



A JOURNEY OF GRIEVING: LIVED EXPERIENCES OF PARENTS WHO LOST A CHILD THROUGH SUICIDE

¹ANNABELLE F. RAMEL, ²OLIVER M. LIM,

¹Master of Arts in Nursing Candidate, ²Professor

¹Graduate Program of Davao Doctors College, Inc.

¹Davao Doctors College, Inc., Davao City, Philippines.

Abstract: This study aimed to explore and understand the experiences of parents who lost a child through suicide. The study used qualitative, descriptive-phenomenological method. A purposive sample of 12 parents were interviewed. Using Colaizzi's (1978) phenomenological method of analysis, 90 significant statements were identified, and 12 themes emerged. The experiences of parents who lost a child through suicide included: seeking meanings in the shadows of pain and confusion, being covered with complicated grief, and lingering pain. Their means of coping are focused on faith and belief in God, emotional support from significant people, and self-help coping. The insights that parents wanted to share with their fellow survivors and the community in general were engaging in therapeutic communication, changing family dynamics, and leaning on social support. These findings potentially inform the need for compassionate and effective support systems and interventions for parents, individuals, and communities affected by suicide-loss.

Keywords: *suicide, social science, descriptive-phenomenology, Makilala, North Cotabato, Philippines*

INTRODUCTION

Every family suffers the unavoidable phenomena of losing a loved one to death. But the death of the child is the worst stressor and a painful experience for parents (Krisch, 2020). The loss of a family member through suicide causes more pain (Nilsson et al., 2022); and for most families, this is the most devastating type of death (Young et al., 2022). Hence, the suicide of a loved one is considered a health issue causing a long-term consequence for the "suicide survivors" referring to the bereaved family.

Studies in different settings over the world show that suicide deaths are viewed as pointless deaths, and the bereaved family is frequently left wondering why the person committed suicide. Suicide-loss survivors frequently endure guilt, uncertainty, scorn, disgrace, frustration, and the aftereffects of stigma and trauma that amplify all these negative emotions besetting them and adding burden to the process of bereavement (Young et al., 2022; Pinto et al., 2020). In South Africa, Msimango (2023) conducted a study that explored the experiences of mothers whose children have committed suicide. Findings revealed that the grieving journey of mothers is difficult as they seek reasons for losing their child to suicide. The results of the study of Entilli et al. (2021) which was conducted in Australia also revealed that aside from complicated grief, parents who lost their children to suicide also felt self-guilt, stigma, and shame as they made sense of the suicide of their children.

In the Philippines, similar situations are also faced by the bereaved parents after losing a child to suicide. The study of Asuncion et al. (2018) revealed that the parents considered the aftermath of losing a child as indescribable due to the complicated process of grieving which consequently also caused their inexplicable pain and regrets (Pederi, 2022). The study conducted of Villazor and Guzman (2022) also emphasized parenting style reconstruction and reprocessing child as themes for the post-traumatic growth of the suicide survivor parents.

Indeed, the lived experiences of the suicide-loss survivors are worth investigating as they could pave the way to a more understanding society. However, while there are researches accounting the life experiences of the suicide-loss survivors, there is a scarcity of literature focusing on the lived experiences of parents as suicide-loss survivors as the related studies focused on suicide-loss with the entire family as survivors and not really focused on parents (Levi-Belz et al., 2022; Evans, & Abrahamson, 2020; Entilli et al., 2021) and others are hospital suicides with healthcare professionals as loss survivors (Gutin, 2019; Sandford et al., 2021).

Furthermore, given that the municipality had the most significant number of suicide deaths in the province in 2020, with twelve (12) death cases no study in the municipality has highlighted this situation. Furthermore, this study explored the lived experiences of suicide-loss survivors and how they cope with the challenges of their situation. This may help the local government strengthen mental health services and suicide prevention strategies. The lived experiences of the suicide-loss survivors may give

insights that would be useful for those who will experience the same situation which will give them the kind of inexplicable pain. This included their experiences, challenges, strategies, and how they cope with their situation.

Purpose of the Study

This qualitative, descriptive-phenomenological study aimed to explore and understand the experiences of suicide-loss survivors. At this stage, in the research suicide-loss survivors will be generally defined as a parent who lost a child through suicide; at least six months have passed since the death of the loved one.

Research Questions

1. What are the lived experiences of the suicide-loss survivors?
2. How do participants cope with the challenges of their experiences?
3. What insights can the participants share with fellow survivors and the community in general?

Theoretical framework

Constructivism was the worldview adapted for this study. Constructivism posits that individuals construct subjective interpretations of their experiences to comprehend their environment. These interpretations are intricate and sophisticated, urging researchers to delve into the complexities of these perspectives rather than oversimplifying them. It is believed that these meanings emerge through social interactions. Within this framework, this research explored the diverse ways individuals interpret their environments (Creswell & Creswell, 2018). Constructivist theory involves understanding, and acknowledging multiple meanings. This paradigm is particularly suitable for qualitative inquiries.

