, *"I thank him for guiding me"* (P6, 10/4/2015). Characteristically, participants developed and employed a variety of culturally diverse strategies.

An alternative way of validating the life of, and maintaining a healthy bond with the deceased was to be physically close to their loved one. One mother said, *"My daughter lives near the cemetery now and her and her partner clean the grave and have been doing this for eight years"* (P3, 15/10/2014). Every year on the birthday of their daughter both parents visit the urupa (cemetery) often. Families would get together and tell stories about their loved one.

Further ways participants sought to find meaning in their loss by staying connected with their loved one was apparent when one participant moved her family, and brought a new house that was close to where her son was buried. She remarked *"that the house porch opens to a view of the cemetery her son is buried in"*. In this way she says, *"I have my son close to me on a daily basis"* (P6, 10/4/2015). What was evident in the data analysis was that the participants had chosen not to relinquish their attachments to the deceased but believed that their loved one continued to have a role in their families' lives. One mother suggested *"my daughter told me she has dreams of him"*. She responded to her daughter by saying *"he's probably coming back to thank you for giving his name to baby"* (P3, 15/10/2014).

There was also the recognition that the loved one lived on in each family member, as one participant remarked about his child; *"His memory still lives on today specially with his football brothers"* (P6, 10/4/2015). Keeping memories alive was another goal that was shared with other participants. Likewise, one participant expressed the value of *"sharing*

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the memory with my grandchildren" (P3, 15/10/2014). Various ways were mentioned from holding on to memoirs and keepsakes. Importantly, their loved ones' name was kept alive in the family by naming a new baby after the loved one. As one mother remarked, *I think there's gonna be more babies to come and probably wouldn't be surprising if all the kids name their sons after him"* (P3, 15/10/2014). Individual and shared memories provide the material for constructing the ongoing relationship or connection with the deceased. As one participant believed, *"even though he's been gone for years, his wairua lives on, his wairua lives on in each of us"* (P3, 15/10/2014).

One way participants sought to find meaning in the loss, was staying connected with their loved one through sharing memories. There was an intentional act to talk about their loved one, especially in family gatherings. One participant acknowledged, *"Oh if only uncle was here you know you will be crying all day, he'll be teasing you"* (P6, 10/4/2015). Staying connected was highly valued by a family where each family member had a Ta moko (tattoo) of their loved one either as a photo tattoo or the deceased's name. Treasured mementos were kept. Photos, clothes and other keepsakes were kept within the home of the parents.

As described by the participant in the above quote, making the deaths of her loved one meaningful, dominated the landscaped of her emotional life as a suicide survivor. After her visit with a clairvoyant she experienced a sense of knowing or calmness in knowing that her son was safe and happy. It was really important for one grieving participant to have her son be remembered for his work out in the community and the major accomplishments attained by her son.

Her continuing relationship with her son is through good memories. *"I was tidying my house up and the cat moved quickly and started doing weird things. This to me is a sign that he is here"* (P2, 10/8/2014). This participant still feels a lot of pain, but the things she can do are good and allow her to 'connect in a nurturing way with her son. This excerpt illustrates the participant's belief that the deceased are now able to guide her. There is a strong continuing relationship with him, not through his death or illness but through his ability to support her as a strong presence in her life.

4.11 Further discussion

Within the 'mechanisms' section of the findings, "The search for meaning", was the overarching category. Four subcategories were elicited from the participants' interviews that gave insight into *mechanisms* that influence PTG for parents bereaved by suicide. Analysis of data in this section has illustrated the significance of making sense of the loss through increasing knowledge and understanding. Walter (1999) stresses the need of those bereaved to understand how and why their 'loved one' died.

These themes each play an important role in the meaning-making process. It is this process that facilitates the growth from grief. The most poignant theme of the interviews was the quest for the "why" which still engrossed many of the parents.

- ➢ Making sense of the loss
- ➢ Māramatanga - Increasing understanding
- ➢ Tautoko - awhi and aroha kit e tangata
- ➢ Whakawhanaungatanga - Staying connected

4.12 Chapter Summary

This chapter explains the results pertinent to question one; what are the mechanisms that influence posttraumatic outcomes for parents bereaved by the suicide death of their young adult child? The chapter began with the unfolding of the 'suicide story'. While this study has an emphasis on posttraumatic growth, inclusion of participants' response to suicide death was imperative. PTG laid emphasis on 'the struggle with trauma' as a pivotal element in PTG. Therefore, the inclusion of the suicide story sets the scene to the unfurling development of the rest of the chapters. The search for meaning presented as a core catalytic agent in the process of PTG outcomes. Increasing understanding and knowledge, altruism and social action alongside of staying connected were categories compellingly interrelated to finding meaning.

The following chapter will examine the findings from question two; what are the posttraumatic outcomes for parents bereaved by the suicide death of their young adult child? Throughout the chapter there will be a focus on the posttraumatic growth outcomes

that were elucidated from research participant narratives. Within each subcategory there are various concepts that are interrelated, which will also be discussed.

CHAPTER FIVE: THE GROWTH OUTCOMES

5.0 Chapter Introduction

The previous chapter discussed findings relating to the mechanisms that influenced posttraumatic growth. The suicide story was a significant finding, outlining the responses by bereaved parents to their child's suicide death. Parental struggles with loss drove parents to search for meaning in both the loss and their lives. Making sense of the death lead many parents to seek, to learn more and gain an understanding of suicide and suicide death. The findings highlighted the altruistic nature of the participants and their desire to undertake performative action, in the name of their loved one. The desire to achieve an ongoing relationship with the deceased was another mechanism that was core to the participant's finding meaning. These key mechanisms are pivotal to influencing the key posttraumatic growth outcomes. This chapter presents and discusses the findings and describes the categories relevant to the outcomes of PTG in relation to parents surviving the death of their child. This chapter contains findings directly linked to research question two posed earlier in this research. Categories developed in this research were not discrete, each was complex and contained a number of convolutions. The case study approach yielded mean making as an overarching ubiquitous thread in all themes. From the data elicited from the participant's narratives, two main categories emerged. These included sections: Meaning making and changed relationships.

Meaning making has a subcategory; 'telling the story'. The changed relationships category has several subcategories which were educed. These included:
- Changed relationships with the deceased,
- Changed relationships with others,
- Changed relationships with self.

The first sub-category; changed relationships with the deceased has a subcategory; continued bonds – staying connected to the loved one. The second sub-category, changed relationships with others encompasses 'performative action' as a sub-category. The last category encompasses various sub-categories: Positive personal growth, compassionate,

empathetic and altruistic, spiritual, religious and cultural strength, reinvestment in living, new possibilities. Within each subcategory there are various interrelated concepts that will be discussed. Throughout this chapter there is a focus on the posttraumatic growth outcomes that were elucidated from the narratives of the research participants. The changes evident in the narratives are not only unique but significant to each participant.

5.1 Meaning making

Meaning making was acknowledged as the category from the subcategory 'telling the story' was derived. In this subcategory narratives were mined that specifically provided examples of participants having made meaning in the loss of their loved one. Through sharing their experiences of suicide death. In the process of reviewing their relationships with their loved one; their loved one's life and the death event, research participants were made to review who they were, and the meaning for their life, of the deceased's life, their life, and their relationships with significant others in their life. Participants have had the opportunity to critically reflect on their experiences and have come to an awareness about dissonances and utilise the new knowledge acquired to inform their actions and develop to be more effective.

From the narratives, one participant shares his wisdom of what he's learnt through his suffering through his child's death, he states, *"we can't change what happened we can only better our lives and make sure it doesn't happen again"* (P6, 10/4/2015). This participant has also learnt that nothing can change his child's death; the only thing he can change is to make his life better and to strive to make sure that it doesn't reoccur. This was similar in many other participants' view, and many were seen to have as a life priority the goal of making sure that others do not die a suicide death. Another participant found meaning by ascribing new meaning to his experience. His view was that his child's decision to die was between him and God, and that he, the participant had come to a place in his psychological and emotional self of accepting what had happened; *"I've come to totally accept that what's happened for my boy is between him and the Iho, that's what I believe"* (P3, 15/10/2014). Another participant exclaims *"there's nothing much we can do. At the end of the day it was up to herself and she chose that way out instead of coming to talk about it"* (P4, 13/112/2014).

Participants came to the stark realisation and acceptance that their child chose death, and that they did it with deliberate intention. The statement, *"I strongly believe that things happen for a reason, even in this case",* reflects a meaning for one participant, that there are explanations why events occur, even for suicide death. One participant succinctly stated *"It was her choice"* (P4, 13/112/2014). Likewise, another participant concludes, *"the choice they made is their choice which is not a very good one"* (P6, 10/4/2015). Finally, this statement, *"I know she's in a better place now for her, she's got no more hurt"* (P4, 13/112/2014) *s*uggests an acceptance of the death and provides a resting place for both the child and the family.

Gaining insight and understanding was evident in the participant's phrase*:* *"It helped me realize that that's what I was looking for that kind of understanding for myself to be strong to tell the whanau in words that it's not so scary, it's not you, it's a decision making. It was his choice and only his, it wasn't anybody's fault this is what he wanted"* (P6, 10/4/2015). Again these excerpts strongly evidence the transformational learning undertaken by participants. It is in these situations that individuals have been inspired to learn, enabling them to restore stability and their worlds (Mezirow, 1999; Park, 2013).

Another meaning made of suicide death is conveyed in the ensuing statement*, "a short stressful moment can put a final stop on everything"* (P6, 10/4/2015). Yet another participant, in his meaning making of his daughter's suicide, states, *"she must not have been happy"* (P4, 13/112/2014). Arriving at this conclusion, most participants found resolution that it was their child's decision to end their life. It was this perspective that brought them "a peace of mind". Another example of giving meaning to the death is accentuated in the following excerpt: *"I'd like to think that this was his mission, the reason why he was on this earth* (P7, 23/09/2014). It has ensured that these participant accounts may contribute to answering "why" questions (Bycroft, 2010). Though, in this study it was apparent that logical reasons were seldom emotionally adequate. All efforts are focussed on trying to understand what has happened. This mother feels the presence of her son with her now. She is no longer angry that he *"piked out"* (P6, 10/4/2015). She now has a nurturing relationship with her son and believes *"he is with nana"* (P6, 10/4/2015). This meaning making affords her to feel more comfortable and at ease with her grief. She has now constructed meanings around suicide that help her to accept 'what is', and therefore able to cope better in life, and live a productive and meaningful life.

In this study, making sense for the participants was about coming to terms with the suicide and drawing their conclusions around the event. It would appear from the examples provided by the participants that making sense was also about gaining awareness, increasing understanding and self-reflecting on the occurrence. This is evidenced in the participant's quotes where they suggest *"She knew what she was doing and that's what's so sad about it"* (P1, 8/10/2014). The bereaved realise that no rational or emotionally satisfying meaning can be made of their loved one's decision to die. The realisation is that there may never be a satisfactory explanation, no matter how intensely they search in books, articles or experts.

It is apparent that as participants reflected back on the suicide event, they came to a realisation that the victim's decision to suicide was intentional and, despite the energy required, asking the "why question" was critical to survivors' grieving. A mother of a victim commented that it was only by asking this question that she was able to find out that there is no answer that would suffice. This is reiterated in this next quote: *"That's the thing, what it was aye, what was it…. we'll never find out?"* (P4, 12/12/2014). Similarly, participants spoke about their loved ones death as having occurred for a reason but, "*I still don't know why. One day I will*" (P6, 10/4/2015). Some participants reached a point where they were comfortable despite not being able to comprehend everything about the suicide death. In some instances, they found meaning in their faith.

There is a driving need for the bereaved to reconstruct the death and events leading up to it. The bereaved carry out their own investigation as they believe they are guilty or have some culpability in the death. They search for clues as to what they or others could have done to prevent the death. The search for understanding that gives comprehension to the self-violating nature of suicide death, is exhausting. The ability to assign a motive, blame and responsibility is very important in terms of meaning making.

A common thread through the sessions was the commitment to educating themselves and others about the complexities of not just suicide, but of suicide survival. It would appear from the examples provided by the participants, that making sense was also about gaining awareness and self-reflecting on the occurrence. It is apparent that as participants reflected back on the suicide event, they came to a realisation that the victim's decision to suicide was intentional and despite the energy required, asking the "why question" was

critical to survivors' grieving. One participant commented that it was only asking this question that she was able to find out that there is no answer that would suffice. This is reiterated in this participant's belief: *"That's the thing, what it was aye, that we'll never find out?"* (P4, 12/12/2014). Gaining insight and understanding was also evident in the participant's phrase, *"It helped me realize that that's what I was looking for that kind of understanding for myself to be strong to tell the whanau in words that it's not so scary, it's not you, it's a decision making. It was his choice and only his, it wasn't anybody's fault this is what he wanted"* (P6, 10/4/2015).

This study has found that relearning to live without the deceased is firstly achieved if parents are able to make sense of 'the suicide'. It is when this 'making sense has taken place that parents are able to learn to live without the deceased. Both 'relearning to live without the deceased' and being able to make sense of the suicide enables parents to find purpose and direction in their lives. This study shows that people who experience stressful events may find it useful to develop an awareness and insight about what has happened. From this is can be surmised that gaining an understanding about distressful situations influences personal growth.

Other research has reported that that the act of gaining an understanding about an upsetting personal event helps one organise and make sense of experience (Pennebaker, 1997). However, this study has also found that for survivors of suicide the search for meaning incorporates performative processes. These performative processes as evidenced by the research participants are undertaken in the name of the deceased loved one.

5.2 Changed relationships

A suicide death hastens sudden, irreversible changes though the relational network. The bereaved are faced with the task of making sense of the death in relation to themselves, negotiating a changed relationship with the deceased and changes in relationships with significant others. Understanding the experience of crisis, this sense of "undone-ness", or "not knowing" is a necessary catalyst that moves us toward new identities and states.

Analysis of the data has categorised meaning making into three areas of relationship:

relationship with the deceased, relationship with the self and relationship with others. Relational growth with the deceased has been discussed in the previous chapter under the heading of repositioning. This chapter will continue to discuss relational growth with others and with self.

In search of the mechanisms that influence posttraumatic growth, the transcripts were mined for expressions which suggest any participants' attempts to make meaning of their loved one's death. This category describes three key aspects of the participants PTG outcomes in relation to the category of *Changed relationships*. These have become manifest through the information collected from the participants and include three different subcategories. These are; *changed relationship with the deceased, changed relationships with others, and changed relationship with self.*

5.2.1 Relational growth with the deceased

5.2.1.1 Whakawhānaungatanga - Continued Bonds, staying connected to the loved one

Participant narratives revealed that reinvesting in a life that no longer contained their child, was a key outcome of PTG for parents. One technique participants sought to find meaning in the loss was staying connected with their loved one. Also one research participant acknowledged of striving to stay connected to the deceased loved one, was a ten-hour tattoo session her son endured by having a *"ta moko on his arm for his brother. Ten hours of soreness"* (P7, 23/09/2014). For this family, it also meant growing the attachment to the loved one and so tattooing their dead son and brother's name and face, on their bodies was a way of keeping him with them at all times. In keeping with this new view, participants often referred to their child being close by and watching over them.

'Staying connected' seemed to be a ritual of engagement that brought fulfilment to the survivors. Moreover, for all research participants 'staying connected' enabled families to live a life that contained the dead child, and as one participant exclaimed it was about *"joining with him and his journey in his new life"* (P7, 23/09/2014). What was also important for the bereaved families was the requirement that the 'loved one' never be forgotton and so for some research participants there were modes created wherewith they

would be remembered, *It's about going back home, going back to talk to him to make sure he was warm and the we will never ever forget about him"* (P3, 15/10/2014). Other participants named their grandchildren after their loved one.

The subsequent passage, *"we can sit around and joke about the stupid things that he used to get up to"* (P6, 10/4/2015), indicates the family want to reminisce about their deceased loved one. Also one family in maintaining connection with their brother/son, revealed *"we still talk a lot about him"* (P7, 23/09/2014). Yet, another outcome, highlighted in the idea that *"my husband feels like he's being watched over"* (P5, 26/05/2015), proposes the continued sense of connection. The need to grow this bond meant moving physically closer to their loved one wherein there was a suggestion that, "*at the other place we couldn't move on*" but *"with us living near him we are more settled".* (P7, 23/09/2014). The obvious correlation between the living and the dead reiterates the survivors' desire to have the deceased stay in their lives and the importance of this relational connection is because *"our dead boy holds our whanau together"* (P7, 23/09/2014). What is more, *"he lives through his brother, he lives through us, and we all carry something of him* (P7, 23/09/2014).

"We still celebrate his life" (P6, 10/4/2015). This dialogue excerpt exemplifies a family occurrence of repositioning as a celebration is arranged bringing together the family, the deceased's close cousins and friends. It is not that they are moving on from his death so much as they have established a space for the 'horror' and the 'trauma' of his suicide death. The celebration will be about repositioning the deceased, recognizing that his whanau and other significant others are accepting how he died and maintaining and attachment with him by speaking and enjoying the memorable times and their ongoing relationship in the here and now.

Repositioning dialogue occurs following intense rumination on the pain of the deceased's life and death. Meaning making occurred through endowing energy into repositioning conversations that remembered the nurturing incarnate memoirs of the shared relationship with the deceased. In repositioning dialogues, the bereaved salvage and reposition the deceased, and seem to attach with the deceased through their life and mutual relationship instead of through the trauma of the death and heartrending antecedent circumstances. Part of the repositioning process that emerged from this study was that participants

released themselves from the responsibility of the suicide death of their child. This was a key milestone. It began with the desire for participants to psychologically re-enact the death and experiences leading up to the death.

This repositioned relational meaning making, allows the mother to step back from her son's suicide and accept it within the context of his suffering mental illness. The mother will continue her relationship with her son into the future. Her aim is to honour his life and therefore elect *"to think about him in his times of wellness and remember all the wonderful times spent together"* (P6, 10/4/2015). For her this is about *"moving on with our life"* (P6, 10/4/2015) with their son in it. In this way her child is repositioned in a cherished position inside of the family context, at last free of his cruel illness. *"He is with Nan now, there is no more pain"* (P6, 10/4/2015). The mother in this statement has made a powerful repositioned relational meaning making declaration about how she needs her child remembered. The family is able to mourn and console one another in a new manner with the knowledge that all the pain and disappointment and fighting for help for him, is now accepted and settled. This is a profound moment and there is an awareness of this within the quality of empathy.

Further, the narratives reflected the participant's particular experience in relation to just how and by what means suicide had altered their lives. They disclosed how in time, they found meaning and significance in life after the suicide death. Firstly, participants 'bereaved by suicide' were fervent in not allowing 'sorrow', 'anguish' and 'death' to be the final defining expressions of their child's life. This study has established that the 'deceased young adults' were not only defined by their completed suicide, but their bereaved parents talked about their loved ones' personality, their accomplishments, their strengths, and the effect they had on people when they were alive. They provided their insights about the way their teenagers had led pro-social lives. One of the participants mentioned their teenager as having been high achievers in school and *"a pride to any parent"* (P2, 10/10/2014). Another participant further mentioned that their loved one had *"excelled at school"* (P4, 12/12/2014), and achieved a position in the New Zealand *"Warrior's Rugby league team"* (P6, 10/4/2015).

Bereaved participants demonstrated an unknowingness around why their child would want to die when they *"had everything to live for"* (P3, 15/10/2014). One participant

described her son as the child who, "*graduated from university, which is the furthest any one of the kids have gotten*" (P6, 10/4/2015). Another participant recalled an incident in which his now dead daughter, *"saved the life of her cousin"* (P2, 10/10/2014). Such narratives actually represent bereaved participants' repositioned relational meaning making. In this way they are de-centring the 'suicide story' and re-centring their memory and the life they lived. Also parents are reclaiming and retrieving a portion of that which was lost, namely, their child's life' which was eclipsed by their suicide death.

The trauma is redeemed when it became the source of a survivor mission" (p. 207). One participant confirms that over the course of time, she was able to experience the inspiring nature of altruism: "*It gives me the good feeling, helping others that helps me heal too*" (P6, 10/4/2015). Both the findings and literature reveal that the social transformation of trauma occurs because the personal and public transformation are interrelated and unfold within a socio-political context. As a survivor of a violent death, engagement in social change efforts reawaken both the participant's moral compass and her sense of hope and purpose.

The representation of the child in the inner world of the parent enables the parent to connect with the past and the future and make sense of their existence with the society of a bereaved parent. This study re-affirmed that bereaved parents need to make sense of their child's life and death, whilst integrating their child in the here and now, and yet somehow still connected in a meaningful and helpful way. Parents found solace in linking objects that evoked their child's presence. This seemed particularly true for the mothers in this study who had provided the nurturing role for their child. Results indicate that parents find a sense of relief as they begin to understand that relinquishing any attachment to their child was not a choice they had to make.

5.2.2 Relational growth: With Self

A significant PTG outcome that has emerged out of the data was *relational growth with self*. Various subcategories collected from the participant narratives will be discussed in relation to *relational growth with self*. These consist of: *Positive personal growth*, *reinvestment in living*, *changed outlook on life and change of priorities and goals*.

5.2.2.1 Positive Personal Growth

Positive personal growth as an outcome of PTG for survivors of suicide can be viewed as an overall outcome. It contains various sub categories that include: compassionate, empathetic and altruistic; strength and confidence; and spiritual and cultural strength which are pivotal components toward the outcome of positive personal growth, however they will be discussed separately. The next subcategory will discuss reinvestment in living. This section begins with a discussion on the first subcategory; compassionate, empathetic, altruistic, "necessary catalyst that moves us toward new identities and states, a radically increased awareness, clarity and comfort there are breakthroughs in ways of knowing and thinking, and increased ability to respond from a place of vision and compassion rather than ego or self-interest" (US Social Forum, 2010).

5.2.2.2 Strength and or/confidence

The second subcategory in this section, strength and confidence, emerged in the data analysis from participants' explanation of how they felt stronger and more confident after coping with their loved ones' passing. Most participants mentioned that they felt stronger, more self-reliant, more independent, secure, and more confident. One participant disclosed that the support she received was key in helping her to begin "*feeling like a stronger, empowered person*" (P3, 15/10/2014). Another noted that she learned to *"value her life"* (P2, 10/8/2014). Literature describes the suicide survivor, post event, as people with enhanced abilities and more strong points, in comparison to selfprior to the trauma (Lindstrom, Cann, Calhoun, & Tedeschi, 2013). Tedeschi and Calhoun (2004) state that a greater sense of personal strength however, is closely associated with the awareness of individual vulnerability, as well as distinct comprehension of the adverse effects of traumatic incidents in one's life. Overall, participants indicated that through coping, they were able to develop more personal strength. A participant, whose daughter died five years ago, also illustrated a changed outlook on life in his advice for other grieving parents. Infused with empathy and compassion for parents he commented: *"The mamai (pain) will always be there, but ever since his passing it has made us stronger"* (P2, 10/8/2014).

Others, shared that they changed their views of the world, felt more resilient, and felt like they were more prepared to handle additional hardships in the future due to learning how to cope with the loss and grief. This is evidenced in the next excerpt in which one participant in referring to her family, said *"We are focussed on recovery and healing by going to the marae"* (P7, 23/09/2014). Similar experiences shared by another participant are highlighted in their declaration, *"there's something about us, we are more positive, more understanding"* (P4, 12/12/2014).

5.2.2.3 Wairuatanga - Spiritual, religious and cultural strength

Wairuatanga took the form of traditional cultural beliefs, religious practices or spiritual practices or a mixture of all of these. For one participant's family prayer became an essential element in dealing with the trauma surrounding their daughter's burial; *"we said a prayer you know"* (P5, 26/05/2015). Several participants discovered relief in the tenets of their faith, their belief in life after death, and their acceptance of their being a bigger purpose to their life and death. Participants spoke of their child being in another place, in a better place. This placing of their child reassured them and helped them in their meaning making process.

Belief in a higher power was a strong theme with the data. Participants identified their belief in a higher power. Belief and trust in a higher power as well as a higher purpose or meaning in life appeared to serve as a coping mechanism for several participants. Above all, several participants found comfort in their belief that they will see their child again. One participant shared her thoughts about believing in clairvoyants. She expressed, *"I saw the guy Kelvin Cruishank"* (P2, 10/8/2014). Similarly, another participant reflected on her experience of meeting with a group of clairvoyants and stating, *"it brought me a lot of healing going to see them"* (P6, 10/4/2015). Most participants often relied on their faith and belief system as comfort for their grief. One participant stated, *"I visit with my pastor"* (P6, 10/4/2015) another endorsed, *''I'd tell them not to worry about it. You know, God wanted 'em, and one day you'll see them again. And just not to be sad anymore.''* (P9, 11/11/2014).

Cultural strengthening, similar to religious and spiritual strengthening, was another key outcome. Learning to live with the loss meant for one participant that her family strive to be *"tika and pono"*. This participant exclaimed *"I did a lot of karakia timatanga and come home karakia whakamutunga and we were a waiata whanau, so it was about that noa that whakawatea process"* (P5, 26/05/2015). For this participant her cultural rituals were pivotal to supporting her family through the grief process.

For some of participants, visiting the urupa was significant for them "*going home to the urupa and visit the Whare Tupuna*" (P5, 26/05/2015). For most of the Māori participants, their reliance on their cultural identities and links were paramount. Another participant remarked how *"Tainui bought my son back"* (P6, 10/4/2015) and commented on the support and manaaki from people who knew their son. In times of grief and loss cultural processes were mechanisms imperative for whānau to be supported and walk through the mamae and the loss.

Another elaborated on his belief, *"He's with Nana and healed. No more stress now. He's got to go through all that healing process. So its understanding where he's going and whose looking after him. That's all part of our Marae, wairua stuff and having a full understanding of that"* (P6, 10/4/2015). In terms of making sense of the death, this parent makes connection to Tupuna and their role in now looking after their child. In the last part of his statement he provides further elaboration by eluding to the idea that there is understanding to death and grief and loss through cultural reference points. This participant makes claim that as Māori we have an understanding to death processes through our tikanga concepts and processes. Accordingly, some participants also specified cultural ideology and practices rituals as means of coping. One participant advised, "*I believe strongly in the wairua of Iho. I believe strongly that my Tupuna Whaea mother, kaitiaki, kept me strong. These are things that contribute to my coping strategies, that's why it's quite pai to talk about it. If we talked about it a year ago I would be soaking"*, (P5, 26/05/2015), and another stated: *It's not easy to lose a child, but with what we believe in, it sometimes helps me*". "*My belief in my Tupuna and Marae, awa, waka is always in me*" (P6, 10/4/2015). Both participant's state clearly that cultural identity markers have been drawn on in making sense of their child's death. Furthermore, it was unmistakeable from participant narratives that cultural beliefs played a major role in participant's capacity to survive the death as well as make meaning of the death. The

following excerpts, "*take them back to their turangawaewae to get healing*", and *"even though he's been gone for years, his wairua lives on, his wairua lives on in each of us*, (P5, 26/05/2015), again reveals the role of cultural values, beliefs and practices, and their association with PTG. *"Being on my turangawaewae .....helped me to survive....I could have been dead cause I ended up going back into heroin and morphine*" (P5, 26/05/2015).

Cultural performative actions were underpinned by various cultural beliefs and values which were pivotal in shaping, behaviours. Parents drew on their default mechanisms which were their cultural knowledge, values and beliefs. What this study designates is the influence of cultural beliefs and values as mechanisms that influence PTG. The current literature on PTG has not recognised or acknowledged this concept as a possible means by which PTG may be achieved. However, dialogue from participants suggests that cultural rituals and beliefs were pivotal to promoting PTG.

5.2.2.4 Reinvestment in living and new possibilities

Reinvestment in living was about deciding to accept social responsibility to speak out and communicate with others about suicide. They learnt much about themselves from their understandings of their experiences, and sourced this knowledge to help others in comparable positions, and thus endeavoured to facilitate constructive change with society. Participants wanted to help other people survive losing their child and demonstrated the desire to embark on social action and support those other whanau bereaved by suicide.

Embedded in the acceptance and learning to live with the loss, was the idea of continuing to live life. Participants expressed this sentiment, remarking, *'don't stop, and don't stop living. Go on, and you know they are there. They are there with you,'"* (P6, 10/4/2015). Another similar idea was presented in this quote, *"it's like he's brought us here* and *we not going to look back, but forwards"* (P7, 23/09/2014). Likewise, for a different participant continuing to live life encompassed acceptance of the death as *"this was for us trying to move on",* ''*I feel like, that she would want me to go on with life* (P1, 8/10/2014).

The suicide of a loved one prompted participants to review their lives. For example, a participant said the review process allows *a person to actually see different things about oneself that might have not been seen before* (P2, 10/8/2014). Another participant further expresses her views of the review process, *"...yes never really looked back"* ((P5, 26/05/2015). The next concept, acceptance, is similar to the first and second concepts, in that accepting the death of their child seemed to help participants move forward with their lives. However, this concept was purely about being able to acknowledge or in some cases forgive what happened and move on. This concept is similar to the previous subcategories in that this quality seemed to help participants move forward with their lives. However, I felt its importance 'earned' designation as a separate category because it was purely about being able to acknowledge or in some cases forgive what happened and move on. For example, this participant commented that he found comfort in acceptance and shared that he finally was able "*to accept what happened* "and "*be able to talk about it and deal with it* " (P8, 5/09/2014). He also remarked, "*That's probably been the best thing ever"* (P8, 5/09/2014). Further to this another participant declares, *"If anything we are more giving"* and "*our boys are very understanding"* (P7, 23/9/2014).

Participant dialogue, demonstrates acceptance and learnings from their experiences of grief and loss and offer the following advice *"The biggest thing is just to be there when people need you"* (P2, 10/8/2014). Other occurrences of learning include, *"this kind of situation is very hurtful and you have got to understand and not be too insensitive"*, moreover, *"You have to go through the process of letting out those emotions…. bottling up having all this anger and all this sadness, you can't get to happiness"* (P1, 8/10/2014).

One participant explained that she became more aware of how much she *"valued"* and was "*grateful for the things she has*" (P3, 10/2014). Another Participant shared how he "*…. came back for the unveiling and it was beautiful, it was just the atmosphere was just too beautiful, everyone was glowing"* (P6, 10/4/2015). Another participant expressed that they were "*able to celebrate his horrific crazy crack up life that he lived. It was like he was there for the day. It was really good healing…….it's so beautiful these days, it's easy to talk about we talk about it like he's still alive you know"* (P6, 10/4/2015).

Participants' shared experiences depicted how their outlook on life had taken on a more positive perspective. For instance, a positive outlook was also reflected in the advice the

parents offered other bereaved parents. For example, *"we've seen a lot of whanau go through a lot. We've become a lot more understanding"* (P4, 12/12/2014).

Action was exhibited in various modes; publicly, politically and privately. Some participants verified a willingness to help on a whanau level, *"we try help whanau that are struggling"* (P6, 10/4/2015). Other participants strove to provide support on a community level, *"I want to turn our house into supportive accommodation for mental health people"* (P7, 23/09/2014). Commitment to these causes was evidenced by the subsequent statement, *"we should be looking after them"* (P7, 23/09/2014). Specifically, support was viewed by the need to support those with mental illness and to be able to "*teach them life skills and take them to Wānanga*" (P7, 23/09/2014).

Another instance of community support is reinforced in this excerpt, *"I go and help in the community. We serve and cook lunch for the people on the streets"* (P7, 23/09/2014). Yet again other participants became socially active on a political level, "*We've had community hui about prevention strategies",* as well as politically active on a national level," *We had a couple of meeting with Peter Dunn and Tariana Turia to do with suicide and prevention strategies"* (P6, 10/4/2015). It is evident that after the death of their loved one, participants' basic values had changed. Their narratives emphasized how suicide had impelled them to reassess their lives.

It would appear from the examples provided by participants, that they had found other resolves and focuses in their lives. They transcended their unfortunate circumstances by reaching out to others and channelling their energy toward changeable aspects of their lives. Additionally, traumatised participants were motivated to change their core beliefs. One participant exclaimed, *"I'm about to change my whole role"* (P3, 15/10/2014).
Another participant exclaimed her reason for setting new goals and that was, *"I didn't want the doom and gloom*" (P7, 23/09/2014). Finally, one participant signalled, *"I have made some huge turn around ...going on an academic pathway to the bachelors and post graduates for masters. Just a life turn around"* (P3, 15/10/2014). Further, new priorities and goals involved new activities such as, *"we started of going to Wānanga"* (P7, 23/09/2014). Yet other activities comprised *"reconnecting to our marae"* as well as *"this year we are going to kapa haka"* (P7, 23/09/2014).

This next participant further explains the complex nature of the review process, *"To think there has to be a better side to life than what I have already been through with the suicide…so yeah never really looked back"*. (P7, 23/09/2014). In re-evaluating life, this next statement implies how this participant was able to assess his situation and realise, *"were being really lucky, really fortunate there has been a lot of whanau not as lucky as us"* (P6, 10/4/2015).

Participants described how after the death of their loved one, their basic values had changed. For example, one participant described her dependency behaviours prior to the suicide; post suicide she began to change her behaviours and joined a support group for suicide survivors, *"I gave up my drinking and drug habits"* (P9, 11/11/2014). Another way several participants reflected growing through grief was by suggesting that *"the major aim for me is going to help someone…… to better their lives"* (P2, 10/8/2014). Though this statement was spoken by one person, in actual fact ninety percent of the participants chose to reach out to others who came to their attention as being suicidal, depressed or suffering from a mental illness. For example, one participant stated, *"……. it's all about positive for me…it's about utilising energy in a constructive way"* (P3, 15/10/2014). So there was more emphasis on supporting and offering help to other people in their time of need though ultimately it was about what these next participants express, *"I began to get my priorities right for the first time in my life"* (P6, 10/4/2015) and some of this was to *"help others out"* (P6, 10/4/2015). For one participant she set herself a goal, to open her home to the homeless.

The relationship suicide survivors have with themselves develops. This is exhibited in feelings of calmness and peace, as well as a decline in feelings of shame and self-reproach. Having attained an intricate level in constructed meanings about the death, the bereaved are surprisingly able to absolve themselves and excuse their loved one for leaving them in that way. From the participant narratives it was clearly demarcated that they were able to realise that they were not accountable for the death of their child. For these participants, the intense loss and grief they experienced expands their knowledge and awareness of human frailties and they cultivate a deeper gratitude for their relationships and life in general. Essentially they believe they were not defined by his death.

These findings also validate an association connecting personal growth and certain demographic factors. Perhaps the most intriguing is the obvious relationship between participation in religious/cultural activities and personal growth in this sample, signifying the prospect that religious and cultural membership can incorporate timely impacts for bereaved persons, in relation to developing and enhancing meaning reconstruction processes in survivors.

The transformative nature of loss can be viewed as a process in which the lives of some people are imbued with an enhanced sense of meaning and purpose. For a loss through suicide death, a person's self-narrative can be split into the 'before' and 'after' episodes. The life post loss, in the middle of the exertion to survive and adjust, may develop to a life whereby the person encounters a different or a transformed sense, that life is meaningful, purposeful and worthwhile (Calhoun & Tedeschi, 2008)

5.2.3 Kotahitanga - Relational growth with significant others

It would appear from the examples provided by participants, better relationships within the family are apparent, in the sense that they got along well and became more empathic and supportive toward other family members. The findings in this study suggest that in most cases, death brought the families closer. For example, one participant suggested, "*you needed to be close to someone after experiencing a loss*" (P1, 8/10/2014). Another participant described how "*It was healing for me to be strong for my family*" (P6, 10/4/2015). This participant, specifically mentioned that "*it brought my family so much closer…we all had to just get over this stuff, pull together and get through this together*" (P3, 26/5/2015). For the participants, reaching out to help and support others who were in pain was to be a powerful and spiritually transcendent experience. "*My cousins were coming over. I was getting support from my family, especially the cousins*" (P6, 10/4/2015).

In most instances, this awareness positioned participants to begin acting more in alignment with their cherished beliefs and values. For example, this participant commented, "*I use to always go out with my friends but when this happened, and I started spending more time with my family*" (P6, 10/4/2015). Similarly, another participant remarked, "*We all had to come together as a family*" (P6, 10/4/2015).

The 'words this pulled us together for our whanau was echoed by most of the participants'.

What was evident in this study was that there was one individual in each family that had the role and task of keeping the family functioning; essentially they were the anchors of the family.*"* This participant spoke to the issue of being more open in relationships and having to be strong for one another. However, two participants had the opposite experience wherein they believed that the devastation created by suicide death fractured the family unit. One participant said *"my brothers and sisters use to always come down here and we always use to have family things, well now they hardly ever come down"* (P5, 26/05/2015).

Another participant simply concluded, *"I reckon it broke up our family"* (P4, 12/12/2014). Here there is a suggestion that coping with the traumatic suicide death of their loved one ended in fractured relationships even to the point of marital disharmony, "*my sister-in-law and her husband suffered a marriage breakdown because her life was all about suicide prevention"* (P7, 23/09/2014). Participants reported, that as an outcome of their experiences, they now see more value in life, they have grown closer to their family members and friends, made new friends, and have made significant learnings about life.

5.2.3.1 Aroha ki te tangata - compassionate, empathic, altruistic

Many of the participants explained how their lives had changed, which resulted in them engaging in new behaviours. It became evident during the interviews that the death of a child provoked many parents to demonstrate acts of aroha ki te tangata which included awhi, tautoko and altruism. This unselfishness toward others was illustrated by all the participants. For instance, participants described feeling increased empathy, connection and or compassion for others as a result of coping with the suicide. Five participants were explicit in sharing that they experienced more compassion for other, more empathy for others, were more able to relate to others and had a desire to help others. For example, one participant reported that she has become *"more aware of other people's feelings and what they may be going through"* (P6, 10/4/2015).

Another participant, explained that her *"attitude towards people's feelings and the compassions she has towards other people has changed drastically"*, (P7, 23/09/2014) for better. She noted that this was *"a high point in her story"* (P7, 23/09/2014). This next participant also shared that she is more aware of other people's stories and that *"everyone's got their own specific story that they carry with them"* (P1, 8/10/2014). Overall, participants commented that their own coping opened their eyes to what others go through and helped them to become more empathic.

Some participants conveyed an enhanced awareness of the emotional disposition of people or perchance were more open to query how others felt. Participants seemed to make less assumptions about others, appreciating the idiosyncratic makeup of each persons' life. Most participants were determined to go out of their way to meaningfully play a role toward the lives of individuals or families. They seemed to exhibit greater generosity, a need to willing share with others either ad hoc or by meaningful activities like voluntary work. Some participants recounted what they thought to be altruistic work of practical and emotional philanthropy. This could encompass giving back to those who supported them and sharing their learnings about their own experiences with other survivors. Participants' willingness to participate in this research was perhaps indicative of this.

Another participant also noted that she feels like she has become a *"better person and a better friend"* (P2, 10/8/2014) partly due to having gained more awareness. Similarly, the next participant shared that she is more aware and has become *"a lot more aware of people"* (P1, 8/10/2014) which has helped her. Ultimately this participant discussed the motivation, derived from the death of her son, which she was resolute in honouring. She mirrored this desire to help others through sharing her experiences of bereavement. She revealed how she had a strong desire to offer support to others. This was achieved through the facilitation of workshops about her son's suicide and about her bereavement process. For other participants there too was a sense of them wanting to 'give something back'.

5.2.3.2 Performative Action

It is evident that after the death of their loved one, participants' basic values had changed.

All the participants spoke about how suicide had impelled them to reassess their lives. They disclosed how they, in time, found meaning and significance in life after the suicide death. Importantly, where once parents had other goals and endeavours, their priorities had changed to focus on family wellbeing, appreciating family, with more emphasis on supporting and offering help to other people in their time of need. These comments suggest that change was not only beneficial but had given rise to a sense of purposefulness.

This study found that there is positive association between participating in social action and relational growth with others. One important aspect was that 'giving back' has become a predominant feature among survivors in their grief process. It became evident during the interviews that the death of a child provoked many parents to demonstrate acts of altruism. In a case, a participant explained her empathy with other bereaved parents or youth who were struggling with life, consequently this participant was willing to talk openly about her traumatic experiences.

Furthermore, post-suicide, participants conveyed an adjustment, in terms of life's philosophies wherein they fostered a propensity to assisting others who were vulnerable. This was evident as the participants seemed to have transcended their unfortunate circumstances by reaching out to others and channelling their energy toward changeable aspects of their lives and others. Essentially, participant's grief was channelled into offering help and offering support to others. One explanation for this finding is that the act of 'reaching out' produced greater perceived meaning in life.

One participant has presented a workshop on surviving a suicide and several participants have attended suicide workshops in their local regions.

Another participant described her addictive behaviours prior to the suicide. Post suicide, she gave up her addictions and joined a support group for troubled teenagers. In this instance the participant carried out this performative action, by giving up her addictive behaviours and joining a support group in the hope of prohibiting other youths from committing suicide. All participants in this study were eventually able to reach out and support their family members and others.

Through gaining knowledge and understanding they can move around in their child's world and try to make meaning about what was occurring for their child. Undertaking social action for the participants is their way of being in the present time to make meanings that attribute the death in a way they can live with it in their future life. These experiences demonstrate the struggle to make meaning in order to integrate it and live in the present and for the future. Fundamentally, it seems that the death of their child acted as a catalyst in diverting attention away from themselves to reaching out to others.

This study suggests that through social action, bereaved parents were able to live productive and meaningful lives. By living fully, they honoured their loved one life. Parents 'bereaved by suicide' were ardent in not wanting 'pain' and 'death' to be the key remaining features of their child's life. They were faced with the question of how to find meaning in life without their child. Parents found other resolves and focus in their lives wherein grief was channelled into offering help and supporting others.

One participant confirms that over the course of time, she was able to experience the transcendent nature of altruism. Most of the participants found meaning through reaching out and helping those that were struggling with their own traumas. Participants were able to construct positive meanings from their experiences of reaching out to others. This he suggests gives individuals a sense of purpose; it sanctions them to emancipate the past and bestows a meaningful structure for their future.

'Mā te whakaatau ka mōhio. Me te mōhio ka marama. Mā te Mārama ki mā ka aroha.'
'By wisdom comes understanding, by understanding come light, by light comes wisdom, and by wisdom comes love and everlasting compassion'
(Ministry of Justice, n.d)

5.3 Chapter Summary

This chapter presented and discussed the findings relevant to the outcomes of PTG in relation to parents surviving the death of their child. This section of the research contains data directly linked to question two asked of in this research. Categories ascertained in this research were not separate, each were multifaceted and encompassed a number of complexities.

Within these chapter two main categories emerged. These incorporate: Meaning making and changed relationships. The case study approach yielded meaning making as an overarching ubiquitous thread in all categories. Under these two categories, several subcategories immersed, and examined comparative to the question at hand. The data demonstrates the theme of mean making and its implications for growth experiences, which is an idiosyncratic component of bereavement by suicide. These key areas in conjunction to the key findings in chapter four, will help formulate overall finding ideas for the research. These will be explored in Chapter Six.

CHAPTER SIX: DISCUSSION - MECHANISMS OF POSTTRAUMATIC GROWTH

6.0 Chapter Introduction

This Māori centered thematic analysis dissertation explored the PTG experiences of parents bereaved by the suicide death of their child. In this chapter a summary will be provided of the findings of the mechanisms as well as the outcomes of PTG.

Each of the following themes addresses a specific mechanism which positvely contributed to whanau changes and growth these include: the responses from the suicide death, making meaning from the death, māramatanga – increasing understanding, tautoko, awhi and manaakitanga, emapthy, compassion, reaching out and social action. Staying connected to the child – whakawhānaungatanga was also a mechiansm linked to PTG.

6.1 Key findings - Mechanisms

Growth resulting from traumatic events is not a contemporary notion, because growth from adversity has been noticed and documented as far back to ancient times; rather, it is the quantitative and qualitative investigation of the concept that is current in its origin (Weiss & Berger, 2010).

Survivors of suicide, survivors of trauma, are a unique population of individuals exposed to a sudden, violent, grotesque death, and labelled as 'a forgotten people'. This issue has raised that much of the consideration within the mental health profession is focussed on people who commit suicide and has seldom addressed what occurs for those people who have endured the suicide of a family member. Further research on suicide has addressed prevention, treatment, and links to mental health, yet studies from the viewpoint of survivors is scarce.

6.2 Pouritanga - Shock and anger

Responses to suicide death were presented in the suicide story in chapter four. Participants interviewed exhibited and conveyed numerous responses in grieving the loss of their family member. Specifically, the different aspects uncovered in grieving in response to suicide, are common features of suicide bereavement. This study informs readers of the perplexing disposition of the grieving process resulting from young adult suicide. The excerpts provide a unique insight into participants grieving in response to suicide bereavement, not only that experienced throughout the early months following the suicide, but also how it has continued to affect them in their lives, concurrently. The responses of participants in this research were generally analogous with the data of previous research (Cleiren, 1993; Knieper, 1999).

The common reactions as disclosed by participants were shock, disbelief, numbness, devastation, anger, sadness, fear and panic; effects that exhibit a salient likeness to posttraumatic stress reactions. Similar responses are described in a study investigating family members bereaved by suicide in Switzerland, wherein the participants suffered feelings of shock on discovering the body of the dead family member. Some participants were overwhelmed by the intensity of their feelings and struggled to deal with them. The literature points to other difficulties for survivors such as increased levels of anger Jordan's 2001; Vachon & Stylianos, 1988). This study confirmed research undertaken by Klass et al. (1996) and Neimeyer (2004), concerning the impact of the intentional self-inflicted death on suicide survivors and on their relationship with the deceased. This study validates the findings and provides a vital insight regarding the disruption of a suicide death causes to the relationship of bereaved persons with themselves, the deceased and significant others (Janoff-Bulman, 1989; Neimeyer, et al., 2002).