This study on the lived experiences of suicide-loss survivors particularly the parents aimed to explore and understand how they face the complex grief and loss journey based on their subjective realities, perceptions, and meanings created from their experiences. Hence, this research was undertaken through phenomenological inquiry. Constructivism served as the guiding worldview. Within the constructivist framework, the experiences of the parents as suicide-loss survivors are acknowledged with their multiple meanings attributed to their experiences. The study also employed phenomenological inquiry, which aligns with constructivism by recognizing that meanings are constructed based on experiences of the parents.

The study was also gleaned from the three theoretical frameworks: the Kübler-Ross model, Kolcaba's Theory of Comfort, and Peplau's Theory of Interpersonal Relations.

The Kübler-Ross model, proposed by Elisabeth Kübler-Ross in 1969, outlines five stages of grief: denial, anger, bargaining, depression, and acceptance. Despite criticism over its generalizability and empirical support, the model remains relevant for understanding the emotional journey of suicide-loss survivors. Kübler-Ross and Kessler's (2005) theory aided for deeper insights of the lived experiences of suicide-loss survivors as they journey their life with the overlapping grieving processes.

Kolcaba's Theory of Comfort, developed in the 1990s, places comfort as a central outcome of nursing care. It views comfort as holistic and considers the needs of the individuals in the physical, spiritual, psychological, environmental, and sociocultural aspects. The researcher utilized Kolcaba's theory to determine and address the comfort needs of suicide-loss survivors. By conducting a phenomenological inquiry into their lived experiences, interventions can be designed to support their holistic well-being. While Kolcaba's theory originates from nursing care, its principles can be applied to understand and assist suicide-loss survivors comprehensively.

RESEARCH METHODOLOGY

Research Design

This study utilized the qualitative descriptive phenomenological research design in exploring the lived experiences of parents who lost their children due to suicide. Particularly, the researcher used the descriptive phenomenology approach. According to Moser et al. (2017), qualitative research aims to explore and find deeper insights of a phenomenon. It gathers data about the experiences, perceptions, and behavior of the chosen participants who will provide answers to questions about their experiences (Tenny et al., 2017).

Williams (2021) gives a brief description of phenomenology stating that it is about "describing what the experience is like" which means, for a study to be considered as phenomenology, it should allow participant to show and tell how it is like to experience the phenomenon. Similarly, Nigar (2020) empathized those experiences such as feelings, enlivening, and conceptions, are the key to phenomenology.

Phenomenology was chosen as the research design since its methodical requirements enabled the researcher to address the objectives of this research. This method helped explain the experiences, how the situation affected participants' lives, and their insights about the phenomenon. In addition, this research explained the informants' coping mechanisms, insights, actions, beliefs, emotions, and perceptions - these elements were guideposts in gaining complete accounts of the suicide-loss survivors' lived experiences.

Research Setting

This study was conducted in the municipality of Makilala. It is located in the southeast portion of Cotabato Province and is the last town in Davao City. There is an urgency and relevance in conducting the study in Makilala, as it is a community grappling with significant challenges related to mental health and suicide prevention. In 2020, the municipality had the most suicide deaths, with 12 cases. In 2021, there were two (2) suicide deaths, and in 2022, the municipality now has four (4) suicide deaths. The municipality had the highest number of suicide deaths in the province for the year 2020 with 12 deaths. Figure 1 shows the map of the Municipality of Makilala where the study was conducted.

Research Participants

The participants of the study were suicide-loss survivors, particularly the parents. They were parents or a mother or father whose child committed suicide. The incident must have happened six months ago before the interview. The participants in the study were chosen using the purposive sampling method-where they were chosen based on criteria. In this study, the researcher chose the participants who are suicide-loss survivors particularly parents residing in the municipality of Makilala. A health worker assisted the researcher in finding the participants of the study based on the roster of suicide cases.

Data Sources

The narratives from one-on-one in-depth interviews with informants served as the primary data source. The participants were selected based on the data given by the mental health program coordinator who had the registry of suicide deaths. Healthcare workers assigned in the barangays identified the first-degree relatives of the person who committed suicide.

Data Collection Procedure

The data-gathering procedure commenced using the following steps: The researcher sought approval through a permission letter duly signed by the Program Chair of the Graduate School under the Master of Arts in Nursing program of Davao Doctors College. Guide questions were prepared and organized by the researcher. Three research experts validated the interview questions. Informed consent was given to the participants prior to the conduct of the interview.

Permissions were also sought from the Municipal Mayor and the Municipal Health Officer for the access of the registry of suicide cases in the Rural Health Unit (RHU) of Makilala. When approval was given, the researcher proceeded to the identification of the participants with the help of a health worker.