Kalischuk and Hayes' (2004) in their research on grieving and mourning restate contents of a letter from a mother to her 14-year-old son. She states to her son; *"there has been so much anger in me because of your decision to commit suicide. I began to feel as if I had Parkinson's disease. I had to stand with my arms hugging myself as if I was cold. It was to literally hold my body parts together"*. The above dialogue validates parents' struggle with their child's decision to take their life and the physical and emotional impact on them

6.3 Te Mamae - Betrayal and Rejection

Grieving from a suicide death involves several distinct emotional responses. (Jordan, 2001; Provini, Everett, Cynthia & Pfeffer, 2000). The whānau participant narratives articulated the mamae of their child's suicide death. For the most part their were feelings of anger at the child for not confiding in them. Whānau also had feelings of betrayal, abandonment and rejection by the dead person (Jordan, 2001, van Dongen, 1993, Shahtahmasebi & Aupouri-Mclean, 2011, Watson & Lee, 1993). Lindqvist, Johansson & Karlsson (2008), suggest that the act of teenagers committing suicide can be identified as the utmost rejection of family members. For the whānau the notions of betrayal and rejection were real and parents struggled to make sense of how the child that they had raised and nurtured could now be dead by their own hands. This notion of betrayal and rejection is shared by Jordan (2001) and Watson and Lee (1993) who claim suicide is a massive rejection of the parents who conceived and nurtured that life.

This statement of rejection and betrayal acknowledges previous research wherein they conclude that what is evident from the interviews was the participants' grappling with a personal sense of blame for not having prevented the death (Cerel, Padgett, Conwell & Reed, 2009, Shahtahmasebi & Aupouri-Mclean, 2011). Knapp (1987) substantiates this notion of 'sense of blame' encapsulated by the participants, in her claim that, parents blame themselves for not being more cautious and attentive. Literature reveals a common question asked of by parents; "what did we miss?" (Jordan, 2001, Watson & Lee, 1993). Survivors feel a sense of helplessness, when there is no answer (Kalischuk & Hayes, 2004). Participants dialogue suggested a sense of helplessness at not knowing why their child commited suicide. They searched for answers and explanations for their child self inflicted lethal injury as they needed to know why and how this can occur.

Whānau spoke about the experiences at the tangihana wherein whānau felt an incredulousness at hearing korero from other people at the tangihana about the presence of the deceased on the marae. Tangihana was the site for further traumatization for parents bereaved by suicide. In this public arena parent mamae, shame and guilt was intensified due questioning the presence of the deceased on the marae. This type of

stigmatization influenced the prevalence for whānau psychological, social and physical isolation.

6.4 Whakamomori - Guilt/Reproach and self-blame

The experience of stigma, guilt, shame, isolation, and blame are significant elements that are consequences to an unquiet grieving process undertaken by the parents bereaved by suicide in this study. Similar responses are described in a study investigating family members bereaved by suicide in Switzerland, where the participants reported suffering shock on ascertaining the body of the dead family member (Van Dongen, 1993). The data in this study clearly alignes with the literature particularly the critical grief responses of shock, horror and sadness but more particularly the parental guilt. Likewise, McMenamy's et al., (2008) study of suicide survivors, showed higher levels of depression, anxiety, and trauma. Again, Van Dongen (1990) in her research, stated that acute grief reactions of suicide survivors, comprised of feelings of anger, irritation, sadness, depression and guilt alongside of relationship problems and depression" (p. 2). Kalischuk and Hayes (2004) in their research state that survivors speculate on the possible answers to why their child has died and are ever haunted by the "why question". Many people suffer from a contorted perception of culpability for the death and the capacity to have stopped the suicide death (Worden, 1982; Dunn & Morrish-Vidners, 1987), and the sense of being held accountable for initiating the difficulties that created the suicidal ideation in the first instance (Silverman, Range & Overholser, 1995). All parent participants in this study undoubtedly displayed intense grief reactions to finding their dead child. From a Te Ao Māori perspective the loss of the child impacts the sense of kin-based belonginess which can lead to a real sense of abandonment for the parents and extended whānau members. Whare ngaro (loss or absence of a child in the family) is an unimaginable loss for whānau, hapu and iwi. Parents invest their time and energy and hopes and future dreams into their children and so when a child leaves suddenly by their own hand parents are left in bewilderment, left with a lot of unanswered questions.

Another theme that was paramount was that of self-reproach or self-blame. Similarly, Begley and Qualyle's research (2007) also highlighted survivor's struggle with self-blame for not having stopped the suicide death and as a consequence were left with

feelings of guilt. Wagner and Calhoun (1992) describe how survivors undergo a lengthy and resolute quest for the motive for the suicide. Parents take up the quest to find answers to why their child died and undergo lengthy searches in mental health or anything linked to their child's context.

Bailley et al., (1999) argue that suicide survivors are subjected to more overall grief outcomes than the survivors of other categories of death. This section informs readers of the perplexing disposition of the grieving process resulting from youth suicide; this conclusion is reinforced by Jordan (2001), who postulates that "traumatic grief is one likely sequelae of a suicide" (p. 97).

6.5 The Search for meaning: making sense of the loss

The parents of this study had a lot of emotional and psychological stress to deal with. Closely aligned with these responses was automatic process of cognitive processing which ususally began with the question of why the death occurred. Parents felt the need to make their own einquires by reading or asking mental health and strivingot make links between the unwellness and suicide. It has been argued that the search for meaning after a violent loss is a common and essential task for survivors of such a wrenching event (Armour, 2003; Nadeau, 2001; Janoff-Bulman, 1992). Similarly, Jordan (2001) claims, "making sense of the suicide of their loved one is a major recovery task for survivors (p. 99).

Transformative learning theory encompasses the capability to critically reflect on incidents and experiences, and so come to an awareness and understanding about dissonances. The experience of grief is complex, with numerous potential consequences, either negative or positive. Nevertheless, grief is a painful experience and making sense of a suicide death is known to be a very difficult process for the bereaved (Wertheimer, 1991).

New theories of grief argue that these consequences invoke change and growth. The Transformative learning theory embraces the idea that triggering incidences or experiences motivate people to scrutinise their assumptions given that their current

worldviews have been fractured or are in disarray and therefore creates a sense of disorientation and dissonance (Mezirow, 1994). Parents were in a state of turmoil with their beleifs of the world now splintered. What was particularly interesting was that parents did make some extraordinary changes that happened quickly or occurred overtime. For instance, one participant decided to give up her drug and alcohol addiction and joined a suicide survivor group. Another set of parents had changed their worldview around their job and money and decided that the life of their daughter was so much more important than making money. Values and priorities changed for parents, with parents becoming a lot more empathetic at others plight and in their own grief reached out and supported others.

The paradox this research highlights, it is the griever's responses to the death that are pivotal to promoting PTG. Needing to find the reason as to why the suicide occurred and the lack of explanations for the suicide is a predominant issue in the grief process. However, this study confirms it is these elements that invoke change and growth. The data from this research provided intimate, detailed perception into the devastated world of those bereaved, who from their experience expressed how they would not wish this type of experience on any others. Study data provided insight into how parents through a process of cognitive restructuring, attempt to find meaning in the death and in their lives.

The data further illustrated how traumatic death motivated parents to scrutinise their current worldviews that are now fractured, creating a sense of dissonance and disorientation. These concepts as suggested by Jordan (2010) and Tedeschi & Calhoun (2004) facilitate the grievers need to find meaning. Mezirow (1999) suggests that adults learn more through processing their experiences. The excerpts clearly demonstrated the preoccupied engagement with finding meaning in the death. This role of meaning has been identified in this study as a critical factor in facilitating PTG as well as an outcome of PTG (Lichtenthal, et al., (2010); Murphy, Johnson, & Lohan, 2003). Flesner, (2013) validates the findings of this research in her statement "searching for meaning appears to be a central issue in parental bereavement" (p. 6).

In addition, Walter (1999) highlights that the bereaved also review who they are, the meaning of their life, of the deceased's life and their relationships with significant others in their life. Neimeyer (2005) says the exploration for an emotionally adequate

understanding of the death does not occur in a short space of time, but oscillates over a period of time and continues to be revised throughout their life. Tedeschi and Calhoun (2004) explain that the psychological processing of the trauma occurrence warrants an extreme emotive component associated with it. They suggest what makes these incidents transformative is the affective element, wherein the lessons learnt are not only intellectual ruminations.

6.6 Māramatanga - Increasing understanding and knowledge

The data elicited the need for participants to increase understanding and knowledge. Different strategies undertaken from going to Mental Health organisations, internet research, and contact with support groups as well as reading books were all part of gaining access to information and increasing understanding. Perhaps one of the most notable findings in this study, is the association between personal growth and increasing awareness and understanding. Moreover, this finding has both confirmed Tedeschi et al., (1998) and Manne et al's., (2004) ideas on PTG and presented different opportunities for examination. Facing the loss of a loved one includes the struggle with a different existence as well as the ongoing pursuit to comprehend and find meaning in one's experience.

Participants spoke to the issue of the lack of information readily available for suicide survivors, as well as the lack of support. This issue infers that the participant perceives that there is a 'pervasive silence that surrounds suicide in society' and participants spoke of the lack information to help them understand this type of trauma. One consequences of this, is that those bereaved by suicide felt a sense of helplessness as they grieved This critical awareness motivated participants to begin to look for information to not only find answers, but to help prevent the suicide death of others, and to look for ways to support others through their grief and loss experience.

Survivors in this study studied mental health to comprehend more about suicide. Eventually, most survivors increased their level of understanding of their experiences. *"I actually went to mental health to look for some answers that was a help as well for me, you know trying to understand that mauwiwi side of it, get some closure I suppose"* (P1, 8/10/2014). They used this awareness and understanding to support others in comparable

situations as well as make possible beneficial change within their communities.

Cann, Calhoun, Tedeschi, Triplett, Vishnevsky, and Lindstrom, (2011) reiterate that in learning to live with the loss, people intentionally think about striving to gain understanding about the incident. Cann, Calhoun, Tedeschi, Triplett, Vishnevsky, and Lindstrom, (2011) reiterate that in learning to live with the loss, people intentionally think about striving to gain understanding about the incident. Parents need to increase their knowledge and understanding about suicide and mental health was pivotal to making meaning of the death.

Practitioners involved with suicide survivors may need to have an awareness and insight to understand and support survivors during this review process because of its positive and empowering impact on each survivor's growth and change capacity. Reports from parents in this study demonstrated that they appeared to use religious and spiritual beliefs as a framework for making sense of their loss and finding meaning in both their life and that of the deceased.

6.7 Tautoko, awhi and manaakitanga

Findings from this study align with Cadell's (2013) comments that suggest that, compassion, empathy, reaching out to support other been shown to promote PTG. This, research has shown that whānau in their suffering are more able to identify other whānau who too are struggling with trauma and engage in ways that attempt to support and mannaki whanau. Manaakitanga is a core value within Te Ao Māori. It incorporates the notion of expressing compassion and tending to the needs and wellbeing of others. High incidences of Māori illnesses and death means that Māori are called on to support others

> Anyone can find themselves caring for another person,
> member, usually a family, whanau or aiga usually as a
> result of an accident or sudden illness. Most carers see
> themselves not as carers but as relatives or close friends
> of the person who needs support. (Ministry of Social Development, 2008, p. 4).

Tautoko, awhi and manaakitanga were three dominant action values present in whānau narratives. Aroha was witnessed in compassionate care and patience within the physical and social environ- ments, which enriched, affirmed and bolstered trust and encouraged whānau to care for each other. So this study confirms the idea that cultural involvement and supporting (tautoko) reaching out to others (awhi), are also mechanisms that influence PTG. Calhoun and Tedeschi (2006) identified that PTG increases a person's "sympathy and understanding for the suffering of others" (p. 358). These findings are reinforced by the extensive work of Myss (1977) and Dombeck (1995), both of whom assert that accepting responsibility for social change is integral to growth.

As discussed by the participants making the deaths of their loved ones more meaningful dominated the landscape of their emotional and spiritual life as suicide survivors. It is clear from the findings to date that the participants had articulated a number of factors that motivated them to engage in social action. Such motivations derived from the one source: the participant's intense suffering and their search for redemption both for and from their child; their desire to carry their child forward with them as they moved through a painfully and violently changed life; and the hope of creating a future for them and their child by keeping their memory alive through their various acts of love.

The comments provided by participants assist in understanding the motivation to assist others which entailed a creation of a re-envisioned relationship that was narrated and sustained through redemptive acts. The following participant noted that "*this was just part and parcel of my healing*" (P3, 15/10/2014). Similarly, another participants said, "*reaching out to others just made me feel like I was doing something for somebody*" Overall, participants commented that their own coping opened their eyes to what others go through and so helped them to become more compassionate and empathetic (aroha ki te tangata).

Calhoun & Tedeschi (1998) identified that PTG increases a person's "sympathy and understanding for the suffering of others" (p. 358). However, the data clearly establishes that empathy and compassion for other trauma survivors enlists survivors to reach out and support others which ends in PTG. This study also afforded insight into the way social action was a mechanism whereby parents were able to find meaning in their child's death.

6.8 Whakawhānaungatanga - Staying connected (Continued Bonds)

Another avenue of finding meaning is through the adaptive relationship with the deceased formed amidst the agony of the deceased living and dying, which the data illustrated being transformed through repositioning into a positive continued relationship. Continuing bonds with the deceased is a mechanism that influenced PTG. All participants recognised the value of maintaining a link with their child. This was undertaken by utilising different strategies that included celebrating birthdays, naming their children using the deceased's' name, visiting the gravesite, keeping personal belongings, reflecting on stories, keeping their rooms in the house for them. Wheeler (2001), states that this "connecting through cherished and tangible objects allows parents to link the past reality of the child's presence with the present and future reality of their absence, so allowing them to adjust to the painful and new reality" (p. 29). Such actions and endeavours are constant with continuing bonds theory (Klass et.al., 1996). The theory of continuing bonds as a mechanism for those who suffer from grief and loss, is significant in that it proposes that bereaved individuals cultivate and preserve a spiritual/wairua connection or continuing relationship (Klass, 1996, 1999). The shared, ongoing relationship with the deceased is vital to the grief process (Hedtke & Winslade, 2004).

Studies indicate the impact traditional detachment theory of grief (Loyal & Qulley, 2004) has on parents' complicated grieving. Previous research indicates bereaved parents who in their grief find such a tremendous sense of relief as they began to understand that relinquishing any attachment to their child was not a choice they had to make. For the participants in this research, detachment from their child was not at all considered. More so, it was evident throughout the data analysis, that for participants it was a natural process to maintain any linkage and connection with their child.

The data elicited staying connected to the deceased as a mechanism that seemed to be a ritual of engagement that brought fulfilment to the survivors. In this study, participants engaged in the purposeful bonds that they identified as having provided a sense of purpose for their lives and was in effect responsible for a new identity, new goals and new future prospects. The continued relationship with the deceased gave the impetus for parents to undertake new and different roles and tasks in their lives. Staying connected enabled

families to live a life that contained the dead child. The data further illustrated the degree to which parents maintained bonds with their child with the undying premise that the deceased never be forgotten.

Understanding the significance of the life of the deceased, the meaning of one's shared relationship and the ongoing relationship with the deceased is central to the grief process (Hedtke & Winslade, 2004; Walter, 1996). Overall theory promoting meaning making is abundant in various studies. However, there is a dearth of research that accentuate the meaning making practises for suicide survivors. This study has identified the meaning making mechanisms that are unique to suicide survivors and are beneficial in progressing them in the direction of undergoing fewer severe, extreme indications of pain with more capacity to participate in their existing life in ways that are purposeful. Further qualitative research is required as more comprehensive research can advance grief and loss theory by revealing in what ways meaning making takes place for various bereaved groups.

Further, this study raises interesting questions about the traditional grief and loss theories that postulate about the development and nature of the ongoing relationship with the deceased following death. Participant excerpts suggest that in suicide grief, continued bonds with the deceased is an essential normal feature of meaning making efforts, resulting in the promotion of relational growth. The theory that griever's release of the attachment with their loved one leads to resolution of grief toward healing, is not supported by this study. This issue is raised given the longitudinal influence traditional theory have had on the grief and loss theory that has influenced the way individuals respond and cope with traumatic grief. The excerpts clearly demonstrated the preoccupied engagement with finding meaning in the death. One avenue of finding meaning is through the adaptive relationship with the deceased formed through the pain of the deceased living and dying, which the data illustrated being transformed through repositioning into a positive continued relationship. What can be significant for practitioners is having an awareness of the development of grief and loss theories overtime so to be able to theorise and utilise contemporary and relevant theories (Flenser, 2013).

Postmodern grief theorists, Archer (2008) and Gillies & Neimeyer (2006) have been influential in the movement away from traditional theory to more postmodern theory. Gillies & Neimeyer, (2006) state traditional theory advises resolution arises through

working through each stage, with the assumption that survivors bereaved by trauma will manifest a pre-loss level of operating. The data in this dissertation support current research and theories that emphasize the vital role meaning making plays in the grieving process (Neimeyer, 2001). This suggests that people are inclined to discover or generate purposefulness and meaning in their lives. Consequently, the suffering created by the death of a child to suicide leads the survivors to undertake various processes to examine meaning in the death (Gillies & Neimeyer, 2006).

What became a core finding was the assisting other trauma survivors reinforced or even advanced participant recovery and growth. Herman (1992) and Moultrie (2004) documented this outcome as well. The hypothesis arising from this study in relation to this phenomenon is that supporting other trauma victims helps survivors see their own progression in their grief and loss process. It also enables them to notice their own resources and strengths and allows them to continue forming a coherent narrative regarding their own lives. It is the author's belief that supporting other trauma victims gives space for survivors to recognise that their own healing is in some way enhanced. Moreover, it gives them meaning to their own past and future (Jirek, 2011).

 Engagement or direct activism in policy or social change schemes, associated with the primary cause of a loved one's death through suicide ensures the capacity to alleviate grief and rebuild a feeling of balance and stability to the bereaved (Armour, 2006; Parappully, Rosenbaum, van den Dael & Nzewi, 2002; & Janoff-Bulman, 1992). Mourning a death accredited to a death by suicide can achieve a voice in the communal sphere of social action work (Sadinsky, 2009).

In connecting to others' pain there is a connection more fully with self (Jirek, 2011). Even though this unbelievable action of violence cannot be redeemed, becoming an instrument of change concedes suicide survivors to reclaim some degree of influence in their child's life through building a future despite the irrevocable loss (Sadinsky, 2009). Most importantly, it promotes positive growth post loss in survivors who embark on the work (Sadinsky, 2009). These notions are supported by Roman (1999) who found in his study that survivors who involve themselves in social action as a result of their own trauma have outcomes of "increased positive feelings, a sense of belonging, greater self-esteem, increased access to information and resources and the development of new skills" (p.

183). There was a need for the parents to find answers to their child's desire to end their life. Parents were motivated to want to reach out and support others. Assisting others gave survivors purpose to carry on; it liberated them from the severity of a suicide death, and made available a meaningful framework with which to move into their future.

Jirek's (2011) reiterates the notion that connecting with others' hurt and despair, induces people to more fully connect with themselves. Also in attempting to make the world a better place for others, creates a more meaningful place for them. In linking with something larger than themselves, parents found a sense of belonging. The provision of support allowed parents to feel helpful, strong and validated. Through striving to make a difference in others' lives, parents were also helping themselves. That growth occurs in the attempts to cope and survive (Tedeschi & Calhoun, 2014, p. 70) can be applied to suicide survivors, as has proven in this research.

Mechanisms

Responses to the death

Pouritanga

Te Mamae

Whakamomori

Shock and anger
Betrayal and Rejection
Guilt
Self reproach

The search meaning: making sense of the death

- **Making sense of the loss**

- **Maramatanga**

Cognitive processing

Increasing understanding and awareness

Aroha ki te tangata, empathy & compassion, active involvment in whanau & community

Continued bonds with the deceased

Whanaunga-tanga

- **Tautoko, awhi, manaakitanga, altruism and social action**

- **Staying connected**
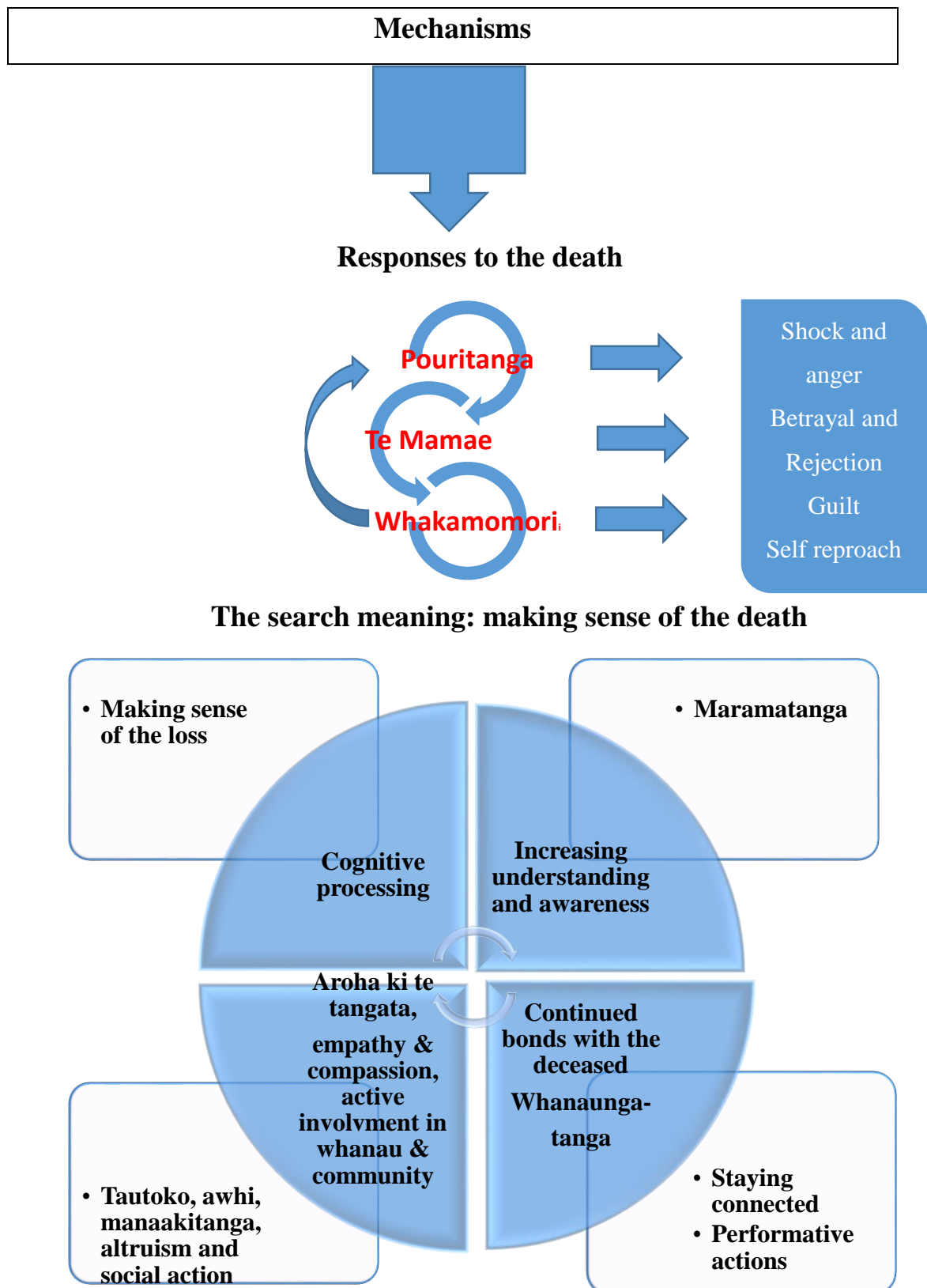- **Performative actions**

Figure 5: Mechanisms that facilitated posttraumatic growth for suicide survivors in this study.

CHAPTER SEVEN: DISCUSSION - OUTCOMES OF GRIEF

7.0 Introduction

As the following quote states:

"....it appears that to trauma survivors the changes reported are quite real. The particular changes described may even be elements of a developing wisdom…." (Tedeschi & Calhoun, 1996, p. 468).

7.1 Meaning Making

Walter (1999) comments, "without some sense being made of the death, how can this man make sense of his son's life? All human beings seem to need theodicies, explanations for suffering, without which death throws our world into meaninglessness and anomie" (p. 84). Results from this study parallel Neimeyer's (2000, 2001) significant work in the arena of meaning reconstruction following loss. Hedtke and Winslade (2004) suggest that meanings are "primary products of relational exchanges" (p. 42). Relational meaning making themes are not discrete in presentation but interwoven with other themes. However, for clarity of presentation in this research, are teased apart and discussed in distinct categories.

This study focussed on posttraumatic growth. It intended to provide a unique perspective on what it is like to experience trauma and be changed by it. It also proposes to refine the current understanding of the process of posttraumatic growth as it relates to survivors of suicide, and allows further understanding of the impact of trauma on individuals. Making meaning was acknowledged as the superordinate theme within which a number of traversing ordinate themes were derived. "This area of traumatology research provides the opportunity to redefine the 'victims' of trauma as individuals capable of adaptation and personal growth rather than merely surviving" (Morris et al., 2005, p. 584).

These participants have defined for themselves the nature of their experience, moreover they have made fundamental changes to their schemas, belief systems and in how they look at the world (Mezirow, 1999). Linley and Joseph (2011) state that "experiences are

accommodated in a positive direction, leading to growth because the person has evolved and developed (their) world-view in light of the new traumatic information" (p 1046). The findings from this study parallel Kalischuck and Nixon's (2009) findings in that survivors consistently spoke about finding meaning in relation to their struggling and suffering. They comment that half of their participants also found meaning by believing that death occurs for a reason.

Importantly, these findings illuminate the spiritual aspect of survivors' experiences in keeping with the ideas shared by Marrone (1999), who maintains that "the ability to re-ascribe meaning in a changed world through spiritual transformation may be more significant than the specific content by which the need is filled" (p. 495). Making meaning about a sudden, violent death is complex. However, both relearning to live without the deceased and being able to make sense of the suicide enable parents to find purpose and direction in their lives. Linley & Joseph (2011) state that "experiences are accommodated in a positive direction, leading to growth because the person has evolved and developed [their] world-view in light of the new traumatic information" (p. 1046).

This study has found that relearning to live without the deceased is firstly achieved if parents are able to make sense of 'the suicide'. Yet suicide is seen as a 'senseless death'. "I believe it is this very recognition of the meaninglessness of existence that feeds the creation of a new sense of meaning and value" (Janoff-Bulman, 2006, p. 89). It is when this 'making sense has taken place that parents are able to learn to live without the deceased. Both 'relearning to live without the deceased' and being able to make sense of the suicide enables parents to find purpose and direction in their lives. Grief is a painful experience and making sense of a suicide death is known to be a very difficult process for the bereaved (Wertheimer, 1991). Current studies have discovered that parents incapable of making sense of their child's death suffered from more acute grief indicators and adjustment complications, compared to parents who found meaning (Lichtenthal, Currier, Neimeyer & Kessee 2010; Murphy, Johnson, & Lohan, 2003; Wu et al., 2008). Regardless, Jordan (2001) claims, "making sense of the suicide of their loved one is a major recovery task for survivors" (p. 99). "It appears that few people consciously and systematically intend to make meaning out of trauma or to benefit from it" (Tedeschi & Calhoun, 2004, p. 5).

This study upholds this theory that the search for meaning entails cognitive processes. Tedeschi and Calhoun (2013) maintain that cognitive processing is a mechanism that facilitates PTG. Linley and Joseph (2011) argue that the search for meaning is vital for the development of positive changes but is not in itself related to such changes; rather, it constitutes the necessary cognitive process through which people are able to find meaning.

However, Wortman, Silver & Kessler's (1993) research findings indicate that cognitive processing did not seem to be involved in growth and that those who do best after trauma did very little processing. Cognitive rebuilding that incorporates the changed reality of one's life post trauma, produces schematics that integrate the trauma and possible incidents in time to come, and that are more resilient to being fragmented. These outcomes are experienced as growth (Tedeschi & Calhoun, 2004).

Taku (2009) in his study on PTG and cancer survivors highlighted the association between PTG development and deliberate rumination. Because of the confrontation with adversity, the survivor's grief engenders a search for answers. There is a need to understand suicide death at a deep emotional level. In this study a search for answers for the participants was about coming to terms with the suicide and drawing their conclusions around the event. The Coroner's report or the inquest information will not be sufficient for the need to know. The bereaved are left with the option of understanding the act of suicide and of understanding of their loved one.

7.1.1 Telling the story

> *"If telling my story can comfort another survivor, then I will continue to tell it. If I can get information into the hands of someone who can save a life, then I am doing something incredible. I may never know for sure that my work has saved a life. I can live with that; I don't want to live with the 'what if' questions of never having tried." (Reussow, as cited in American Foundation of Suicide Prevention, n.d.).*

An outcome that stemmed from the collaborative relationship between researcher and participants (parents) was that participants were able to tell their stories. It became evident in the korero with the participants that they had not shared their stories with anyone. Obviously it therefore became apparent that the researcher was the first person to hear their stories. Through stories we can make sense of the past, understand how the present came into being, and predict what is likely to occur in the future (Graves, 2009; Mc Adams, 1993). In this way, storytelling has capability that can be utilised as a device to influence the bereaved create a new actuality (Riches & Dawson, 2000).

Riches & Dawson, 2000) emphasise this point by stating that "we may not know what we think or feel until we have heard ourselves saying it" (p. 186). Speaking about the loss of one's child is a way not only to maintain the bonds (Klass, 1996; Walter, 1996) but is also a way to sanction the 'wounded storyteller' (Frank, 1995) and to give voice to the dead, who could not, and cannot speak for themselves. Additionally, participants have had the space to tell their story of their anger, grief, guilt, self-reproach and woundedness. They have had a moment to share, to cry, to reflect, to learn and relearn, to formulise, to move, to leave alone, to change and through all this, grow. Storytelling was another crucial approach whereby the loved one would be remembered. Storytelling was necessary to weave a web of meaning within which participants could live.

Various Narrative theorists argue that storytelling is the basic means by which individuals make sense of their experiences (McAdams 1993, Neimeyer, 2001). Coles (1989) asserted that stories are told so that those telling the stories are able to "understand the truth of their lives" (p. 7). Consequently, the telling of one's life story can produce transformative change and produce benefits to the narrator (Jivek, 2011).

7.2 Changed relationships

7.2.1 Relational growth with the deceased: Whanaungatanga – Continued Bonds

Tonkin (2006) found in her New Zealand study of bereaved parents that the 'size' of the grief remains the same no matter how many years passed, but the parents' life grew around it, and the life and death of the child becoming incorporated into the life of the

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parents (2006). This parallels Klass's (1999) conclusions that the continuing bond with their dead child is central to who parents are now and in the future. The dead child was always at the forefront of the work they did. Letting them go was not an option as the child is a part of who they are now.

One participant, a grieving mother, had created a room with her both her son's photos and memorabilia in it. In this way she was believed she was attempting to fulfil her role as 'bereaved mother' and honouring her children and keeping them close. She also had a special page for both of her sons included in an American book dedicated in memory of those children who had died through suicide.

Participants' efforts to preserve a connection were about honouring their child as well as reaching out to other people. In striving to trace the theme of 'staying connected' as influencing part of the growth process, the participants endorsed that social action linked them closely with their child over the passage of time wherein they felt they were connected to their child, and this brought them comfort.

In rebuilding a life, participants earnestly scrutinised philosophies about the meaning of life for them. Due to the suicide event, participants had to consider the point to which they believed things that happen to people are controllable. The data illustrates how strongly participants believed that it is important to regain control over their life story and the narrative of their child's life and death. As illustrated in this research, 'repositioning' was about constructing connections with the deceased through positive shared memories. Clearly, being involved in both social action and staying connected to their loved one offered something valuable and addressed different grief symptoms. Participants derived enormous benefits from both mechanisms, and regarded them as offering essential tools for rebuilding a life for themselves and remaking future for their child. Another way suicide survivors continued an attachment with their child, was through honouring him by supporting and helping troubled youth in the hope that this will reduce possible suicide.

What was clear from the data was that bereaved participants repositioned their child in a place where their child's memory was kept alive through naming children after the deceased, talking and sharing memories, visiting the cemetery, keeping memoirs and creating special places of remembrance for their loved. These findings parallel Rime's

(2007) conclusions, when he emphasized that a characteristic of natural disaster survivors is the prevalent use of combined rituals intended to remember the victims and proposed that this can nurture social solidarity and awareness of positive changes after a trauma.

Previous research on grief and loss, indicated parents speaking of releasing themselves from the responsibility for the suicide and in so doing let go of their child, "It was a process that I sensed was necessary, in letting go of Kevin I was also releasing myself" (Arnold, 2011). However, in this study participants indicated that letting go of responsibility of the suicide did not entail letting go of the child as well. Each action was identified as being separate unlike the findings in this study wherein, both actions were simultaneous. This was her sense of letting go responsibility for the suicide, but not letting go of the child. The data in this study indicates that the two actions are separate. That letting go of responsibility of the child's suicide was not concurrent with letting go of the attachment of the child.

This study maintains that letting go of responsibility of the child's suicide came about through the process of cognitive rumination whereby bereaved parents arrived at a place of acknowledging that their child had made a choice to end his life. Such sense making took five to seven years for the participants in this study, but it enabled participants to accept their child's death and move on in life. It also meant getting over the guilt and self-blame. The participants in this study revealed letting go of the responsibility was a major milestone for parents which ultimately brought them a sense of peace and resolve in which they could move on with their lives with the deceased family member.

7.2.2 Relational growth with self

> "....it appears that to trauma survivors the changes reported are quite real. The particular changes described may even be elements of a developing wisdom...." (Tedeschi & Calhoun, 1996, p. 468).

One of the areas of change is experienced in is self-perception or identity (Morris, Shakespear-Finch, Rieck & Newberry, 2005). Calhoun and Tedeschi, (2008) suggest that the reflection of growth in self-concept is attached to the paradoxical concept 'more

vulnerable, yet stronger'. The death of a child, specifically suicide death, that is sudden and violent, tells the bereaved that there is vulnerability to death that is sudden, unexpected and traumatic. The results in this study are consistent with Janoff-Bulman's (2004) theoretical approach, which advocates that incidents crucial to one's identity, are predicted to support revision and restructuring of one's existential framework. Experiences which are essentially pivotal to one's identity, usually end in the "shattering of assumptions" and worldviews, which then are considered to lead to PTG via meaning-making processes (Janoff-Bulman, 2004). Contradictory research pertaining to cognitive models (e.g., Hobfoll et al., 2007) of PTG in the context of our findings, as well as the existential re-evaluation model, warrants further investigation into these processes and how cognitive processing might lead to taking action after stressful events.

Perhaps one of the most notable findings is the association between personal growth and increasing understanding that then motivated survivors to want to reach and support others. If survivors can be encouraged to participate in more care-giving activities with other survivors that may facilitate their own emotional healing as well as that of others with whom they interact. Also, by concentrating on the extensive sphere of non-survivors, suicide survivors who strive to alter the public view of suicide, and who work to obtain research funding to study both suicide and mental health issues, and extensify the availability of mental health services, can achieve a stronger sense of personal renewal and significant accomplishment. Similarly, copious studies comprising of people having undergone an array of hardships, endorse the accounts of important gains or personal

growth are commonplace (Frazier, Conlon, & Glaser, 2001; Tedeschi & Calhoun, 1995; Tedeschi, Park, & Calhoun, 1998). What's more significant to note, is that participant's reports of growth or gain did not automatically suggest acceptance of the loss or even successful resolution. The findings indicated that self-reported accounts of growth were aligned with feelings of sadness, feeling of longing for their loved one, regret, and loss.

Pursuing these goals can guide survivors' enroute to paths that contribute to making their lives meaningful again, by creating something "good" from loss. These findings align with Calhoun and Tedeschi's, (2010) report that suggested that posttraumatic growth

clearly transpires in a milieu of substantial life challenges, with associated conditions of psychological trauma and major suffering

Another outcome is an enhanced awareness of personal strength. This awareness of increased individual strength is associated with the acknowledgment of increased capacity to work with upcoming hardships and difficulties, as well as to make changes to situations that require changes. The survivor clearly recognises that post trauma, they are a person with more skills and strengths in comparison to the self pre trauma (Linderstrom, 2013). Nevertheless, this enhanced appreciation of personal fortitude, resilience, determination and strength, is complemented by the insight and awareness of peoples' sensitivities and the awareness of what a trauma can create in ones' life (Tedeschi & Calhoun, 2004).

Calhoun, Tedeschi, Cann, and Hanks, (2010) explain that the change in self-perception is reiterated in the paradoxical concept, 'more vulnerable, yet stronger'. Tedeschi and Calhoun (1998) acknowledge that people experiencing life crisis undergo distressing emotions and dysfunctional thinking. They further explain that the presence of growth does not indicate the absence of pain and distress. Other apparent concepts include creating self all over again, and restoration of self by setting and achieving new goals. Feelings of vulnerability and 'undoneness' seemed to be push factors in participants search for stability and the need to 'come back'. Ultimately this was about re-authoring of the self

Based on the Strength through suffering model, Janoff-Bulman, (2004) explains that new strength is derived from surviving experiences that are extraordinary and trying. This model posits that people derive greater personal strength and confidence after a traumatic event that, in a way, stretches their capacities beyond what was previously thought possible. After such events, the survivor is able to take ownership of this newfound strength and derive from it new possibilities. However, Hobfall et al., (2007) identify a gap in the application of the Strength through Suffering Model wherein they identify that further study is needed to determine the extent by which the Strength through suffering model leads to taking action, or implementing change in one's situation, toward new possibilities.

7.2.2.1 Wairuatanga: Spiritual, religious and cultural strength

Wairuatanga was a key cultural strength that most parents and whānau drew from to strengthen and sustain them through their grieving process. Wairuatanga appropriated the practices of different cultural beliefs and values, religious practices, spiritual practices and a mixture of all of them. The bereaved whānau placed a great significance of spiritual life and the existential world and it was a central component in whanau-centred grieving. One of the most frequently acknowledged categories that emerged from the data, was the idea that the experience of trauma is closely associated with spiritual and cultural development and strengthening.

The spiritual and existential domain is a prominent feature in Tedeschi and Calhoun's model. During times of traumatic incidence, it is usual for people to look to religion (Koening, 2006). In fact, a growing body of literature has found that religious involvement may play an integral role in facilitating spiritual growth and higher level of self-efficacy (Ano & Vasconelles, 2005). For instance, Chan and Rhodes (2013) prescribe that there are numerous formulae of religious coping. These comprise of pursuing spiritual support, voicing gratitude, compassionate consideration and creating a partnership with Deity (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001; Lindstrom, et al., 2013).

This study aligned with the notion that religious or spiritual beliefs provided a framework for making sense of the loss and finding meaning in both their life and that of the deceased (Folkman & Moskowitz, 2004; Hays & Hendrix, 2008). Clearly the process of finding meaning in the trauma event motivated parents towards developing their potential as human beings, by taking up new activities. Emmons, Colby and Kaiser (1998) declare that religious coping mechanisms have been linked to increased sense of meaning and growth following traumatic experiences like major illness, natural disasters and war. The faith and hope in a higher religious entity may intensify post trauma as well as interpose as an adaptive mechanism in the rumination process of finding meaning (Calhoun & Tedeschi, 2006). Moreover, other empirical data have advised of a positive association between cognitive processing, religiousness/spirituality, and perceived growth (Ramos & Leal, 2013).

Ideas expressed by participants appeared to not only fit current theories of PTG but also study confirmed survivor confrontation with trauma results in some way, as an opening to a reaching out to a higher being, a renewal of spiritual connections and beliefs (Lindstrom, et al., 2013). Reports from parents in this study sanction Wever, Flannelly, Gabarino, Figley, & Flannelly's, (2003) idea, that people use their faith in a higher being as a way to cope with life stressors. It is during times of trauma that religion is thought to facilitate meaning, purpose and connectedness (Darlin, Hill & McWey, 2004; Guthrie & Stickley, 2008).

In fact, Calhoun, Tedeschi and Lincourt (1992) report that a large proportion of individual who experience loss, signify that the spiritual, or religious component of their lives are a lot more important and meaningful component of their assumptive worlds. This study identifies spiritual beliefs and religious involvement as key pivotal mechanisms that influence growth. On the other hand, Calhoun and Tedeschi (2004) support the notion that struggle with trauma can end in an enhanced association with religiousness and a better understanding of spirituality matters (Park, 2006). Adding to Calhoun and Tedeschi's outcomes, this study incorporates greater beliefs and or answers to existential questions as further outcomes.

However, according to Pargament (2006) spirituality is an intricate concept, which does not always enable post traumatic growth. Moreover, whilst some empirical data have advised of a positive association between cognitive processing, religiousness/spirituality, and perceived growth (Ramos & Leal, 2013), Armour (2003) asserts that "the intense pursuit of what matters" is a form of growth composed of intentional acts that include living in ways that give purpose to the loved one's death" (p. 526). Its implied purpose is to restore order of find meaning in a changed life through striving to attain goals.

Participants described their faith as being integral in surviving the trauma and noted ways in which their faith changed due to trauma. However, spirituality appeared to be a critical feature in coping with the challenges associated with the emotional element of the trauma and in the making sense process. Spiritual, religious and cultural belief s fostered whanau resilience, strengthened relationships, strengthed identity and influenced meaning-making. Shaw, Joseph and Linley (2005) argue that religion and spiritual beliefs play a role in how people adjust to traumatic events. They also report that religious and spiritual

beliefs can develop as a result of trauma. Both of these aspects were present in the results of this study and lend further support to the association between PTG and religion/spirituality. Kalischuk and Hayes (2004) in their study reveal that survivors spoke of being on a "spiritual quest" or "pilgrimage" (p. 57). Their survivors mentioned renewed beliefs in a "Higher Being" and "as if someone was watching over them" (pg. 57).

Lindstrom (2013) advocates that the distress the bereaved experience is in some way an opening to religious or spiritual questions. Similar to Lindstrom's views, the next category that emerged was spiritual rejuvenation or development. Themes of religion, spirituality and cultural rejuvenation were strongly present in the data. The issue of spirituality has been investigated as one vehicle for meaning making (Yanez, Edmondson, Stanton, Park & Blank, 2009), and it was evident that religious, spiritual meanings were dominant in this sample. In fact research has determined constructive interrelationships between spirituality, cognitive processes and perceived growth (Calhoun, 2000; Prati & Pietantoni, 2009).

"Religion can provide higher-order schemas that can preserve to preserve meaning in life even when events themselves seem senseless and tragic" (Tedeschi & Calhoun, 1995, p. 72). Nearly all participants made mention of how their religion and their spiritual beliefs were strengthened and became more active by turning to karakia (prayers), belief in a higher being, and becoming more attuned and reconnected to their cultural beliefs as being major features in their coping with their child's death and learning to live with their loss. Tragic events may be seen as "God's will", or can strengthen an individual's loyally or religious practice. Religious schemas might be lasting and involve the probability of suffering. Therefore, those who have a religious faith can have a stable sense of purpose and value (Tedeschi & Calhoun, 1995, p. 72).

Park (1996) recognised that the struggle with trauma can have favourable outcomes that consist of a greater association with religion and an improved insight to spiritual issues. However, people who do not hold religious beliefs can undergo some growth in the spiritual domain, which does not exclude people who have existing spiritual and religious associations (Tedeschi & Calhoun, 2004).

Kagawa-Singer (1998) underscores the importance of understanding cultural practice

(e.g. rituals) surrounding death. Such understanding provides a meaningful context for grieving families. "The honouring of cultural practices provided survivors with a sense of security and coherence as well as the emotional, social and physical resources to navigate the final journey with integrity and peace of mind" (p. 1752). "Culture is a convenient way of describing the ways members of a group understand each other and communicate that understanding" (Durie, 2003, p. 2).

Calhoun & Tedeschi (2004) explain the recognition given to spiritual beliefs and religious involvement as key pivotal mechanisms that influence growth. Results of this study support Tedeshci and Calhoun's (1995) hypothesis that prayer can provide a sort of adaptive coping and secondary control. Consistent with previous research (Shaw et al., 2005; Tedeschi & Calhoun, 1995), Participants indicated that the experience of trauma strengthened their spiritual beliefs. It appears that the experience of not only surviving but growing from trauma was reinforcing of the support gained through spirituality. Overall these statements suggest having a stronger belief in God or other religious entity can strengthen post trauma and above all contribute as a coping mechanism in the cognitive process of finding meaning.

Manaaki (mana protecting and mana enhancing practices) has been described as "the capacity to care, the flowing of hospitality, and the generosity of spirit which lifts and binds together" (Ministry of Social Development, n.d). Durie (1998) reiterates an increased awareness of the importance of a strong, positive cultural identity.

Continuing bonds is the construction of a relationship in a wairua/spiritual dimension. Nepe (1991), argues around the distinctive nature of Māori relational contexts in the link between the living and the dead and life and death. For Māori there is a interconnection between the metaphysical base and Māori societal relationships.

The spiritual, existential and cultural domain was a prominent feature in the participants' narratives. As all participants in this study were adults, one explanation for the amount of discussion about spiritual and cultural aspects may be due to clarity and certainty regarding religious and cultural beliefs and practices. Religious, cultural association and staying connection were also strong indicators of reported growth. As a result of their traumatic experiences, survivors reported increased spirituality and a stronger religious

faith. They also reported, strengthened cultural imperatives as a result of their experiences with the trauma of suicide death of their young adult child. This association has been reported in prior studies with other populations, involving individuals impacted by homicide (Sadinski, 2009) and research on parents whose children die after illness (Arnold, 2011).