Participants underwent an orientation on the purpose, process, and data gathering. Observation of minimum health was ensured at all times in the interview and gathering of data. The study was conducted through an individual face-to-face interview. The individual interview was conducted and scheduled based on the availability of the participants. Open-ended questions were formulated to gather relevant information for the study. The researcher recorded and transcribed the interviews for data analysis. During the conduct of the interview aside from the language, moods, hand gestures, body language, and behaviors during the conduct of the interview were considered throughout the process.

Participants were informed that recording the interview to be solely for the study. After the interview, the audio was translated into words for phrases to verify data reliability. Throughout the interview process, the participants were given a letter expressing the researcher's deep gratitude for their time, cooperation, and active participation in the gathering of data process. The participants were informed that all data and information will be confidential.

Trustworthiness of the Study

Qualitative phenomenological research aimed at searching for the everyday experiences of the participants while suspending judgements of the researchers (Delve & Limpacher, 2022). In this study, the researcher aimed to explore the everyday experiences of parents who lost their children due to suicide and how the incident affects their lives. The researcher thoroughly discussed with the participants, the criteria used to select them, and the limits of those who participated in this research study. In addition, the researcher discussed the outcomes and data analysis and their implications.

The study underwent member checking, a procedure in which results were returned to participants to be checked for accuracy and evaluation. The participants received a copy of the transcribed data. Participants were allowed to verify the data before signing a certification that the data transcribed by the researcher was correct.

On the one hand, in qualitative research, transferability is defined as the extent to which the findings of a study may be used or transferred outside the study's progress. It was ensured that readers would understand the study and could potentially apply the method in their own context.

This study also employed dependability which considered the stability of the study over time (Polit & Beck, 2014). It was employed in this study by making sure that procedures like the use of audit trailing of the data and peer debriefings were done. Process logs were used where the researcher noted all the observations during the course of the study. Data, interviews, observation, information documents, and recordings of the participants' responses were used to ensure a transparent audit and enhance the dependability of this research activity.

Because the researcher used codes for each participant to monitor more conveniently and protect anonymity by using this coding system, the audit strategy made this research transparent. Furthermore, in this study, the researcher conducted face-to-face interviews to collect data, known as the In-Depth Interview (IDI), in which individual participants answered the research questions in comprehensive descriptions.

The researcher addressed confirmability in this study by proving that the findings are focused on the research questions rather than the researcher's assumptions and conclusions. The researcher's beliefs and assumptions were not used in the study. The researcher also has recognized that this study has limitations that prevent it from being generalized. Furthermore, the detailed description provided participants with an opportunity to describe and analyze the research results methodologically.

Role of the Researcher

The researcher interviewed suicide-loss survivors' parents. The researcher was in charge of the data obtained from the participants and conceptualized the data collection processes and what, who, and how it was evaluated. The researcher performed data collection using a qualitative phenomenology design.

In gathering the data, the researcher facilitated the interview to ensure that questions are answered so there would be adequate data to be used for the study. During the interview, rapport was established by the researcher so participants would not have hesitations in providing answers and sharing their relevant experiences.

Reflexivity

Reflexivity is considered as the process of critically reflecting as the research and process investigator required to explore knowledge to be constructed from the investigation and not from other sources (Olmos-Vega, 2023). Reflexivity requires continuous engagement with the participants. In reflexivity, the research process and results were examined in light of the practices and roles of the researcher. It also highlights the collaborative relationship between the researcher and the participants, emphasizing the reciprocal influence they have on each other and the significance of comprehending the interactions of the produced data (Perera, 2020).

The researcher is a 41-year-old Filipino woman presently working on her master's degree in nursing. She currently works as a community health nurse in a barangay in the municipality of Makilala. As part of the researcher's work in community health, she was exposed to people with different mental health problems and psychological first aid conducted to one of the suicide-loss survivors. This incident awakened the desire of the researcher to study the lived experiences of the suicide-loss survivors. Knowledge of behavior and circumstances improved data interpretation and enhanced the reliability of this study.

Ethical Consideration

The research obtained approval from the Masters of Arts of Nursing Program Chair of Davao Doctors College and ensured that all ethical issues were respected and obtained.

Social Value. The results of this study made way for a better understanding on how individuals cope with the aftermath of losing a loved one to suicide and can inform the development of more effective support services. Insights gained from research can help tailor interventions to meet the specific needs of suicide-loss survivors, potentially leading to improved mental health outcomes. The result of the research would disseminate to the community most specifically to those who will benefit the most. Also, by studying coping strategies, researchers can shed light on the challenges faced by survivors and help reduce the stigma surrounding suicide bereavement, encouraging more open discussions and support within communities.