Bonanno and Diminich's (2013) explanation of the association between posttraumatic growth and trauma suggests this transpires through a greater use of goal-directed problem solving, positive reappraisal of adverse events, a creative search for meaning in adversity and ultimately growth. These findings also validate an association connecting personal growth and certain demographic factors. Perhaps the most intriguing is the obvious relationship between participation in religious/cultural activities and personal growth in this sample, signifying the prospect that religious and cultural membership can incorporate timely impacts for bereaved persons, in relation to developing and enhancing meaning reconstruction processes in survivors.

Analysis illustrated how the parents surviving the death of their child, made meaning. These involved God, religion or spirituality, belief in an afterlife, and finding reasons as to why their child died. This study specifically identified culture as a key mechanism that guided parents in finding meaning. Cultural aspects including karakia (prayer), tikanga (lore), whakapapa (connection to the deceased), including cultural values and beliefs, were elements that gave meaning to the loss and supported the bereaved in dealing with this loss.

7.2.2.2 Reinvestment in living and new possibilities

Whānau discussed their hopes for their futures. Moving to a new location, planning new cultural pathways or findings meaningful jobs was about reinvesting in life and facilitating new possibilities. The desire to gain meaning in life and understand their own existence could be considered akin to Begley and Quayle's (2007) theme of "purposefulness. Posttraumatic growth involves constructing new "schemas, goals and meanings" and being persistent at it (Tedeschi & Calhoun, 2004). The same cognitive processes may be necessary to achieve a sense of purpose in life. Survivors in this study

were able to reframe their grief experience and derive benefits from it. As such the findings verify former claims that PTG is undergone by those bereaved by suicide (Fiegelmen, Jordan & Gorman, 2009).

For some participants, suicide death of their child prompted survivors' to review their lives and change their priorities and goals. For example, a participant said the review process allows "*you to see things about yourself that you haven't seen before* (P5, 26/05/2015). These findings relate to Kalischuk and Hayes' (2014) research findings wherein they commented that "survivors were more likely to report feeling stronger, functioning more independently, and being more in tune with their life priorities" (p. 56).

People describe "changes in their life philosophy, e.g., finding a fresh appreciation for each new day and re-evaluating their understanding of what really matters in life" (Joseph, Murphy, & Regel, 2012, p. 317). Moreover, it would also appear from the examples provided by participants, that they had found other resolves and focuses in their lives. These comments suggest that change was not only beneficial but had given rise to a sense of purposefulness. Importantly, where once parents had other goals and endeavours, their priorities had changed to focus on family wellbeing, appreciating family, with more emphasis on supporting and offering help to other people in their time of need (Knapp, 1986). Bereaved whānau became involved in actitivies that gave their life and their childs death meaning.

Throughout the course of grappling with the hardship of traumatic loss, the survivor encounters different possibilities for their lives (Lindstrom, 2013). Participants during the interviews thought they had the potential to move in a direction to find peace in their lives. This was achieved through the setting of new goals and establishing new priorities. Karanci & Acarturk (2005) remark that PTG may be related to positive behavioural changes such as coping with subsequent stressors (Park, 2010), less alcohol use (Miliam, 2011) and engaging in volunteer work. The establishment of a different life direction is associated with an awareness of new ideas and values of life that influence the past assumptions and core beliefs leading to new possibilities and prospects that were in existence prior to the trauma (Calhoun &Tedeschi, 2006). Calhoun and Tedeschi state that the identification of new possibilities in life is a domain of PTG. They discovered

that individuals often embark upon a new path in life as a result of traumatic growth.

"When you lose your parents, you lose your past; when you lose a child, you lose your future" (Arnold, 2011, p. 98). Whilst parents may lose their futures, this study however clearly delineates the possibilities are open for the bereaved to build new priorities, goals and futures for themselves. Kalischuk and Hayes (2004) state that survivors position themselves to act more in alignment with their cherished beliefs and values. In their study one participant commented how he *"use to go for a few beers with the boys. Then he got his priorities right for the first time in his life"* (p. 56).

Participants' perceptions about the positive personal growth that occurred in their lives was greatly influenced as a result of coping with the suicide death of their loved one. First, participants explained how their outlook changed as a result of coping with the death. Participants shared how they were able to develop a more positive *outlook* on life, able to look towards the future more, and find themselves and move forward. From the data elucidated, participants were able to develop a more positive outlook on life. Some participants explained that they developed a change in their frame of mind or more optimistic. Over half of participants commented that they became more appreciative or grateful for what they had, they valued life more, became more positive, and /or tried to reach a point of equilibrium.

New goals, priorities and new purposes sanctioned participants the capability to move in different directions, reinvesting in life, living fully, and honouring their loved ones life. Bell (2004) states "We don't just construct our sense of identity out of thin air, but out of the ways of thinking and relating that we inherit from the past" (p. 122). "We live in story worlds" (Miller Mair, cited in Plummer, 1995, p. 1). Tedeschi and Calhoun (2010) recognise that the types of change undergone is growth in 'changes in self-perception', for example, changed priorities, life paths and an increase in the general appreciation for one's life and existence'.

7.2.3 Kotahitanga - Relational growth with significant others

Through careful analysis of the verbal and written transcripts the experience of 'relational growth with others' was a key outcome component. 'Relational growth with others',

coined by Tedeschi and Calhoun (2010), acknowledged stronger relational connections to others who suffer. Moreover, they argue that the potential importance of engaging with others, and the benefits derived from engaging with others, with the intention of supporting others, may directly influence PTG. The findings in this study provided evidence of growth in interpersonal relationships in the increase in the sense of connectedness to others who lost a young adult child to suicide.

Significant changes in relationships, such as greater sense of intimacy and closeness, was evidenced in families. Analysis of the data demonstrated an alteration in their relationships with others through sensitivity to feelings and increased munificence. The need to want to nurture and support one another was also apparent. Kotahitanga or unity is an outcome of whānangatanga. Through collaborative nature of collective relationships, kotahitanga, was achieved. Other concepts conducive of kotahitanga are mutualality, reciprocity, accountability, awhi and tautoko. The concept of 'open in communication', also became imperative, and derived as a consequence of the importance of this concept within the familial relationships. Significant changes in relationships, such as greater sense of intimacy and closeness, had been found to be one of the major domains of PTG. This study acknowledged social action as a core feature of finding meaning. The data provided insight into participant's feelings altruism and having the desire to reach out and help others.

Interestingly, this attests to the soundness and satisfying validity of the construct of posttraumatic growth, (PTG) in that participants who became positively transformed by their experiences, began connecting with others, albeit from a new vantage point. Studies have found that a suicide death brought family members closer together (Cvinar, 2005; McIntosh, 1996). Moreover, Frantz, Farrell and Trolley (2001) concur that survivors may experience a positive outcome in relationship to the death of a loved one. Their research found that subsequent to the death of a loved one, survivors were more likely to report stronger family ties, functioning more independently, and being more in tune with their life priorities like spending more time with family and friends. Similarly, in this study, participants provided insights into their relationships with their children and other family members, describing their interactions as being positive and mutually supportive: *"I visit relatives and friends"* (P3, 26/5/2015). Judith Herman (1992) argues that survivors are inclined to become involved in the world outside of their world they were a part of prior

to their traumatic loss. Making connections with significant others produces an influential barrier against helplessness and despair, and "while there is no way to compensate for an atrocity, there is a way to transcend it, by making it a gift to others.

Kalischuk and Hayes (2004) report in their studies that post death, survivors recounted spending more time with their families and friends, because of a change in priorities. Tedeschi and Calhoun found that the quality of relationships is an important factor in determining the likelihood for growth. "If good relationships can be maintained or improved, growth may be possible" (Tedeschi & Calhoun, 1995, p. 94*).*

This study derives the idea that the death of a child can have a paradoxical effect on the relationship; the shared loss of a child by the parents can create a profound bond and connection between them, and at the same time can create tension and estrangement as each individual struggle to make sense of their unique experience. Given that a child's death will challenge the world view, social, spiritual and existential belief of bereaved parents, then it is not surprising that relationships are also questioned and challenged (Klass, 1999). An explanation of this correlation can be viewed in the frame of systemic-relational theory, in terms of family functioning in the face of a crisis (Cormio, Romito, Viscanti, Turaccio, Lorusso, & Mattioli, 2014). Families can in fact remain either rigidly anchored to their usual way of functioning and not adopt to the new situation or, the contrary, they may be flexible and adapt more adequately to the new situation.

It could be interpreted that the bereaved had not accepted the deliberateness of the death and were coping by retaining their relatives in an altered life-purpose within the family. Whether this behaviour is indicative of a complicated grief, as recently highlighted in the research literature, needs further illumination (Prigerson et al., 2001; Mitchell, Kim, Prigerson, Mortimer, & Stephens, 2004).

7.2.3.1 Aroha ki te tangata - Compassion, empathy, altruistism through performative action

Aroha, compassion, empathy and altruism were dominant action values present in whānau narratives. Aroha was witnessed in compassionate care and patience within the physical and social environ- ments, which enriched, affirmed and bolstered trust and

encouraged whānau to care for each other. The bereaved whānau members in their empathy and compassion reached out to others who were experiencing trauma. These activities included visitng a neighbour who had a son suffering from mental unwellness and it meant doing house work for the mother of this child. This is essence is about making meaning for the death of one's child by altruistic behaviours and attitudes displayed by the bereaved parents.

This is consistent with Riches and Dawson (2000) and Cacace and Williamson's (1996) findings in which parents described participating in purposeful endeavours and experiencing individual development. Dyregrov & Dyregrov (2008) believes that participating in this way is dependent on their capacity to discover meaning out of a death that seems so purposeless. Moreover, empirical data have advised of a positive association between trauma and growth, wherein, experiences are adjusted in a positive direction, that ultimately lead to growth (Linley & Joseph, 2011) given that the person has developed and advanced his or her world-view in relation to the new traumatic information.

Armour's (2003) research into performative actions following a homicide death demonstrated the role of performative actions in assisting mean making within whanau bereaved by homicide. These findings provide unique insight into dialogue and various grief rituals and responses undertaken by participants, as a way of making meaning. Such performative actions included political activism. The reason for this is evidenced in Feigelman's, et al. (2012) research, whose conclusions suggested the positive association between survivors' active involvement in support groups and their reaching out to support their peers and positive growth. Various researchers have demonstrated in several studies that talking to others about the event and reaching out to support others struggling with similar hardships, brings long-term health benefits as well (Pennebaker, 2004). Pennebaker (2004) endorsed that such growth occurs because talking about the event and reaching out to support others, helps organise and make sense of one's experience.

Essentially participants undertaking performative action (social action) illustrates an ongoing connection with the deceased (Sadinsky, 2009). This illustrates how they create the world of the deceased in which they find themselves, as a way of being with their dead child. The need to find meaning of the death may have promoted supportive

behaviours among survivors as well as processes of sharing experiences, which according to Riches and Dawson (2000) and Cacace and Williamson's (1996) promote PTG.

In the arena of trauma and recovery, Mendelsohn, Herman, Schatzow, Coco, Kallivayalil and Levitan (2011) state that some survivors feel inclined to participate in the world outside of the confines of the narrower world they had occupied prior their loss. Jirek (2011) elaborates that connecting with others generates a potent synergy that prevaricates powerlessness and desolation. She further articulates that despite the fact that there is no avenue to recompense for the atrocity, there are means to surpass it, by "making it a gift to others. The trauma is redeemed when it becomes the source of a survivor mission" (p. 207).

Political activism was another theme, which included a desire to be personally and politically active, a finding consistent with Sadinski's, 2009 research with homicide survivors. These findings are reinforced by the extensive work of Myss (1997) and Dombeck (1995), both of whom assert that accepting responsibility for social change is integral to growth. Assisting other survivors seemed to reinforce or even advance survivor's own healing or recovery procedure. Various scholars have taken notice of this phenomenon (Herman, 1992; Moultire, 2004).

Participants strove to create a positive change in other people's lives. This aligns succinctly with Pozzi, Elena, Marzana, Gozzoli, Andrisano, & Ruggieri's (2015) study that found voluntarily helping others increases positive feelings, an enhanced sense of identity, increased self-awareness, greater availability to material and resources and the increase of new skills. The current study confirms these findings. In fact, undertaking performative actions provided emotional rewards, promotes wellbeing, and provides meaning to one's past or future.

Armour's (2003) study of performative actions subsequent to death by homicide revealed the function of performative actions in supporting mean making within families bereaved by suicide. These findings provide unique insight into korero and various grief rituals and responses undertaken by participants, as a way of making meaning. Such performative actions included joining communal groups, writing and changing social policy, public

speaking, attending workshops, seminars and speaking at conferences. Described as an adaptive coping mechanism then, drawing on loss and grief in the name of the deceased holds therapeutic worth for the bereaved specifically as it diminishes the ignominy and culpability of the suicide death, and acts as a conduit between suicide survivors and the community. Most importantly, it promotes positive growth post loss in survivors who embark on the work.

7.3 Summary key findings – Outcomes

"....it appears that to trauma survivors the changes reported are quite real. The particular benefits described may even be elements of a developing wisdom…." *(Tedeschi & Calhoun, 1996, p. 468).*

No one would wish traumatic events for themselves or others nevertheless these current findings demonstrate that their occurrence is at times linked to extended strength of character and other growth aspects as theorized by Tedeschi and Calhoun 2010). Nevertheless, the findings of this research are significant given the copious theories and scholarship that accentuate the psychological scarring impacts of such incidents (Peterson, Park, D'Andrea & Seligman (2008). In the past 20 years, there has an increase of scholarship on the potential for growth from grief. Prior, a wealth of research has focussed primarily on the negative trajectory of events (Wortman, 2013). The results of this study highlight the significance of recognizing the complexity and uniqueness of individual's experiences of trauma and growth.

It is also imperative to consider that not all individuals faced with major traumatic events, including bereavement, experience growth. This study also concludes that the confrontation with trauma and grief is the not only context where growth occurs. However, the focus here is on the process of growth that can occur in situations which have historically been seen, particularly among 20th century behavioural scientists, as tending to produce negative consequences only. The description of PTG has been expanded to several application contexts. This study has expanded knowledge into a health area by expanding understanding of PTG to parents of young adult children who have committed suicide.

This research has created four main domains of PTG. These are meaning making, relational growth with deceased, relational growth with significant others and relational growth with self. Neimeyer (2004) acknowledges that the grief and loss process is relational. The findings of this study supports this notion. The outcomes are formed into a relational matrix (see Table 10).

Tedeschi and Calhoun's (2004) states that the various psychological processes undertaken by individuals as they manage to cope with trauma are the same types of processes that may lead to changes. This study found that meaning making was a central process in the individual's grief and loss responses to trauma. Within the meaning making process are psychological processes (Tedeschi & Calhoun, 2004) as well as experiential processes in which individuals undertake performative action that leads to changes.

Relational Growth Matrix

Meaning making
Relational growth with the deceased: Whakawhānaungatanga -Staying connected
Kotahitanga Continued Bonds - Constructing and maintaining bonds as a beareaved parent   **Performative actions – The life and death of the child is incorporated into the life of the parent.**   **This is central to who parents are now and in the future. The dead child becomes fore front of the work and purpose of the parent.**
Relational growth with significant others: Kotahitanga- stronger relational connections
Closer ties to family - whānaungatanga   **Greater emotional disclosure and feelings of closeness to others**   **More compassion for others and more willingness to give to others, aroha ki te tangata, compassion, empathy, altruism, awhi, tautoko,**   **Performative action through the undertaking of social action –attending seminars, support groups, speaking at conferences, involvement in policy making,**
Relational growth with self: Personal positive growth
Changed priorities, Increased clarity about what is most important in Life   **A deeper and often spiritual sense of the meaning of life**   **Reinvestment in life, new goals, new possibilities**   **Wairuatanga - cultural strengthening, spiritual, religious strengthening**   **Aroha kit e tangata, more empathy and compassion, altruism – reaching out, tautoko, awhi, wanting to support, facilitate the healing of others**   **An increased feeling of personal strength, confidence.**

Table 10. Relational Growth Matrix: PTG Outcomes.

Cole and Lynn (2010); Joseph and Linley (2006) and Tedeschi and Calhoun's (1996) development of PTG inventory provided a valuable guideline toward this studies own PTG inventory called the relational growth matrix. The first domain of the PTG inventory; the reorganisation of life priorities and greater appreciation of life, was encapsulated in the relational growth domain under relational growth of self. The second domain of closer and more intimate relationships with others was categorized under the domain of relational growth with significant others. Increased or renewed spiritual development, greater sense of self and personal resources or strengths all came under the domain of relational growth with self (see Table 10).

A significant outcome derived from this study relational growth with the deceased. This outcome has not been acknowledged as an outcome of the PTGI inventory. The grief and loss literature endorses the growing acknowledgment of continued bonds with the deceased. One technique participants sought to find meaning in the loss was staying connected with their loved one. Understanding the significance of the ongoing relationship with the deceased is central to the grief process (Hedtke & Winslade, 2004; Walter, 1996). Participant narratives revealed that reinvesting in a life that no longer contained their child, was a key outcome of PTG for parents.

The other significant outcome was relational growth with significant others. This finding aligns with the PTGI inventory that identifies stronger relational connections with others as well as feelings of empathy, altruism and compassion. Like the previous outcome; relational growth with the deceased, this next outcome suggests that performative action is key to building stronger relational connection with others. The findings revealed growth in interpersonal relationships in the increase in the sense of connectedness to others who lost a young adult child to suicide. Analysis of the data also demonstrated an alteration in their relationships with others through sensitivity to feelings and increased munificence. The need to want to nurture and support one another was also apparent.

The final outcome within the relational matrix is relational growth of self. The PTGI acknowledges increased or renewed spiritual development, greater sense of self and personal resources or strengths. In this study the findings determined positive personal growth as an overall category in the relational growth of self-category. Positive personal

growth was enhanced by parents to demonstrating acts of altruism. Participants described feeling increased empathy, connection and or compassion for others as a result of coping with the suicide. Five participants were explicit in sharing that they experienced more compassion for others, more empathy for others, were more able to relate to others and had a desire to help others.

Strength and confidence, emerged in the data analysis from participants' explanation of how they felt stronger and more confident after coping with their loved ones' passing. Most participants mentioned that they felt stronger, more self-reliant, more independent, secure, and more confident.

Religious and spiritual strengthening was another outcome connected to personal growth. Shaw, Joseph and Linley (2005) argue that religion and spiritual beliefs play a role in how people adjust to traumatic events. They also report that religious and spiritual beliefs can develop as a result of trauma. Both of these aspects were present in the results of this study and lend further support to the association between PTG and religion/spirituality.

Cultural strengthening was a PTG outcome. Māori parents that were knowledgeable of Te Ao Māori relied on their knowledge of tikanga in managing their distress. The growth came in a stronger secure knowledge of identity as a Māori and stronger beliefs in Atua and Tupuna. The practices of whakawhānaungatanga and mana ki te tangata were practices utilised in the grief and loss process.

Reinvestment in living was another category with the personal growth domain. This incorporated deciding to accept social responsibility to speak out and communicate with others about suicide. Another concept was acceptance. Embedded in the acceptance and learning to live with the loss, was the idea of continuing to live life. Participants explained how their outlook changed as a result of coping with the death. Data also showed the development of a more positive outlook on life, able to look towards the future more. From the data elucidated, participants were able to develop a more positive outlook on life. Also developed was a change in frame of reference or becoming optimistic, with a positive outlook on life. Over half of participants commented that they became more appreciative or grateful for what they had, they valued life more, became more positive, and /or tried to reach a point of equilibrium.

CHAPTER EIGHT: CONCLUSION - ENCOUNTERS WITH POSTTRAUMATIC GROWTH

8.0 Introduction

This chapter discusses the contributions this dissertation makes to literature and research. A discussion will be provided of the implications of the findings on practice. Lastly there is a discussion on the study limitations and recommendations for further research. This chapter also makes a number of recommendations for the support of whanau affected by a suicide.

8.1 Summary of empirical chapters

This research has explored aspects of posttraumatic growth resulting from an individual's experience with the suicide death of their young adult child. Though, highlighting the positive changes, there wasn't any intention to diminish the pain, loss and grief, or deny the difficult experiences the bereaved participants encountered. Rather, participants are acknowledged and affirmed for finding meaning and value in their experience. More specifically, this study has attempted to illuminate the positive changes that participants identified and highlight the central themes of posttraumatic growth that emerged from the data.

Chapter one introduced the thesis with an accentuation on how parents bereaved by suicide, experience posttraumatic growth. The topic of suicide was introduced, followed by an exploration of the key arguments that ensues this study being significant and pertinent to embark on. The intention of this research, incorporating the two objectives of the thesis was conveyed. Reflection was also given to the researcher's location within the study, with an emphasis of personal and professional critical incidences that were instrumental in proliferating this study. These ideas were subsequently linked to the questions this thesis seeks to examine and answer.

Chapter two, explored the available literature on the four areas that were most significant to this study. PTG was the central feature of this research, as such much of this literature review explored broad themes relevant to Posttraumatic Growth. The objective of this chapter was to integrate these bodies of research in a manner that provided a rationale for studying PTG as a result of surviving the suicide death of a child. I began with the essential concepts such as trauma, child death and suicide death to construct the context. This literature review highlighted the paucity of research on experiences of parents bereaved by suicide in relation to the notion of posttraumatic growth. Subsequently, I drew on key theoretical constructs such as new grief theories, suicide grief, posttraumatic growth and transformative learning theory to lay out the theoretical notions central to the main questions behind my research.

Chapter Three began with an account of the general aim of the research. In as much as the positioning of my research was about a marginalised people, I commenced with discoursing Māori experiences and awareness of research inquiry into their lives. Next, I examined views of Māori methodologies and elucidated how Māori Centred methodology was a valuable influence for my research. Following, I submitted an overview of a case study approach and how this was an appropriate methodology for my research.

As a majority of the participants sourced in this research are located in a Māori context, it was critical to acknowledge the various approaches that are relevant to a Māori methodology. However the utilisation of a case study approach provided the opportunity for the researcher to incorporate a western methodology in conjunction with a Māori paradigm, with the outcome; the achievement of a better understanding of the phenomena. Finally a discussion was provided of the research procedure and methods pertinent to examining how suicide survivors experienced posttraumatic growth subsequent to the death of their young adult child. This was followed by a brief discussion on the limitations of this study.

The fourth chapter explicated the results pertinent to question one; what are the mechanisms that influence posttraumatic outcomes for parents bereaved by the suicide death of their young adult child? This chapter began with the unfolding of the 'suicide story'. Whilst this study has an emphasis on posttraumatic growth, the inclusion of the participant's response to suicide death was imperative. PTG theory lays emphasis on 'the

struggle with trauma' as a pivotal element in influencing PTG (Tedeschi & Calhoun 2004). Therefore, the inclusion of the suicide story set the scene to the unfurling development of the rest of the chapters. The search for meaning presented as a core catalytic agent in the process of PTG outcomes. Increasing understanding and knowledge, altruism and social action alongside of staying connected were categories compellingly interrelated to finding meaning.