Risks and Benefits. This study is strictly for research purposes, ensuring confidentiality and anonymity for all participants. The insights gathered from this study can be invaluable for researchers in designing intervention activities tailored to address the unique experiences encountered by participants. By understanding these personal experiences, the research can lay the groundwork for implementing targeted therapeutic interventions. Ultimately, the goal is to cultivate a more positive and productive work environment for all individuals involved.

Voluntary Participation. Participation in this study was entirely voluntary. Even if participants initially choose to participate, they retain the right to withdraw from the study at any point without facing any negative consequences. Should they decide to withdraw, any information they have provided will not be included in the collected data. This ensures that participants have full autonomy over their involvement in the study and can make decisions based on their comfort and preferences.

Privacy and Confidentiality. In accordance with the Data Privacy Act of 2012, the researcher adhered to the principles of transparency, and legitimate purpose of gathering, retaining, and processing of personal data. Regarding privacy and confidentiality, participants were ensured anonymous. Even if participants choose to disclose their names or other identifying information, these were not included in the research report. All data collected in this study were treated with the utmost confidentiality. Should the research be published in the future, no information provided would reveal the identity of any participant. Additionally, access to the data was restricted to the researchers involved in the study, and requests for information from individuals not associated with the research would be declined. Participants may request a copy of the study results upon completion. Finally, all raw data would be disposed of appropriately.

Data Analysis

The researcher utilized Colaizzi's (1978) method of phenomenological data analysis approach to unveil the lived experiences of the parents who lost a child through suicide. First, to familiarize the contents, all transcripts from the interviews with the parents were read, reviewed, and re-read to get a basic idea of the entire contents bearing the responses of the parents to the interview questions about their lived experiences, their coping, and insights to share.

Then the significant statements were identified. In this study, there were 90 significant statements that were taken from the transcript. These were statements that were considered relevant to the experiences, coping, and insights of the parents who lost a child through suicide.

From these significant statements, meanings were formulated. In this step, the researcher carefully considered the statements in giving meanings to the statements provided by the participants. Then, the identified meanings were clustered into themes by understanding and identifying commonalities of meanings that the themes could represent.

The themes generated were described to give a clear picture of how these themes can represent answers to the research questions about lived experiences, coping, and insights of the parents who lost a child through suicide. These descriptions again were condensed into shorter but denser statements or phrases to have a fundamental structure that captured the themes. Verification was sought from the participants. This ensured that the results through themes and descriptions provided captured the meanings of their experiences shared during the interview. Participants and the researcher discussed insights to determine whether the researcher's theme analysis was compatible with their lived experiences (Praveena & Sasikumar, 2021).

RESULTS AND DISCUSSION

Presented in this chapter are the results and the corresponding discussions. It first presented the profile of the participants, the suicide-loss survivors. The presentation of the results followed through the discussion of the themes serving as answers to the research questions posed at the beginning of the study. These themes describe the lived experiences of the suicide-loss survivors, their coping mechanisms, and the insights they would like to share with their fellow survivors and the community in general.

The themes presented were coined from the recorded in-depth interviews with the participants. Prior to the interview, informed consent was given to them and they also signed to manifest their understanding about the study and their voluntary participation. During the interview, the conversation was in vernacular as reflected in the transcripts. However, the significant statements lifted from the transcripts which are used in the discussion were translated into English, but the meaning is ensured the same as the original responses in the vernacular.

To analyze the data, Colaizzi's steps in thematic analysis were employed which started with reading and rereading the transcript. Then after making sense of the data, the significant statements were extracted from the transcripts. These statements are considered significant as they directly describe the lived experiences, the coping mechanisms, and the insights of the suicide-loss survivors. From these significant statements, meanings are formulated. Formulating meaning means giving remarks to describe the statements (Wirihana, 2018). Formulated meanings that are similar were grouped together to form clustered themes, and then from related cluster themes were formed (Appendix F) shows the thematic analysis table. Descriptions of the themes then followed.

The data were gathered from the 12 participants who participated in the interview and their profile is presented in table 1. As shown in the table, most of the participants are mothers who are housewives. The youngest age among the participants is 41 and the oldest is 73 years old. These participants lost their children to suicide, 8 months and above ago when they were interviewed.

Table 1. Profile of the Participants

Code Names	Age (in years)	Gender	Occupation	Years as Survivor
Aurora	57	Female	Housewife	1
Iris	53	Female	Housewife	3
Nova	52	Female	Businesswoman	8 mos.
Apollo	56	Male	Businessman	8 mos.
Lumin	59	Female	Housewife	3
Sol	54	Female	Businesswoman	3
Alina	68	Female	Farmer	6
Aron	73	Male	Farmer	6
Clara	48	Female	Housewife	7
Helen	64	Female	Housewife	2
Helios	60	Male	Farmer	2
Dawn	41	Female	Housewife	3

In this study, there were a total of 9 clustered themes serving as answers to the research questions of this study. Figure 2, the thematic map presents the theme clusters and the themes representing them. Table 2 shows how the cluster themes are developed.