Chapter five examined findings directly linked to question two asked of in this research: What are the PTG outcomes for parents bereaved by the loss of their child through suicide death? Categories developed in this research were not discrete, each was complex and contained a number of convolutions. From the data elicited from the participant's narratives, two main categories emerged. The case study approach yielded mean making as the overarching ubiquitous thread in all themes. The changed relationships category had several subcategories which were educed. These included: Changed relationships with others, changed relationships with the deceased and changed relationships with self.

This last category encompassed various sub-categories: Reinvestment in living **-** changed outlook on life, change of priorities and goals, new purposes, and positive personal growth - Stronger identities, compassionate, empathetic and altruistic, and spiritual and cultural strength.

Chapter six, is a summary of the overall findings presented in chapter four and five.

8.2 Contribution to literature and research

The main contribution of this study has been to provide a greater depth of understanding of the experience of PTG for survivors of suicide through identification of the distinctive features and categories of suicide grief. Significantly, this study offers a propositional explanation for the elements that facilitate growth in trauma survivors. This research also adds to the current knowledge of PTG outcomes from trauma in general, but more specifically of the changes and growth resulting through the struggle with suicide death trauma. In this context the research provides essential understandings into the context of meaning making and the griever's ability to find meaning in relation to the suicide death

through various mechanisms.

While scholarship in countries worldwide has started to focus on the contextualised understanding of posttraumatic growth, this research is prominent for Aotearoa New Zealand because it is one of the few studies nationally with the topic of growth following adversity. Kalischuk and Hayes (2003); Beautrais (2005), Wong, Chan, Wincy and Beh (2007) and Maple, Edwards, Plummer and Minichiello (2010), all noted a growing appreciation of the necessity to better appreciate the reactions of those bereaved by suicide. It is imperative therefore that this dissertation has provided relevant current information to gain a better understanding of the impacts of young adult child death through suicide on parents and the PTG trajectory that occurs.

The events for which growth outcomes have been recounted comprise natural disasters (hurricanes and earthquakes), interpersonal experiences such as sexual abuse, assault, homicide, medical issues that include, cancer, heart attacks, spinal cord injury, leukaemia, other traumatic life experiences such as child death, divorce, bereavement (Linley & Joseph, 2004; Joseph, 2005 & Tedeschi & Calhoun, 1996). There are very few studies that have examined posttraumatic growth in families bereaved by suicide, particularly studies that focusses primarily on the mechanisms and outcomes that contribute to post-traumatic growth. This research, therefore, has contributed to filling this gap.

A report by the Centre for the Advancement of Health (2004), on bereavement and grief research identified that the mode of death has an effect on the bereavement process and so advised further studies into "the ways in which the circumstances of the death shape the bereavement experiences" (p. 539). This study specifically focused on suicide death on the bereavement process suicide survivors undertake. In response to the Centre for the Advancement of Health's recommendation this dissertation has revealed not only the core functions of meaning making in the bereavement process, but how the meaning making process promotes PTG and is also an outcome of PTG. A recommendation emerging from this study is for further specific "research into the function of components like meaning making in the adaptation and recovery process" (p. 539).

Nevertheless, the findings of this research are significant given the copious theories and scholarship that accentuate the psychological scarring impacts of such incidents (Peterson, Park, D'Andrea & Seligman (2008). In the past 20 years, there has an increase of scholarship on the potential for growth from grief. Prior, a wealth of research has

focussed primarily on the negative trajectory of events (Wortman, 2013). The results of this study highlight the significance of recognizing the complexity and uniqueness of individual's experiences of trauma and growth.

The universal paradigm for treating trauma survivors has been dominated by medical models with a focus on concepts like prolonged stress, grief and loss and in severe cases psychiatric disturbances (Honig & Fendell, 2013, Manne, Ostroff, Winkel, Goldstein, Fox & Grana, 2004). This dissertation has argued that while the negative trajectory of trauma is viable and essential, this is only one part of the grief process undertaken by survivors. A focus on the positive trajectory as set out in this study, will further contribute to quality treatment and care of trauma survivors.

The greater part of grief scholarship and research is quantitative and whilst this posits some contribution, it provides limited application for clinicians/professional social workers and counsellors in crafting applicable strategies and interventions to support those bereaved by suicide. Also the utilisation of quantitative methodology cannot simply capture the array of aspects influencing individuals. This has resulted in there being gaps in the PTG literature.

A limited total of qualitative research has been directed toward this target population of survivors (Linley & Joseph, 2004). This current doctoral research undertook a qualitative methodology to provide a comprehensive picture of the experience of suicide trauma. A number of researchers and practitioners have deliberated over the value of collaboration and discussion to advance scholarship and practice outcomes in this arena (Jordan, 2000; Myers & Fine, 2007; Nadau, 2000; Neimeyer, 2003; Woolfe & Jordan, 2000). Similalry, Linley & Jospeh (2004) contend that studies demonstrating the prevalence of PTG has primarily focused on quantitative methodologies aimed at specific populations. Various studies have utilised measuring instruments. The reliance on self-reported positive change is a major limitation of these instruments (Calhoun & Tedeschi, 2008).

Calhoun and Tedeschi (2006) argue that forthcoming research can be focussed on acquiring positive growth minus the use of instruments that unsuccessfully encapsulate the intricacy of posttraumatic growth reactions. The nature of this studies qualitative design allowed each parents' inspirational and complex story to be considered. Through

open dialogue the complex and unique experiences of trauma were captured. The most significant and contributing outcomes of this study, is the richness and depth of the interviews. Through capturing the complexity of positive responses to trauma, practitioners can be better equipped to provide effective therapy for clients/whanau.

This study is pivotal because it has provided a more expansive, nuanced and dynamic view of PTG. This view recognises that PTG is not a static state, but is also understood as a dynamic and ofttimes a lifelong process. This understanding recognises that given that the most profound losses of trauma are relational, and resolve around attachments, the backdrop of PTG from trauma and distress must also be relational. This research is a beginning in the unravelling of the ways in which growth may be facilitated for survivors of suicide. The findings of this study add to the literature on posttraumatic growth by providing a starting point for further examination of this concept in relation to suicide death.

This research interposes these current practices by revealing the grief and loss issues surrounding suicide survivors and their stories of change and growth. This study has played a pivotal part in the cause of repositioning a marginalised 'forgotton population' to a place of recognition and appreciation by promoting the importance for greater information concerning the natural sequence of bereavement post suicide, as well as the requirement for better insight and awareness into the complexity of the grief experience for a majority of survivors (Jordan & Mc Menamy, 2004). This study is important because notwithstanding the volume of scholarship written on grief and loss, there is a death of literature that is distinctive to suicide bereavement. This research has filled that space.

Whilst there has been a major focus on the negative trajectory of grief, this study has intentionally promoted the current movement in trauma scholarship toward an increased insight into posttraumatic responses that leads to an all-inclusive description of both positive and negative changes that occurs post trauma. (Joseph & Linley, 2006).

This paradigm move that has commenced in trauma scholarship is envisioned to circumvent a predisposed insight into posttraumatic responses and lead to an all-inclusive description of both positive and negative changes (Linley & Joseph, 2004). The examination of positive responses to trauma does not refute adversity from trauma;

however, the resolve is to increase an awareness of the whole experience (Tedeschi & Calhoun 2004; Dekel, 2007; Park, 2008).

Specifically, this data discusses the different ways survivors have found meaning. As such these results verify the notion that capacity to make meaning post loss is advantageous for survivors. Maybe assisting bereaved individuals manage in the course of meaning making could assist them to undergo less extreme and permanent symptoms of loss. Hence a robust comprehension of the process that underlies meaning making in parents bereaved by suicide would be useful.

These findings offer direction of hope and encouragement for survivors who often feel trapped in a world of enduring sadness, isolation, and meaninglessness following the suicide loss of a love one. Instead of the frequently referred to and well-known phenomenological stages of bereavement that only describe the processes, practitioners now can focus the dialogue on the necessity of reconstructing a sense of self (Neimeyer, 2002 & Jordan & Neimeyer, 2010).

Strengths of this study include its focus on an understudied group of individuals who have endured conditions of extreme adversity and the availability of information obtained from face-to-face interview with participants and observations. The capacity for growth after trauma may contribute to a higher sense of well-being despite persistent symptomatology. An improved understanding of possible ways leading to growth may help facilitate the process of recovery. These findings suggest that mean-making predicts a higher capacity for personal growth in this population.

Zoellner and Maercker (2006) regard PTG as the latest perspective suitable to be incorporated into clinical practice. Further, they argue that psychotraumatology has for many years concentrated on the detrimental, negative impacts of taumata. This has, restricted the application of trauma recovery to a "deficit oriented model" (Zoellner & Maercker, p. 650). Thus the deliberation of PTG as an additional possible outcome of coping with trauma, develops clinical viewpoints. The notion of PTG adds an innovative point of view, not a new treatment, into social work and counselling. For example practitioners might identify the clients/whanau's distressing struggle to understand the impacts of trauma and coping response, not exclusively as a posttraumatic response

(deficit) but as an impending precursor to growth. Few studies have examined the theoretical concept, posttraumatic growth in families bereaved by suicide, a unique population of individuals exposed to a sudden, violent, grotesque death.

Previous literature has emphasized the constructive psychological vicissitudes undertaken as a consequence of the struggle with intensely traumatic life situations (Tedeschi & Calhoun, 2004). Moreover, this research has demonstrated the experiential means prominent in influencing PTG. As a mechanism this was demonstrated in the performative actions of participants.

It appears that findings specifying positive growth are not congruent with previous studies disclosing solely adverse effects for suicide survivors. What has emerged from this doctoral study reaffirms the position that two trajectories; negative as well as positive are outcomes to trauma. But what is significant to be aware of is that the manifestation of growth for participants does not signify the nonexistence of grief and suffering. Rather, the data clearly indicates that growth and change aligns closely with distress (Calhoun & Tedeschi, 1995, Park, Joseph & Linley).

Content analysis of qualitative interviews with those survivors bereaved by child death through suicide revealed a wide range of ways in by which parents experienced growth through their distress and sadness. Results from this study are unique given the fact that this study is the one of the first studies both nationally and internationally, to examine PTG as it relates to parents bereaved by the suicide death of their child. Findings, then, provide insights into what may be helpful for individuals as well as families, experiencing the suicide death of a child. Overall, there was consistency with previous studies identifying the mean making process as been an essential mechanism within not only the grief process but also the posttraumatic growth process.

The present study indicates that all the participants had experienced some level of posttraumatic growth. The data bids further confirmation of the literature on PTG, in that it discloses that, in specific contexts, loss, grief and trauma can provoke positive change in addition to pain and suffering. Research linked to posttraumatic growth is one of many notional contexts that explore and describe the incidents of personal growth as a consequence of surviving a distressing event, including an unexpected, violent, death

such as suicide. Empirical research suggests that Posttraumatic growth more readily occurs at the time of a major disruption in a person's view of the world. Findings predominantly indicate, substantial loss and trauma consistently lead to significant posttraumatic growth for people (Calhon & Tedeschi, 1998). Hence in addition to generating grief and misery and further convoluted processes, suicide death may be a key psychosocial transition that has capacity to catalyse transformative vicissitudes and life growth.

Discussion offered by parents appeared to fit several current theories of making sense or meaning making, and continuing bonds. Dialogue from parents in this study recommended that engagement in cognitive restructuring, acceptance, are deliberated as mechanisms that support the promotion of PTG. This is consistent with research on effective stress responses, as these types of strategies generally have been associated with better adjustment (Compas et al., 2001; Skinner, Edge, Altman, & Sherwood, 2003).

This research has explicated an in depth investigation of nine participants' experiences of Posttraumatic Growth, with explicit consideration given to bereavement by suicide. The subject of PTG and its subthemes closely follow the findings of growth after other traumatic events (Linley & Joseph, 2004), demonstrating that the theme of PTG is applicable to suicide bereavement.

The idea that this research verifies that there are two trajectories to loss and grief and, that growth is an expected route of the grieving process, is far-reaching. The notion of "growth" has to be accepted as normal amidst the grieving so that individuals are able to talk about the ways they believe they have grown and changed, without the risk of feeling judged. Therefore, it is vital to make available to the bereaved the chance to discover the possibilities of growing from their grief and loss. But, practitioners need to be thoughtful not to infer that change is anticipated or is essential.

The findings of this study add to the literature on posttraumatic growth by providing a starting point for further examination of this concept in relation to suicide death. This study is limited by its relatively small sample; the theory would benefit by being extended and tested by others, in different groups, cultures, and social contexts. Nonetheless, insights shared by these participants suggest that there are various mechanisms utilised

by survivors that have the capacity to generate various outcomes, thus enabling them grow from their trauma. Indeed, comprehending the far-reaching impact that youth suicide casts in its wake is one of the greatest challenges faced by survivors. Of critical importance is survivors' need to address their role as 'bereaved parent' and the need to maintain a 'continued bond' with their dead loved one.

The possible relationship between growth and religion, culture, social action and growth are worth exploring in further studies. Prospective studies in larger samples could help evaluate whether individuals with strong religious or cultural links are more likely to achieve growth after suicide death trauma.

In response to suicide death, this study's participants embarked on wide-ranging life reviews. Consequently, most survivors unequivocally aligned their actions more closely with their beliefs and values. For some parents, this meant spending more time with their families and make a commitment to use their traumatic circumstance to help others. Clearly the process of finding meaning in the trauma event motivated parents towards developing their potential as human beings, by taking up new activities like 'kapa haka', 'going to the gym' taking 'Te Reo' classes, and holding a vision of opening respite homes for those less fortunate.

Mean-making has proven to be an important mechanism toward the promotion of PTG. Practitioners involved with suicide survivors may need to have an awareness and insight to   understand and support survivors during this review process because of its positive and empowering impact on each survivor's growth and change capacity.

8.3 Implications for practice

Investigation in to clinical applications of this research is called for. Suicide is acknowledged as a major public health issue in New Zealand (Ministry of Health, 2014). Significantly more people die today from suicide than other deaths. The global estimation of six million individuals annually suffering from the loss of a family member to suicide alongside of the 2020 prediction of a suicide every 10-20 seconds, indicates the need for staff medical staff, psychologists, social workers, counsellors, whānau support workers,

mental health practitioners, to have a knowledge and understanding of the needs of this population. WHO (2014), recommends the need for effective competent clinical response and treatment.

Thus strategies that influence suicide survivors to articulate their stories, increase insight and acknowledgement of the loss, and to recreate their own life storylines and to effectively assimilate the loss into their lives can be advantageous in assisting in the meaning making process (Kessee et al., 2008, Litchenthal et al., 2010, Wheeler, 2001).

Currently the general paradigm for treating trauma survivors has been dominated by medical models and by an exclusive focus on symptom removal. Essentially it is a discourse that promotes an illness ideology. The findings in this study are important given how many studies and theories emphasise the psychologically scarring effects of such traumatic events. That any growth at all is associated with increasing exposure to potential trauma adds to the growing literature that people experience growth than extant theories predict (Peterson, Park, D'Andrea & Seligman, 2008).

Overall, in the growing history of research on posttraumatic grow, PTG has been reported by an average of 50% to 60% of participants across studies investigating posttraumatic growth following an array of traumatic events (Tedeschi & Calhoun, 2004). These figures then suggest that as professionals, practitioner's knowledge of concept of PTG is imperative. As researchers and practitioners we must continuously work to identify the processes and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. Our primary goal should be to build applied knowledge that evokes the potential for growth from trauma. In order for this to occur there needs to be a wide spread acknowledgment from all health and social sectors, that there are two trajectories of grief and loss. Through capturing the complexity of positive responses to trauma, practitioners can be better equipped to provide effective therapy for clients/whanau.

Understanding this construct is imperative in the arena of counselling and social work. The ultimate objective of trauma work ought to reflect the general objective of the social work profession which is "to help individuals, families, groups, and communities develop

the capacity to change their situations" (Gutierrez & Lewis, 1999, p. 12). A factor that needs to be considered by practitioners involved in the arena of trauma, grief and loss is the need to gain knowledge and skills to better respond to suicide bereavement (Kalischuk, Hayes & Grieving (2003); Beautrais 2005, Wong, Chan, Wincy & Beh 2007, & Maple, Edwards, Plummer and Minichiello 2010). Further the consideration that traumatic grief is one of many upshots of a suicide death (Jordan, 2001), is a good starting point. In addition, Zoellner and Maercker's (2006) viewpoint that PTG needs to be incorporated into clinical practice, is another consideration. For example, practitioners might identify the clients/whanau's distressing struggle to understand the impacts of trauma and coping response, not exclusively as a posttraumatic response (deficit) but as an impending precursor to growth. Individuals cannot journey back to undo what has occurred to them, nor can the pain and suffering be dismissed. However, practitioners can support their clients/whanau to live more meaningfully irrespective of their experiences.

The implications of this research for social work and counselling incorporate its potential to amplify the PTG experience of a particularized group. Also to contribute insight into the mechanisms that can facilitate PTG, as well as gain knowledge of the PTG outcomes that eventuate as a consequence of their struggle with trauma, and to do so by collecting and analysing narrative data from survivors of suicide.

This focus and attention on 'growth', links with the Social Work context, with their emphasis and application of models recognizing human potential in the midst of tribulation. Such models and concepts include Strengths Based (Saleeby, 1996; Passarelli, Hall, and Anderson, 2010) Solution Focussed (De Shazer & Insoo-Berg, 1997) and resilience and empowerment (Cadell, Karabanow, Sanchez, 2009). These relate well to the framework of Positive Psychology whose underpinning philosophy envelopes the belief that individuals desire to have a meaningful, fulfilling life by cultivating what is best within themselves and to enhance life experiences.

Research is required to investigate individual themes in more depth. For instance, the data demonstrated that in some situations, bereaved parents are able to undergo positive changes after the death of a child. Practitioners working with bereaved parents may strive to be aware of the difficulties and potentials that the bereavement experience produces. Practitioners may think about implementing several approaches and techniques for

clinical work to promote posttraumatic growth as defined by Tedeschi and Calhoun (2004b).

This research is another resource for clinicians/professional social workers and counsellors – one that will fill a gap in the literature by making salient the importance of promoting the best long term developments of trauma survivors. It is imperative then that there must be continuous work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma

Moreover, for Social Workers and Counsellors, who concentrate largely on working with trauma and devastation, and for people/parents traversing the suicide death experience, which in the expression of one participant is "*an experience you wouldn't wish upon your worse enemy*" (P 1), an appreciation of the prospective for change and growth with the suicide survivor experience, is crucial. This research thus intended to impart this lived possibility for transformative growth for individuals surviving and managing the suicide death of their young adult child, for professionals involved with suicide survivors, and social workers, the mental health system, counsellors, health professionals who are involved with people facing a multiplicity of distressing and painful life situations.

The utilisation of quantitative methodology cannot simply capture the array of aspects influencing individuals. This has resulted in there being gaps in the PTG literature. Through capturing the complexity of positive responses to trauma, practitioners can be better equipped to provide effective therapy for clients/whanau.

As professional counsellors and social workers, more significantly, we ought to not only be able to support survivors in the repercussions of this overwhelming trauma, but to have knowledge and a critical analysis on the mechanisms and processes that may facilitate survivor growth from trauma. It is the researcher's belief that there must be continuous work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. The primary goal should be to build applied knowledge that evokes the potential for growth from trauma in many more lives.

Practitioners must to be familiar with the liberating impact of storytelling, particularly for the storyteller. The mode of telling stories served as a means for suicide survivors to reclaim their voices, to have them validated and legitimated. The "no talk rule" within society, marginalises their voice and oppress their very existence so that they socially and psychologically isolate. However, revealing korero (dialogue) of trauma is never an easy feat, especially violent trauma. But the very act of listening respectfully is vital.

Practitioners must be cognizant of the possibility for positive change in their clients post trauma. However, with vigilant caution, there is no implication that there is anything intrinsically positive in trauma (Joseph, 2009). In discussing the implications for practice, Tedeschi and Calhoun (2004) clearly articulate that PTG post trauma should be categorized as not deriving out of the trauma incident. Instead they unmistakeably view it as originating from the individuals themselves through the struggle with the traumatic events and the consequences of the event.

Given the theme of meaning making and its influence in growth after bereavement by suicide, it is perhaps pertinent to consider fully the implications in applying growth oriented interventions. This may entail looking for opportunities of growth, as goals of a successful bereavement process: making sense of the loss, via various mechanisms that facilitate PTG outcomes. It may be about supporting suicide survivors to reach out to others in circumstances similar to theirs. Also it may that survivors are guided to become politically active in raising the level of consciousness about young adult suicide and its impacts on family and the community. If survivors can be encouraged to participate in social action, activities with other survivors that may facilitate the construction of positive meanings from their experiences.

These present findings support what scholars have maintained (Calhoun & Tedeschi, 1999; Linley & Jospeh, 2004; Park, 1998;) that it is important for practitioners, even while attending to potential themes of growth in the experience of their clients, to remember that there may be negative changes in the very same area in which their clients are reporting growth.

The implications of this research for social work and counselling incorporate its potential to amplify the PTG experience of a particularized group, to contribute insight into the

mechanisms that can facilitate PTG. It also enhances knowledge of the PTG outcomes that eventuate as a consequence of their struggle with trauma, and to do so by collecting and analysing narrative data from survivors of suicide.

The findings from this study indicate that a greater understanding of the meaning-making process in suicide bereavement is warranted. The fact that the facilitation of growth can become the goal of therapeutic interventions rather than the alleviation of distress is in itself a major paradigm shift in the field of counselling and social work. Some of the findings may evoke little surprise among suicide survivors and clinicians working closely with this population. It is a commonplace to hear "long-term survivors giving back and trying to make a difference (Fiegelman, Jordan, & Gorman,2011, p. 183). Participant experience of personal growth, suggests a transforming potential of grief in people feel changed by their loss, influencing them into becoming more empathetic, concerned, and help-giving persons (Fiegelman, et al.). It will remain a task for future research to verify whether these findings can be confirmed in longitudinal studies.

 Mounting evidence to propose that individuals can grow and develop in the midst of trauma, it is pivotal to acknowledge that the notion of encouraging posttraumatic growth as a therapeutic objective is not about negating the distress, loss and grief experienced by the individual. As Clay, Knibbs, and Joseph (2009) advise, "the point is simply to recognise in the struggle with trauma, people often find new meanings, and perceived benefits, which in themselves are recognised as valuable by the person, and which also may play a role in helping the person cope" (p. 418). The data from this research can be considered by those practitioners that act in response to trauma or involved in ongoing trauma recovery work.

In relation to the findings from this research then, advocates of PTG theory would argue that one way to support suicide survivors would be to promote understanding of suicide death. Another method would be to help facilitate encounters whereby they become actively involved in community groups, political involvement, and others avenues whereby they can reach out to others, and engage. The findings from this research also recognise the value of performative action as a mechanism that sanctions survivor's ability to grow through grief. Religious, and spiritual involvement (Hobfoll, 2001, p. 342) is considered a resource in PTG theory. Cultural rejuvenation was not considered in the PTG literature. However, for Māori parents this resource played a pivotal role in the

development of PTG growth outcomes.

Bereavement counselling presently stresses providing individuals time and opportunity to analyse their trauma and the consequences for them and their life and to "identify and resolve the conflicts of separation" (Worden, 2001, p. 101). It is requisite that the bereavement counsellor or therapist have knowledge of the posttraumatic growth concepts and processes. Walter (1996) rejects the dominant models of grief, which tend to focus on the necessity of working through emotion and separation to reach grief resolution. Instead, Walter believes that the bereaved typically want to talk about the deceased and share their memories with others. Walter contended that the purpose of grief is to reconstruct a new identity by creating a (new) life story that includes the deceased, and that interpersonal communication is the process by which this is done. Walter developed his biographical model to assist the bereaved in their mourning, by moving on "with" (as well as without) the deceased. Sheila Clark (2009) states that survivors can embrace the paradox of presence of the deceased in their absence.

All participants recognised the value of maintaining their connection to their child. This was undertaken in a number of useful ways that included celebrating birthdays, visiting the gravesite, keeping personal belongings, reflecting on stories, keeping heirlooms, keeping their rooms or a private space in the house for them. Such activities and undertakings are consistent with continuing bonds theory (Klass et al., 1996), signifying that these links can be responsible for comforting and assisting coping for family members.

Conversely, there has been conflictual evidence around the function and task of continuing bonds in bereaved adults, in that certain research results reveal greater grief complications and adjustment complications (Boelen et al., 2006; Hogan & DeSantis, 1994; Normand et al., 1996), mostly when the bereaved are inept at making sense of the loss (Neimeyeret al., 2006). In this study, however, participants engaged in the purposeful bonds that they identified as having reassuring and consoling effects (Foster et al., 2009). It is important that professionals be aware that the present models of grief and loss have been authored by those of the dominant discourse, and that in fact have not aligned with Māori or Indigenous worldview. Continued Bonds or continued connection is a concept natural to Māori and encased inside of the concept of whakapapa. As a manifestation of their continuing bond, suicide survivors developed personalized healing strategies that

enabled them to grow and maintain healthy and continuing bonds with the deceased youth.

Without a doubt, "The suicide story" makes available the realization of the all-encompassing end-products that young adult person's suicide death creates in its route, is one of the paramount tasks encountered by grieving parents. Professionals working with suicide survivors, need to expect powerful emotional responses displayed by survivors to the horrific loss, because a violent death demands a violent reaction. These responses need to be considered by the practitioner as feelings and expressions not only to be expected but also appropriate healthy responses. A key task of the practitioner is to encourage the expression of pain in their own unique ways and in their time.

Arthur Frank says in *The Wounded Storyteller,* (1997) "people tell stories … not to provide a map that can guide others – each must create his own – but rather to witness the experience of reconstructing one's own map" (p.17). Thus participation in this study may also provide a therapeutic benefit to the participants since doing so will facilitate healing through the telling of their stories, whereby they may create a map for self and for others. Accordingly, all people create meaning through narratives (stories) and live their lives according to the stories they tell themselves and the stories that others tell about them (Morris, 2006; Riessman, 2008). In Arnold's doctoral studies around child death through cancer, she highlights a benefit for respondents of the research. One of the advantages is that, contribution toward research offers a long-lasting document of lived experiences and legitimates stories, therefore participating and supporting the process of working through their grief" (Arnold, 2011).

A child's death is a vital part of the family story and Frank (1997) argues, "it is a story that must be told and keeps going" (p. 5). This study has endeavoured to incorporate the child's story as well as the 'wounded story teller's story'. In this case the 'wounded story teller' is none other than the parent of the child. This group of people have been labelled "The forgotton people" (Shahtashabesi, 2013). It is not easy, to find people prepared to tell as well as hear the story. Perchance it is important to consider how does the wounded storyteller talk about a 'violent death'? A prerequisite is that their silenced voices require space and time to be heard, legitimated and validated. Larson (2007) exclaims "... trying to be honest about the difficulty of unearthing what's painful, may be the truest thing one can do" (p.9).

One strategy that practitioners may consider is the facilitation of 'extensive life' reviews. The participants of this research decided to align their actions more closely too their views and beliefs. Whether it is spending more time with family members, developing their potential or undertaking social action and deciding to help others. Undertaking social action was also seen as a mechanism that produced several outcomes. A fundamental task of the practitioner working with individuals/people, who have experienced a significant loss in life such as the death of their child through suicide, is to assist in the process of rebuilding the diminished, damaged worldview and the re-development of a life narrative, incorporating, making sense of the loss. The process should include diminishing distress, attaining greater wellbeing as well as greater personal growth. Practitioners working with individuals and families need to be aware and support survivors during this life review process.

In relation to the findings of this study, the counsellor needs to have an understanding of the importance of survivors to 'tell their story'. Communicating a message through story can be a powerful way to educate, encourage thought and initiate change. Storytelling offers people a chance to respond to world events or personal experiences, to process the event, interpret its significance and offer insight about how to bring about change. As a therapeutic application, storytelling is a technique that encourages people to analyze events and relationships clearly and put them into perspective. This process grants permission for a negative or stressful situation to be developed into a positive or resurrective narrative.

This knowledge base held by the bereavement counsellor or therapist allows them to facilitate assessment and intervention processes, that keep in mind that survivors can resume function in life, in spite of their perchance thinking they can never function properly again. The occurrence of trauma and the death of a loved one are experiences that we fear, though their happening in our lives is fundamentally unavoidable. For the participants in this research, trauma and loss threatened the regulation and expectedness of their lives, and the restructuring or reformation of one's life, due to the traumatic incident, is challenging and disturbing. However, as parent survivors facing the challenge of reconstructing indicate, one key consideration this study underscores, is that this is a process that is necessary, meaningful and of value.

In table 11 a brief overview of the elements of growth in grief, most relevant to bereavement are outlined. More extensive descriptions of this complete model of growth not described here, can be located within this document.
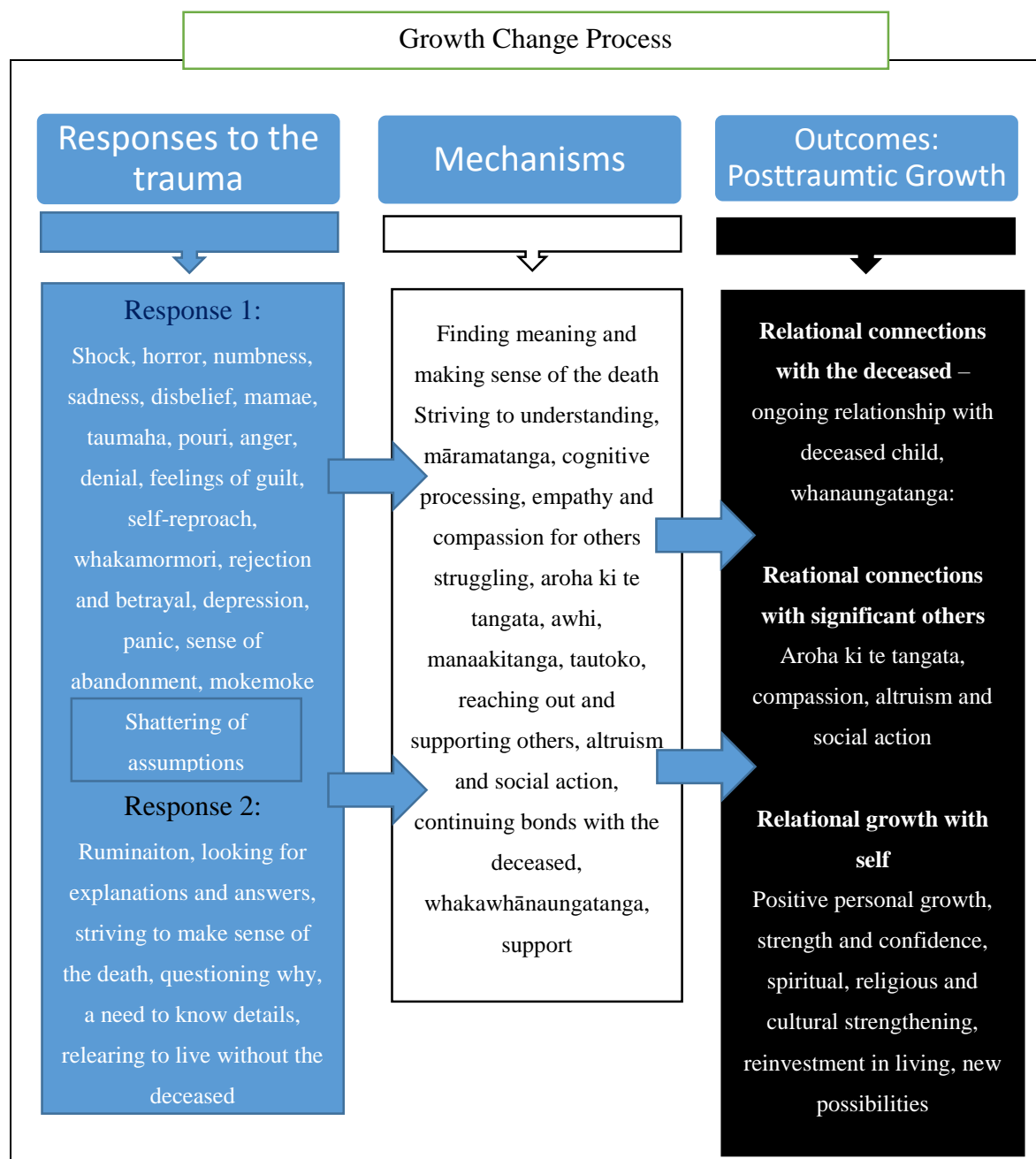
Growth Change Process

Responses to the trauma → **Mechanisms** → **Outcomes: Posttraumtic Growth**

Response 1:
Shock, horror, numbness, sadness, disbelief, mamae, taumaha, pouri, anger, denial, feelings of guilt, self-reproach, whakamormori, rejection and betrayal, depression, panic, sense of abandonment, mokemoke

Shattering of assumptions

Response 2:
Ruminaiton, looking for explanations and answers, striving to make sense of the death, questioning why, a need to know details, relearing to live without the deceased

Mechanisms:
Finding meaning and making sense of the death Striving to understanding, māramatanga, cognitive processing, empathy and compassion for others struggling, aroha ki te tangata, awhi, manaakitanga, tautoko, reaching out and supporting others, altruism and social action, continuing bonds with the deceased, whakawhānaungatanga, support

Outcomes:
Relational connections with the deceased – ongoing relationship with deceased child, whanaungatanga:

Reational connections with significant others
Aroha ki te tangata, compassion, altruism and social action

Relational growth with self
Positive personal growth, strength and confidence, spiritual, religious and cultural strengthening, reinvestment in living, new possibilities

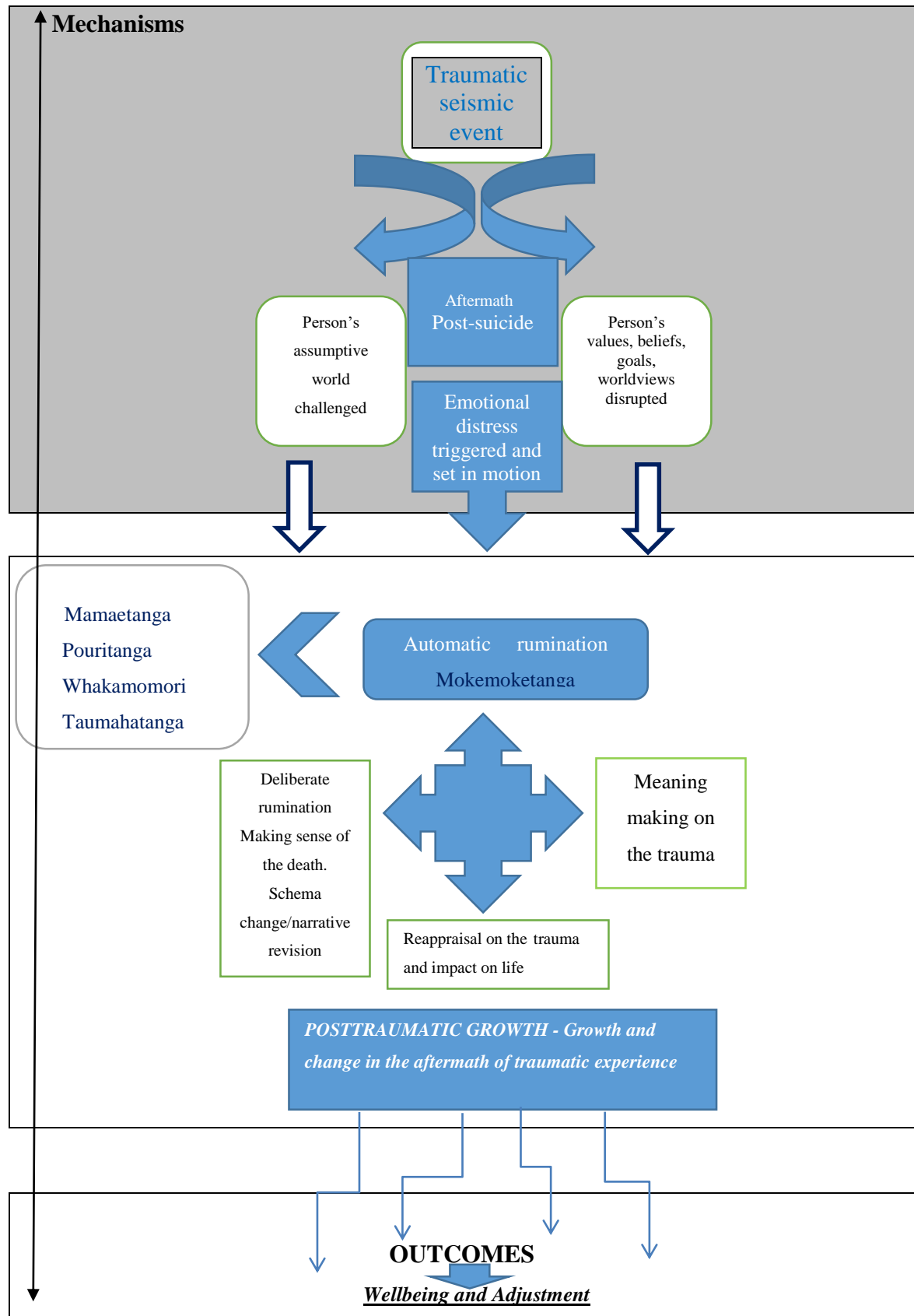*Table 11.* Grief responses, mechanism and outcomes matrix

Figure 12. A model of PTG.

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8.4 Towards a model of best practice

The preceeding chapters provided an overview of a number of themes relating to the nature and course of bereavement and grief following a suicide death. They also included the mechanisms in which PTG is facilitated and the various PTG outcomes whanau experience. My professional role as a Māori counsellor is to educate and train counselling practitioners to engage with whānau in a safe, professional manner, whereby the tinorangatiratanga and wellbeing of the whānau is paramount. My practice philosophy is that we do not leave whānau worse off than when we found them. PTG for parents is therefore inherently relational and can be conceptualised as a process born out of the interrelatedness and associated cultural capital of a collective such as whānau.

In both my capacity as a researcher and counsellor/social worker I have taken the opportunity to create the model "Awhi whānau" and have endeavoured to link this with existing counselling frameworks to produce best pratice frameworks.

The 'Awhi Whānau' is a framework of three parts. The first part incorporates tikanga – cultural values, guidelines and examples of the integration of cultural values and guidelines when working with whānau. Essentially these ethical practices ensure safety and mana enhancement when integrated with practice. The second part to this framework encapsulates again values and concepts that embrace cultural imperatives essential when dealing with whānau bereaved by suicide. The last segment of the framework recognises the tasks that a whānau worker needs to consider when working with whānau bereaved by suicide. These are distinguished into three categories; mahi for whānau worker, mahi with whānau, mahi with whānau-whānaui. The Pōwhiri Poutama model (attached as appendix VII) is the process upon which the 'Awhi Whanau' model is interconnected too. There are a series of stages the counsellor facilitates with the whānau, in supporting their trauma or mamae.

This cultural framework supports the growth, change and wellbeing of individuals and whānau. It is patterned upon Māori cultural action values of aroha ki te tangata, manaakitanga, wairuatanga and whānaungatanga. When situated in a cultural web of tautoko, the bereaved whānau faced adversity with the strength and a willingness to reach

out to others; a connectedness to significant others founded upon altruistic attitudes; a continued bond with their deceased child through strong beliefs about wairuatanga, whakapapa, spirituality and afterlife. Being driven by action values of aroha ki te tangata, tautoko, manaaki and awhi means that change and growth are set to prevail. Cultural values and practices provided whānau with a sense of identity, a sense of relational belonging and a way of engaging with death and bereavement; with grief and loss; with suicide death.

'Awhi whānau part 1', has been utilised in this research as a guide to the rituals of encounter with the participants (whānau) of this research. Moreover, its use is diverse and has been and can be utilised in working with whānau dealing with grief and loss. It is underpinned by tikanga, cultural values, guidelines and practice examples that counselling students utilise when interacting with clients (whānau). They are vital ingreditents in holding the mana of the whānau and are necessary when engaging with whānau who are experiencing mamae such as grief and loss from suicide bereavement.

The purpose of part 1 of the model is to generate ideal conditions for whānau to receive support and be willing to undertake healing and to name what that looks like for them. In essence it ensures cultural appropriate ways when engaging with whānau.

Best Practice Model: "Awhi Whānau"

Walking the journey with whānau bereaved by suicide

Cultural Values (Smith, 1999)	Guidelines (Cram, 2001)	Practice Examples
Aroha ki te tangata	A respect for people – allow people to define their own space and meet on their own terms. The worker gives the whānau the power to define how we should conduct ourselves when in their whare.	Maintain a genuineness, openness, and support for whānau Well-being of the whānau it paramount
He Kanohi kitea	The importance of meeting people face to face, and to also be a face that is known to and see within a community.	Connected relationships where there are genuine interactive engagements Actions are connected to korero
Titiro, whakarongo, kōrero	Looking and listening and then speaking and sharing understandings. Develop understanding in order to find a place from which to speak. Development of trust.	Encourage the story to evolve, ensure there is support for the story to build to a point of māramatanga for both you and the whanau
Manaaki ki te tangata	Sharing, hosting, being generous	Mana is achieved through a display of generosity to others Ensure whanau are safe at all time in your engagement
Kia tūpato	Be cautious – be politically astute, culturally safe, and reflective about insider / outsider status	
Kaua e takahia te mana o te tangata	Do not trample on the mana or dignity of a person	Mana is maintained when you are respecting the mana of others. Mana enhancing practice
Kia mahaki	Be humble – do not flaunt your knowledge: find ways of sharing it.	Mana is maintained when you enhance the mana of others Listening to the stories allows for the validation and legitimation of the story/voice.

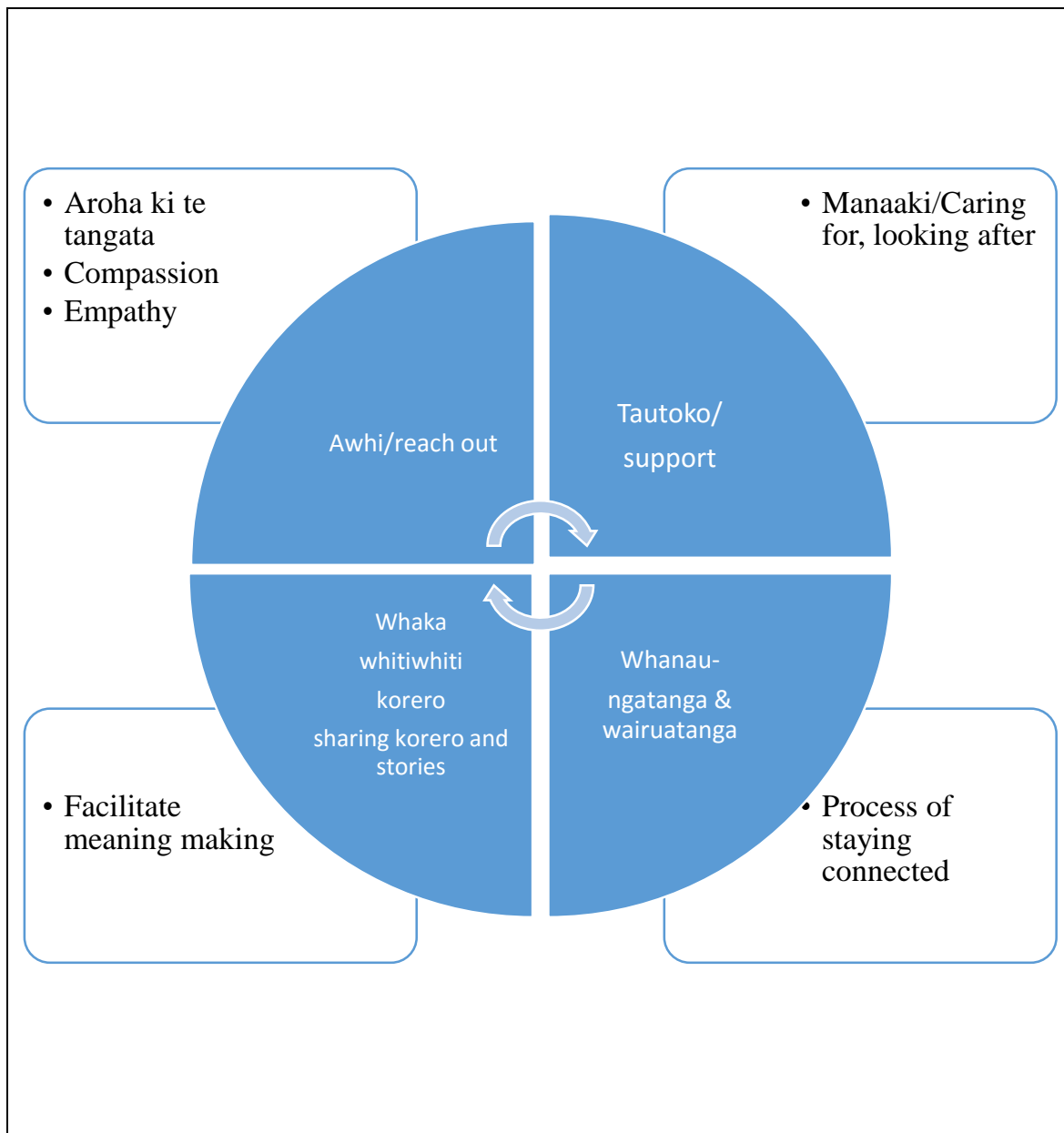*Table 13.* Best Practice Model – "Awhi Whānau" (Part 1)

Figure 6. Best Practice Model – "Awhi Whānau" (Part 2).

Part one and two are linked with each other. In working with whānau bereaved by suicide I have intended in part 2 of 'Awhi Whanau' to weave together a combination of Māori and Western ideal core processes/concepts. These concepts were identified by the research whānau as mechanisms that influenced and supported their growth, change and recovery. These are not exclusive, however are key in the genesis of the mahi undertaking with whānau mamae.