Table 2. Development of Cluster Themes

Cluster Themes	Significant Statements
Clustered Theme 2.1. Faith and belief in God	<p>I just pray to God and submit everything to Him. Only God and me could help. I knell to pray when I am alone. (<i>Iris</i> L195-196)</p> <p>I got nothing to lean on. Only prayers... (<i>Nova</i> L540-541)</p> <p>What I can say about the situation, is that we cannot control a person's life. For me, it's that I cannot adjust myself. I leave it to God to help me cope with my feelings. As of now, I feel sorry for my husband because he cries almost every night. (<i>Lumin</i> L1031-1034)</p> <p>Formulated Meaning: Trusting and praying to God</p>
Clustered Theme 2.2. Emotional support from significant people	<p>Support from my family, friends and relatives. (<i>Nova</i> L563)</p> <p>My siblings told me... not to focus to only one of my children. (<i>Dawn</i> L2847-2848) (<i>To mean there are other members of the family to draw support</i>)</p> <p>I am with my wife and daughter to dine at the city. (<i>Apollo</i> L697-698)</p> <p>Significant Meaning: Support of the family and friends</p>
Clustered Theme 2.3. Self-coping	<p>I keep my self-busy..doing the garden..and then selling. I have to peddle banana for me to forget. (<i>Clara</i> L215-217)</p> <p>Sometimes I go to the barangay, I also enjoy myself there. (<i>Apollo</i> L745)</p> <p>Have some fun. Relax. Attend mass. Sometimes bond together with friends. (<i>Sol</i> L1496)</p> <p>Significant Meaning: Diverting attention</p>

From the 9 clustered themes, 3 emergent themes unfolded and these are: journeying the turmoil of loss; confronting difficult emotions; and reflecting from lost life.

Table 3 Illustration of the Process of Identifying Emergent Themes

Significant Statements	Formulated Meanings	Clustered Themes	Emergent Themes
<p>I just pray to God and submit everything to Him. Only God and I could help. I kneel and pray when I am alone. (<i>Iris</i> L195-196)</p> <p>I got nothing to lean on. Only prayers...(<i>Nova</i> L540-541)</p> <p>What I can say about the situation, is that we cannot control a person's life. For me, it's that I cannot adjust myself. I leave it to God to help me cope with my feelings. As of now, I feel sorry for my husband because he cries almost every night. (<i>Lumin</i> L1031-1034)</p>	Trusting and Praying to God	Faith and belief in God	<i>Confronting difficult emotions (coping)</i>

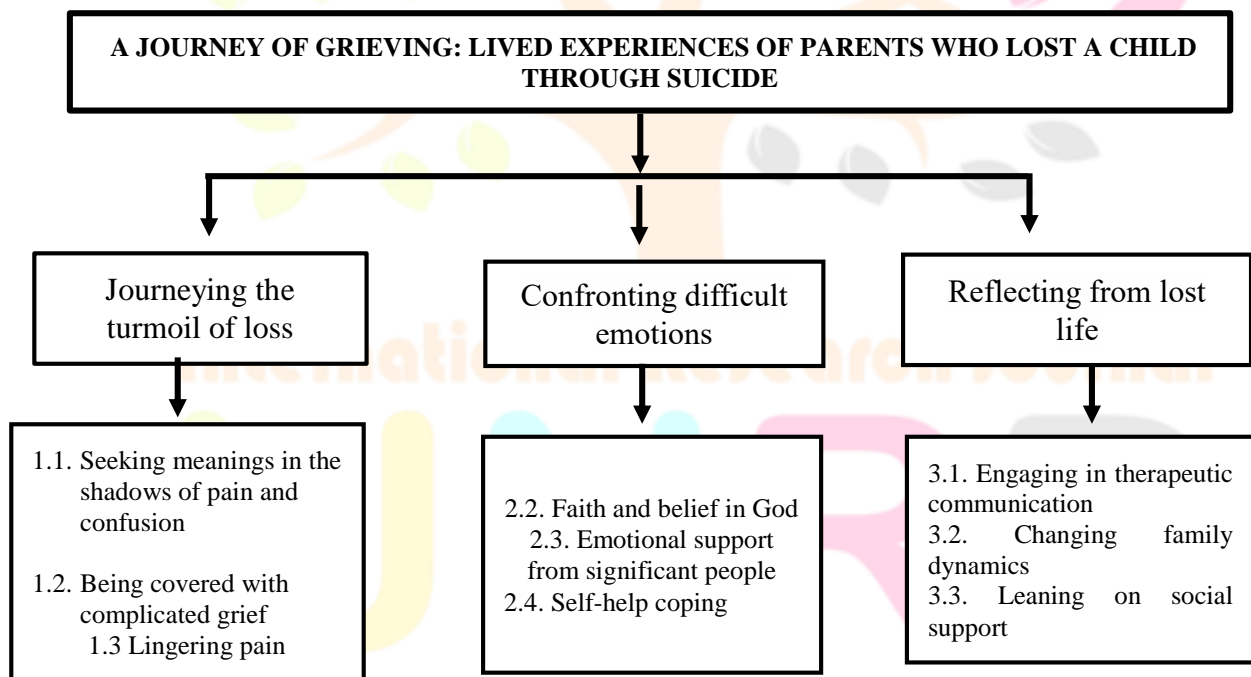


Figure 2. Thematic Map

Emergent Theme 1. *Journeying the turmoil of loss*

To represent the lived experiences of the suicide-loss survivors is the emergent theme, *Journeying the turmoil of loss* to refer to the life full of pain as they journey suicide-loss. This depicts the emotional landscape they navigate, where grief, confusion, guilt, and profound sadness overshadow their lives. This is to mean difficult circumstances, they journey through the aftereffects of losing a child due to suicide, trying to journey the complexities of their emotions and struggling to find a path toward healing and understanding. This theme is coined from the cluster themes: *seeking meanings in the shadows of pain and confusion; being covered with complicated grief; and lingering pain* which are all discussed in preceding sections.

As described by Abbate et al. (2022), bereaved family members often experience intense feelings of loneliness and may not always feel supported or comforted. They may also feel discomfort and perceive that other are distancing themselves from them. This can lead to negative consequences during the grieving process, including mental and physical health effects.

Moreover, Goulah-Pabst (2023) notes that these families often suffer from complicated grief, characterized by feelings of abandonment, rejection, depression, self-blame, and guilt. Young et al. (2022) describe complicated grief as an especially severe form of mourning that lasts longer than usual, goes beyond societal norms, and significantly disrupts daily life, exacerbated by

social stigma and disrupted social networks. Parents in this study experienced extended grief as they faced seemingly unending pain. The grief significantly disrupts daily routines and is made worse by social stigma and disrupted social networks. Essentially, people with complicated grief find it very difficult to return to their regular lives, and the support they need from others is often lacking.

Cluster Theme 1.1. Seeking meanings in the shadows of pain and confusion

Seeking for meanings in the shadows of pain confusion of losing a child to suicide is about the participants' relentless pursuit of understanding the reason for their children's decision to commit suicide. This means, the survivors yearn for answers that can illuminate the shadows of confusion, uncertainty, and regret. This is particularly about the longing for reasons for the suicide of their sons and or daughters, confusion, questions about the situation, and their regrets.

Because of their inability to accept the situation of losing a child to suicide, and their feeling of emptiness, they shared that they could not understand the reason of suicide. Teary-eyed, the participant posed the question:

I really struggled. I cannot understand. He has a happy disposition, so why did he commit suicide?

(Alina L1779-1780)

We really never thought she would do something like that.

(Lumin L 814)

While uttering the pain she experienced, another participant also expressed that she could not determine the reason why her child committed suicide.

I did not know what I felt. I tried to ask why he did it. We also did not know why. (Clara L 2048-2050)

This participant claimed she accepted that death is part of life, she could not help but express the pain of losing someone due to suicide. While perceiving that suicide is a reason for dying, still, there is so much pain.

It contributed to so much grief. It is his end of life. It is his cause of death. There is always a reason to die; but this death is painful. (Sol L1343-1345)

Other participants aired about being confused after giving their best for their children. They also questioned themselves about what they had not done for their children and why they decided to commit suicide. An introspective question is asked by mother for falling short and implying blame for not being perfect.

I am really confused; I have done everything. (Aurora L84)

I asked myself in what part I have not given my best and where did I go wrong. I am not a perfect mother but I'm trying my best to be perfect for them. Then that was not enough. (Nova L400-403)

Moreover, questioning the situation is also manifested in the answers of another suicide-loss survivor who believed he must have died ahead of her daughter for he is the father. Regret is also expressed by another participant for having a child who died ahead of them.

I really felt the pain. Pain from being left by your child...if only I could go with her. I should have been the first to die since I am the father. But in this instance, this is a different situation as I was the one who carried her to her deathbed. This is indeed painful. (Apollo L645-649)

I have regretted why my child died ahead of me. (Apollo L736-737)

For Schneider et al (2011), parents naturally feel a deep sense of responsibility for their children's safety, happiness, and success. When a child dies by suicide, parents may grapple with agonizing questions about what they could have done differently to prevent it. Survivors may find themselves constantly questioning why their loved one chose to take their own life (Tal Young et al., 2012).

Cluster Theme 1.2. Being covered with complicated grief

The theme *being covered with complicated grief* mean that the participants have been covered with so much negative emotions. They live with heartaches and misery of losing their children. They face the difficult situations such as longingness, different kinds of pain, useless and unproductive days of their lives being so demotivated, guilt feelings, emptiness, blame and denial – these are negative emotions that envelop their lives as suicide-loss survivors.