Mahi of the whanau support worker – counsellor, social worker.

Mahi for Whānau Worker	Mahi with whānau	Mahi with whānau-whānui
• Critique own ideology of suicide and suicide death • Have an understanding of the difficulties faced by bereaved whānau • Have a working knowledge of the grief and loss process for bereaved parents • Critique own ideology and practice linked to the grief and loss process i.e what theories underpin your practice. • Will the framework utilized, empower and facilitate the mana of the bereaved whānau?	• Understand the whānau importance of being able to talk about their experience in a meaningful way • Facilitate whānau korero, whānau story telling • Be prepared to sit with whānau emotions. • Facilitate whānau hui • Facilitate whānau support • What resources do the whānau have? Access resources • Facilitate making sense process.	• Facilitate wānanga with survivors • Organise national hui • Present at conferences • Write articles • Influence policies • Train workers • Write training packages • Facilitate supportive enviroments for whānau

Table 14. Best Practice Model – "Awhi Whānau" (Part 3).

Part three of "Awhi Whānau" is critical because it presents and considers ideas contextual to workng with bereaved whānau. These need to be read and understood alongside of table 11 that recaptulate the mechanisms that influence PTG and the PTG outcomes that can be achived for whānau. Further to this, this thesis document should be used as a founding document to develop a critical analysis when working in the areas of suicide, trauma, grief and loss and PTG, mechansims and outcomes. Part three of 'Awhi Whānau' introduces the idea that professionals working with bereaved whānau consider training in the arena prior to attempting to working with our whānau. Also professionals should critically reflect on the assumption that they are already equipped with the necessary theories and approaches to work effectively with our whānau.

8.5 Limitations of the study

This study contains a number of limitations. It is limited by its small sample size and the singular focus of the trauma experienced by the participants. Additionally, some variables, which might be related to, or affect PTG, were not included in this study, such as social class, gender identity, and sexual orientation. Further empirical studies are required to determine the importance of these variables in conceptualizing PTG. The study is limited by the nonlongitudinal focus, which eliminates the ability to make causal attributions in this project. Future studies will substantially add to this area of research by examining broader measures of post trauma blame and guilt and by utilizing longitudinal methodology. The individual nature of grief suggests that interventions be tailored to individuals, but further research might incorporate the family context.

Because the sample was limited to bereaved parents who lost a child to suicide death, advice may not generalize to those whose children have died from other causes (e.g., accidental death, homicide, illness). Although the data offers insights into the positive outcomes bereaved parents may experience, there are several limitations that should be acknowledged when interpreting these findings. An additional point to address is that although the case study approach adopted for this study enabled data to be drawn from interviews, observations, researcher's field diary, interviews with bereaved parents themselves was limited to nine participants. Despite generally promising study results, the utilisation of only nine participants should be considered concerning the

generalizability of the data reported above.

Whilst in this research it has argued for the need to listen to the meaning survivors construct through the sharing of stories, it is also important to acknowledge the value of quantitative methodologies for sampling far greater numbers of people. It is imperative thus to advocate scholars to contemplate amalgamating mixed method methodologies. The utilisation of quantitative and qualitative methods could measure together the occurrence of PTG, such as the themes identified in this study, alongside of providing comprehensive accounts to corroborate the statistical data.

In order to strengthen and develop understanding of how and under what conditions posttraumatic growth is experienced by survivors of suicide, further study is requisite to investigate the influence of factors including gender, age, culture and social and economic background. For example, do bereaved adults report themes of personal growth as frequently as children or adolescents? One participant in this research stated that undergoing an intimate bereavement as an adult would 'destroy' her compared to the death of a parent in childhood, means that you are 'young enough' to 'bounce back'. If dialogue such as these are characteristic, it is imperative that up and coming research examine this issue so to comprehend and understand more copiously the impact of age on the process of posttraumatic growth.

Despite these limitations, the data from this research assists by contributing an offset to the negative repercussions that are frequently seen in bereaved parents and argues that positive growth can transpire in parents after the death of their child. It is anticipated that this study will increase awareness of the possibility of posttraumatic growth after parent bereavement and affords the motivation for both practitioners and researchers to continue to examine the possible positive transformations that might manifest after confronting adversity.

Further, even with these limitations, theses finding have potential significance for understanding the long-term impact of trauma on parents exposed to sudden, extreme trauma. Their brief narrative accounts add a rich source of data which highlight the need for further future research. The need to better understand the relationship between

families bereaved by suicide and PTG is an area worth investigating as well as consideration of the different types of trauma and PTG, from a Māori worldview.

8.6 Recommendations for future research

The early state of study in this arena, then, promotes the continued use of qualitative methods to inform future quantitative work, as well as more prospective strategies to obtain information from multiple informants, including fathers and children. Also further research is needed to develop training and education to prepare for and mitigate the deleterious effects of this trauma and to facilitate growth well-being for those impacted by the trauma of suicide. Whilst PTG was significantly elevated in the current study, the findings would also suggest that future research examining PTG in relation to different trauma is warranted. Added research is necessary to more fully understand the trajectories and patterns of PTG, specifically mechanisms that influence and are linked closely to PTG.

It is imperative then that there must be extensive work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma

Posttraumatic Growth is a relatively new area of research and has the potential to dramatically alter the conceptualization and treatment of trauma in a clinical setting. By providing the complex and rich stories of those who have encountered PTG, this study has highlighted the need to expand traumatic research and application, with the primary goal should to build applied knowledge that evokes the potential for growth from trauma in many more lives.

Additional research is needed to facilitate a more holistic understanding of trauma responses as well as other possible mechanisms and avenues for facilitating healthier responses. The possible relationship between growth and religious, cultural coping, and growth and social action are worth exploring in further studies. Prospective studies in

larger samples could help evaluate whether individuals are more likely to achieve growth after suicide death trauma. Reports from parents in study demonstrated that they appeared to use religious and spiritual beliefs as a framework for making sense of their loss and finding meaning in both their life and that of the deceased (Folkman, 2001; Hays & Hendrix, 2008). Although some studies have found that meaning-making is associated with better adjustment in response to a child's illness or death (Keesee et al., 2008; Murphy et al., 2003, Wu et al., 2008), much less is known about this process in bereaved children (Balk & Hogan, 1995; McCarthy, 2009). Thus, future research should continue to examine the role of spirituality and meaning-making in bereaved children.

In Grief After Suicide: Understanding the Consequences and Caring for the Survivors, a corpus of the current scholarship, Jordan and McIntosh (2011) has argued for further studies and clinical consideration toward the over-all appreciation and comprehension of the impacts of suicide bereavement. As professional counsellors and social workers, more significantly, we ought to not only be able to support survivors in the repercussions of this overwhelming trauma, but to have knowledge and a critical analysis on the mechanisms and processes that may facilitate survivor growth from trauma. It is the researcher's belief that there must be continuous work to identify the processes, and mechanisms employed by persons that experience positive growth from trauma, in order to create useful means, models, and maps to assist people who struggle with the challenges of trauma. The primary goal should be to build applied knowledge that evokes the potential for growth from trauma in many more lives.

Although some studies have found that meaning-making is associated with better adjustment in response to a child's illness or death (Murphy, 2003; Wu, 2008) beside this research, much less is known about this process in parents bereaved by suicide. This study is limited by its relatively small sample; the theory would benefit by being extended and tested by others, in different groups, cultures, and social contexts. Nonetheless, insights shared by these participants suggest that there are various mechanisms utilised by survivors that have the capacity to generate various outcomes, thus enabling them grow from their trauma. Indeed, comprehending the far-reaching impact that youth suicide casts in its wake is one of the greatest challenges faced by survivors. Of critical importance, is survivors' need to address their role as 'bereaved parent' and the need to maintain a 'continued bond' with their dead loved one.

The way in which people grieve becomes more difficult for Māori simply because the stigma around suicide death complicates the grieving process. Participants felt isolated in their grief and chose not to be exposed to the scrutiny of others. Barnes (2006) suggests 'if people view suicide as a family failure then this can be the determining factor of whether or not to come out (p. 347). As a recommendation Barnes (ibid. p. 347) recommends that the "definition of sucide needs to be redefined, not as a family failure but as a way of death that is most likely to occur under certain conditions, and not as evidence of personal weakness, giving up, selfishness, getting revenge, or any other of the simplistic labels that are often associated with it."

For this to occur open forums of discussion need to be facilitated beginning with the policy makers in the Ministry of Health, non-governmental social service agencies, professionals including social workers, mental health workers, counsellors, community workers and families within communities. Additional studies are required to elucidate communal and societal reactions to suicide death and suicide survivors. Specifically this exploration should endeavour to investigate how Māori communities view and comprehend suicide.

Another reccommnedation to consider is that there be new emerging volunteer support groups created in order to make available, support and assistance to adults bereaved by suicide. The basis for these set ups is that parents bereaved by suicide have need of positive outreach service provision and contact to other survivors so that they are equipped to cope with the deliberate self-inflicted death of a child. The original intention and purpose of the New Zealand Youth Suicide Prevetnion Strategy (NZYSPS) stipulates, "the provision of effective support ot those who are bereaved or affected by suicide" (Associate Minister of Health, 2008, p.27). The NZYSPS has to be observed to be increasingly pre-emptive about initiating better results for parents/adults bereaved by suicide through the establishment and delivery of primay support services. One suggestion the NZYSPS can consider is the formation of a working party to develop care support policies and resource allocation. The presence of suicide survivors of the working party would be beneficial in creating policies around resource allocation and care support packages. The rational for this is that policies and support packages need to be appropriate and responsive to the specific needs of families. The working party also need to devise strategies for the implementation of informational support for families.

8.6.1 A special case for Whānau bereaved by suicide

The insights revealed by this small group of participants, highlights the far-reaching impacts that young adult suicide generates in its trajectory is one of the ultimate encounters faced by survivors. Of key significance is survivors need to address their aggrieved turmoil – not only in relation to their grief and loss but also in acknowledgement and respect of the personal disruption they are compelled to suffer as a result of the suicide.

What this study reveals the need for more social support within Māori communities, which was prevalent with all the participants. The impact of the lack of social support evident in communities compounded the families' ability to grieve. In Aotearoa/New Zealand, new emerging volunteer support groups need to be created in order to make available, support and assistance to adults bereaved by suicide. The basis for these set-ups is that 'adults bereaved by suicide' have need of positive outreach provision and contact to other survivors so that they are equipped to cope with the deliberate self-inflicted death of a relative

What will be evident for those professionals, who will work with whānau bereaved by suicide, is the intensity of whanau emotional responses. Professionals need to be aware and acknowledge that these responses are expected, natural and appropriate given the distinct, unique nature of grieving a death by suicide. The prolonged social and psychological isolation of the families in grief should be challenged. Whānau need to be sustained and assisted in finding expression of their grief and loss in their own specific cultural ways.

Significant consideration and responsiveness to the issues, individuals and families afflicted post-suicide will enlarge our understanding of suicide bereavement and more importantly spearhead more effective interventions to support survivors' struggles in confronting and healing from their loss. Not only is our understanding about Māori suicide survivors developing, but interventions, empirically based for these individuals and whānau are essentially non-existent. Post suicide support for the whānau, was often badly timed and insufficient or there was nothing available and if there was, the families

as well as community did not know about it. There needs to be more informational support readily and easily accessible to whānau. Given this current situation of minimal services for survivors, it affords an opportunity for researchers to plan and propose methodically comprehensive investigations on the effectiveness and usefulness of interventions for survivors. From the involvement and knowledge of this study, it is recommended that a responsive model of intervention to assist potential survivors of suicide to "live longer, more productively, and less stressfully than they are likely to do otherwise" (Shneidman, 1981, p. 349); is implemented.

Jordan (2001) advises that not all those bereaved by suicide develop difficult grief reactions and require additional support for their bereavement. However, this study suggests that immediate responsive services at the early phase of suicide bereavement is not only crucial but needs to be made accessible to the family. Also as a stress management coping mechanism, informational support is made available. It is vital that whānau are informed of the available resources. Whānau require easy, available access to trained professionals that may include counsellors, psychologists, social workers, whānau support workers. It is imperative that these professionals are trained in the specific cultural, spiritual and emotional imperatives of whānau bereaved by suicide. Also that intervention should be devised and provided by those who are informed about death, loss, grief and bereavement from a Māori worldview.

As a recommendation, new volunteer support groups need to be established so to make accessible, provision and support to adults bereaved by suicide. The foundation for these set-ups is that these adults who are bereaved by suicide have access to responsive affirmative outreach provision of community services and connection to other survivors. The outcome of which would be whānau who are better equipped to manage and cope with the intentional self-inflicted death of their child.

8.7 Thesis Closing

Few studies have examined the theoretical concept, posttraumatic growth in families bereaved by suicide, a unique population of individuals exposed to a sudden, violent, grotesque death. This study has intentionally sought to critically discuss the neglected concept of posttraumatic growth (Cherwein, 2012). The nature of the qualitative design allowed each parents' inspirational and complex story to be considered. It is hoped that this research can be utilised as another resource for clinicians/professional social workers and counsellors – one that will fill a gap in the literature by making salient the importance of promoting the best long term developments of trauma survivors.

Kia hora te marino
kia whakapapa pounamu te moana
kia tere te karohirohi
i mua i tou huarahi

Let Peace be widespread
Let the sea glisten like the greenstone
May your path be straight
Like the flight of the dove
(Rangawhenua, n.d., cited in Christopher Tin's Blog).

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APPENDICES

Appendix I - Copy of Ethics Approval Letter

TE WHARE WĀNANGA O AWANUIĀRANGI

22 September 2014

Caroll Aupouri-McLean
50a Higgins Road
Frankton
HAMILTON

Tena koe Caroll,

Re: Ethics Research Application EC 14-070CAM

At a meeting on 22 September 2014, the Ethics Research Committee of Te Whare Wānanga o Awanuiārangi considered your application. I am pleased to inform you that your application has been Approved.

You are advised to contact your supervisor and the Ethics Research Committee wishes you well in your research.

Yours sincerely

Associate Professor Te Tuhi Robust
Chairperson
ETHICS RESEARCH COMMITTEE
Te Whare Wānanga o Awanuiārangi

cc.   Associate Professor Virginia Warriner
       Acting HoS – School of Indigenous Graduate Studies

School of Indigenous Graduate Studies

Rongo-o-Awa

Domain Rd

Whakatane

"Suicide Survivorship Research: From trauma to transformation. Pathways to Posttraumatic Growth in Suicide Survivors"

CONSENT FORM

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I have read the Information Sheet and have had the details of study explained to me.
My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I agree to participate in this study under conditions set out in the Information Sheet, but may withdraw my consent at any given time.

Signature: _____ **Date:** _____

Full name:

_____

School of Indigenous Graduate Studies

Rongo-o-Awa

Domain Rd

Whakatane

From Grief to Growth: Narratives of parents
Bereaved by suicide

CONFIDENTIALITY AGREEMENT

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF FIVE (5) YEARS

I _____ (Full Name – printed) agree to keep confidential all information concerning the project

Signature: _____ Date: _____

Full name – printed:

School of Indigenous Graduate Studies

Rongo-o-Awa

Domain Rd

Whakatane

From Grief to Growth: Narratives of parents
Bereaved by suicide

INTERVIEW CONSENT FORM

I have or have read or had read to me, the information sheet for this study and have had the details of the research explained to me.

My questions about the research have been answered to my satisfaction, and I understand that I may ask more questions at any time.

I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular at any time.

I agree to provide information on audio tape to the researcher on the understanding that it is completely confidential.

Name: _____   Signed:

_____

Date: _____   Phone:

_____85_____

Interviewer's signature:

_____

Interviewer's name:

_____

School of Indigenous Graduate Studies
Rongo-o-Awa
Domain Rd
Whakatane

From Grief to Growth: Narratives of parents
Bereaved by suicide

INFORMATION SHEET

Researcher	Supervisor
Caroll Aupouri-Mclean	Dr. Virginia Warriner
Waikato Institute of	School of Indigenous Studies
Private Bag 3036	Te Wananga o Awanuiarangi ki Whakatane.
Waikato Mail Centre	
Hamilton 3240	Telephone no:
Telephone: 8348800	Email address: Virginia.Warriner@wananga.ac.nz
My email is: caroll.aupouri-mclean	
@wintec.ac.nz	

Tena koe, my name is Caroll Aupouri-Mclean and I am a Doctoral student at Te Wananga o Awanuiarangi, Whakatane campus, and currently at work on my doctoral thesis. The purpose of this project aims to research the lived experiences of parents bereaved through the suicide of a whanau member. It seeks to understand how parents experience post traumatic growth following the suicide of their child. It further explores

the mechanism and factors that influence the trajectory of growth for parents bereaved by suicide and to explore the outcomes for parents bereaved by suicide.

I am employed at the Waikato Institute of Technology as a Senior Academic Tutor. If you agree to participate, I will meet with you to answer any questions you may have, and decide where, when and how you wish to talk about your experiences. It is expected that as a participant you will, through your storytelling, share how the suicide event has altered your life.

The interviews can be held in your own homes or at a venue that I can arrange. Given the sensitive nature of the topic if at any time you feel you no longer want to be part of the study then you are able to withdraw within one month of the interview. The interviews will be audio-recorded and should take no longer than three hours. At any time during the interview you are can request the recorder to be turned off or for the interview to cease.

The interview will be recorded and then transcribed, removing all identifying features to ensure your anonymity. The transcriber will be required to sign a confidentiality agreement. A copy of the typed information will be returned to you to check to ensure it is accurate. Excerpts of the interviews may be used in writing my doctoral thesis, conference presentations and journal articles. A summary of the findings will be sent to you, if you so wish. You will be informed of where copies of the full research can be found. The findings of the research will also be presented at conferences and written in publications. Copies of my doctoral thesis will be stored at Te Wananga o Awanuiarangi ki Whakatane campus, Whakatane Library.

If you agree to participate in this research every endeavour will be made to protect your confidentiality, and any identifying information removed in the transcripts and my thesis and any publications. I will store all tapes and transcripts in a secure cabinet; at the completion of the study all transcripts will be securely stored at Te Wananga o Awanuiarangi ki Whakatane for five years, when my supervisor will be responsible for their disposal. I will, however, offer you the tape recording of the interview if you wish, otherwise my supervisor will dispose of it.

Participation in this research is entirely voluntary, and you are under no obligation to do so. Due to the sensitive nature of this research, participants will have access to free counselling should they choose to utilise this service. It is expected that participants will have signed a consent form prior to the commencement of the interview session. Should you choose to participate in the study you have the right to:

- Refuse to answer any questions.
- Withdraw from the project up until one month after the interviews have been completed.
- Ask any questions about the research at any time during its course.

- Provide information on the understanding that your name or any identifying features will not be used.
- Read and check a copy of your interview transcript.
- Turn off the tape at any time during an interview.
- Be given access to a summary of the findings when the research is completed.

Participants will be offered a koha as an acknowledgement of their willingness to participate, in this research project. If you have any questions please do not hesitate to contact myself or the principal supervisor of this project.

This project has been reviewed and approved by Te Whare Wānanga o Awanuiārangi Ethics Research Committee, ERCA # eg. 09/001. If you have any concerns about the conduct of this research, please contact the Chairperson of the Ethics Research Committee.

Associate Professor Te Tuhi Robust
Chairperson
Ethics Research Committee
Te Whare Wānanga o Awanuiārangi
tetuhi.robust@wananga.ac.nz

Postal address:
Private Bag 1006
Whakatane

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Cnr of Domain Rd and Francis St
Whakatane

Appendix VI – Interview Schedule

School of Indigenous Graduate Studies
Rongo-o-Awa
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From Grief to Growth: Narratives of parents
Bereaved by suicide

"Suicide Survivor Research: From trauma to transformation. Pathways to Posttraumatic Growth in Suicide Survivors"

INTERVIEW SCHEDULE

Opening question:

"In the best way you feel is appropriate for you, perhaps starting with sharing a bit about before your child's death and your experiences ever since the death of your child".

Appendix VII - The Pōwhiri Poutama Model

The Pōwhiri Poutama Model was authored by Paraire Huata in 2006 as a counselling model when working with Māori whānau and has been extensively used in the health, education and social service arenas. This model is founded upon Māori cultural values principles and processes. The pōwhiri process is a cultural imperiative designed to undertake various rituals of encounter. Durie (2003) states that this process has been desgined to "reduce space and distance between groups and to explore the basis of a relatinship" (p. 53). In 2011, Dr Rawiri Waretini-Karena further redeveloped this model to align it with a Māori counselling context at the Waikato Insitute of Technology.

There are two differientials; firstly, in contextualising the word 'pōwhiri' to Māori counselling, it establishes the means from which to engage with others (Waretini-Karena, 2011). Whereas the word 'poutama' designates a process of engagement and how this might be negotiated. This model maintains seven stages within a process. The first stage is named 'whakamoemiti', meaning to 'give thanks'. This stage allows the Māori counsellor to prepare oneself prior to meeting the whānau. The two vital requirements for preparation are karakia (prayer) and to whakatau (to settle) themselves. The next stage of the process is 'mihi whakatau'. Firstly, this is where the administration aspects of the counselling occur and invites the establishment of kawa, boundaries and establishes whānau understandings of informed consent. The mihi whakatau stage also involves 'whākawhanaungatanga', whereby there is a development of connections and the creation of rapport. These two stages are foundational in creating shared spaced for the therapeutic relationship. These interactions embody the use of whakapapa in identifying oneself. These familial connections are inherent to a Māori worldview.

The next stage is known as 'whakapuaki'. It is here that the counsellor facilitates the whānau korero as to why they have come into counselling. It is about establishing the reasons for attending. Whakatangitangi, is the part of the process wherein the trauma is brought forth and the issues surrounding it are brought forward and deconstructed. These

stages are crucial in how the counsellor facilitates the whānau telling their story. Manthei (1997) maintains that if whanau are invited to talk freely about any topic of their choosing, instead of being subjected to a series of questions, they are more likely to reveal their problems or desired outcomes (p. 77). The fifth stage is called 'whakaratarata' and its here that the counsellor supports the whanau to develop courses of action to move forward. The sixth stage of the process is called 'whakaoranga'. This area focusses on the options and consequences of implementing action plans. Finally, 'whakaortinga' facilitates effective closure to the hui. This includes summarising the session, highlighting the main points, identifying new discoveries in the counselling session and linking these back to the purpose of the counselling session. Importantly an evaluation is undertaken and this simply means asking the whanau, how has this session been for you and where to next for them? The session is concluded with a karakia.

The use of the cultural values in 'Awhi Whanau' part 1 and 2 are particularly valuable to implement throught the session. In his model 'Paiheretia', Durie (2006) advises that cultural values and principles form the foundation for interventions. They also inform the whānau worker what might be important for the whānau wellbeing. The use of manaaki, aroha ki te tangata, to be mahaki, to be cautious, are particularly effective and culturally appropriate when working with Māori whānau. Durie and Hermannson agree that it "is not so much trying to get people to talk about how they are feeling, but making sure they are actively looked after when they are distressed" (p. 114).