With what happened, their lives have been covered with longingness and emptiness as they expressed how they badly missed their children, their ways, their hobbies and everything about them.

It is really hard for me. He is sweet to me. It pains me when I remember him. (Iris L181-182)

When I cannot bear the pain of missing her, I enter to her room, I wear her clothes, and her underwear... I do not know what to do. (Nova L421-423)

I missed playing basketball with him. The last time he played, he asked me to be with him. That was the last time we were together. (Aurora L38-39)

Longing can emerge when individuals yearn for something they perceive as essential. In the case of this study, these are the children of the suicide-loss survivors whose presence they long so much. For Koster (2021), it is the feelings of absence, emptiness, or a sense of not being fulfilled. This is a feeling of yearning for the person who is gone (Goodkin et al., 2006).

With so much yearning to the lost loved one, participants have shared they would like also to die. This sentiment arises from the intense grief and emotional pain of losing someone dear, particularly to suicide.

I do not understand. I could not express it. I sometimes would say, it is better to go and die.

There are times when I tell my husband that I better commit suicide as my heart goes very heavy. (Nova L413-419)

It is really difficult. I sometimes think of reuniting with him. (Helios L2620)

The emptiness of life and the longing for the departed can become so intense that those who are grieving may think of reuniting with their loved one, which can manifest in suicidal intentions and actions. Otherwise, the pain of loss may become so unbearable that individuals may perceive that when they die, it is the only means of escape (Tal Young et al., 2012).

In addition to longingness and emptiness, the responses of the participants also manifest different kinds of pain from what happened. The pain they expressed may be supported with individual reasons but pointing to the same aspect – this is the death of a loved one.

The pain in my heart, and the pain to remember what happened, it's really painful that my child is gone. (Apollo L614-615)

I cries last night when I remember him while I am singing a song for God. (Iris L170-171)

I could not be at ease. It seems that I carry the weight of the sky. (Aurora 0L2315)

I really could not understand...It is so painful...more painful than when you lost a husband. (Dawn L2802)

Other suicide-loss survivors manifest their pain through their guilt like what is expressed by Participant 1 and blaming God for what happened.

If only I knew he would leave me, I would rather give all his wants. (Aurora L17)

When I lost my child, I doubt if there is God. I almost do not want to go to church as doubt if there is really God. (Nova L482-484)

Like these intense feelings shared by the participants, Berardelli et al. (2020) also found out in their study that the combinations of negative feelings are manifested by their stud participants who expressed their intense sorrow, shame, anger, and feeling of being isolated and rejected. But authors also confirmed that the intensity of such feelings differs from one person to another, emphasizing that their experience is distinct from other types of bereavement due to the heightened feelings of loss.

Meanwhile, denial is a defense mechanism commonly observed in grief, where individuals may initially reject the truth of a painful event as a way to cope with overwhelming emotions. Another survivor's response is evident of denial from his son's loss.

I have been waiting for him for 1 year. I once had a child who was lost and I just saw him at dawn. I just thought it would be the same. He will just come back ...But he did not... (Alina L1742-1745)

I was thinking it was just a joke. (Alina L1736-1737)

Being enveloped with sadness, the participants also communicated that their usual activities have become limited and they prefer to be alone and stay at home – different from what they used to do.

I feel like I don't want to do anything. I prefer to stay at home. (Lumin L1217)

I am into deep thinking, blanking staring...I loss my appetite. (Helios L2637)

It is really different. I do not want to go out...I do not want to go to Davao. When she left. I have been staying at home for 2 mos. (Nova L463-465)

When someone is grieving, they may feel overwhelmed by their emotions, which can make it difficult for them to reach out or communicate their needs effectively. Grief can profoundly impact an individual's ability to reach out for support within their immediate surroundings, intensifying feelings of isolation and disconnection from others (Levi-Belz & Ben-Yaish, 2022).

Cluster Theme 1.3. Lingering pain

The last theme cluster is embracing pain to represent experiences that have been accepted as part of their lives. From the responses, these are: the pain as part of daily living, the lingering pain, the fear as part of life due to suicide-loss, and acceptance with pain. This implies, they are trying hard to accept pain as part of their lives.

For the participants, they do not know when they become healed for pain has been haunting them.

I lost my mother, my father and my twin, but it is more painful to have lost a daughter. I do not know when to heal pain. (Nova L426-428)

Furthermore, lingering pain also describes the pain of some of the participants as any moment, any situation could trigger the pain in them. In their daily activities, they admitted that the pain visits them.

When I remember him, I cry. (Clara L2084-2085)

This will soon turn 1 year on August 4. I have been asking her to visit in my dreams. May she will visit me in my dreams so I know her situation there. (Nova L518-520)

I always cry at night. My children help to pacify me as I just shout uncontrolled and still I cry. I really could not forget Sunday because it happened on a Sunday. (Lumin L891-892;L874-875)

Fear also lingers with the bereaved family. This survivor shared that fear has been part of them. This fear emanates from being left behind and the fear that it might happen again.

There are changes in my mind. I fear that the same thing might happen again to my other child. Then, nobody will be left. I really have apprehensions. (Apollo L717-719)

This fear suggests that the survivors live with a sense of apprehension or anxiety, likely stemming from the trauma of their experience. This fear may arise from various sources, such as the fear of facing similar losses in the future, the fear of being unable to cope with their grief, or the fear of being unable to prevent further tragedies (Azorina et al., 2019).

Emergent Theme 2. Confronting difficult emotions

The coping mechanisms to their challenging experiences referred to as their dark journey is marked by the theme *Confronting difficult emotions* to mean that suicide-loss survivors are trying to face the circumstances by employing various coping strategies for them to move forward in their journey. Survivors are actively seeking out and holding onto these coping strategies as they strive to move forward in their journey of recovery.

As shown in the results, participants have different ways to confront the loss they experienced. Meaning, they have different coping methods. Each person experiences copes differently and that they might go back to prior phases as they process their loss while trying to undergo the process of coping (Pontiggia et al., 2021). Individuals strive to end their overwhelming pain and experience changes in how they view themselves and the life that was lost. They engage in self-reflection and gain personal insights, deepening their understanding of their grief journey (Zavrou et al., 2023).

Clustered Theme 2.1. Faith and belief in God

Survivors are coping by having faith, trusting, and believing in God. In the face of profound loss and grief, many individuals turn to their faith for comfort, guidance, and support. This belief in a higher power serves as a hope and light amidst the darkness of their pain, providing them with a sense of purpose, meaning, and reassurance.

One of the participants believed that her coping revolved around the belief that only herself and God can help her in the situation.

I just pray to God and submit everything to Him. Only God and me could help. I knell to pray when I am alone. (Iris L195-196)

I got nothing to lean on. Only prayers...(Nova L540-541)

As expressed by another participant, while being in sorrow of losing a child to suicide, still, entrusting to God is an acknowledged way to cope.

What I can say about the situation, is that we cannot control a person's life. For me, it's that I cannot adjust myself. I leave it to God to help me cope with my feelings. As of now, I feel sorry for my husband because he cries almost every night. (Lumin L1031-1034)

I only pray to God to take care of everything because only God and I can help myself. I spend a lot of time kneeling and praying to God, doing it alone.(Iris L195-196)

Trusting God, and spirituality were found generally to be beneficial to people in coping with a traumatic experience. While the specific benefits of religion and spirituality may vary from person to person, being with religious group is helpful for them to navigate their feelings and mixed of negative emotions (Agnietè Čepulienė and Skruibis, 2022).

Clustered Theme 2.2. Emotional support from significant people

Parents who are suicide-loss survivors seek support of their family, friends and the community. This underscores the vital role of social connections in navigating challenging times like suicide-loss. During periods of darkness, such as in the aftermath of trauma or loss, it becomes crucial for survivors to be surrounded by significant individuals in a supportive community.

Support from my family, friends and relatives. (Nova L563)

My siblings told me... not to focus to only one of my children. (Dawn L2847-2848)

I am with my wife and daughter to dine at the city. (*Apollo L697-698*)

Similarly, for the suicide-loss survivors, their community is also important for them in times of need. Referring to the religious community they are affiliated, this participant expressed gladness for easing her pain due to loss.

They have been a great help to us, especially the SDA. They were a huge help because, during that event, the SDA immediately gave twenty-one thousand. I had just joined and had just been baptized. Glen was the one who really helped, along with our companions here. (*Helen L2536-2538*)

The findings suggest that individuals grappling with grief greatly rely on the support and companionship of their family, friends, and community members. Emotional support within family and friends' circles aids survivors in their sorrow and alleviate feelings of isolation. Moreover, assistance from the broader community, encompassing support groups, religious institutions is another significant form of support for suicide-loss survivors. Despite their withdrawal, those mourning a loss yearned for connection as they grieve (Azorina et al., 2019). Since the bereaved family from suicide loss do not want to open up with their family members and the community; hence, they seek the help of the professionals whom they believe they can better express what they feel. Adams et al.'s (2019) pointed out that survivors were free to communicate their grieving reactions to experts without fear of unfavorable outcomes, exaggerated emotional responses, or suicidal thoughts—a common occurrence when dealing with family members.

Clustered Theme 2.3. Self-coping

Self-coping is a personal coping mechanism suicide-loss survivors have done to face the situation. This is about the process of discovering and utilizing individual coping mechanisms to traverse through suicide-loss.

Based on the responses of the participant, they do not only cope with the help of others; instead, they also have self-help activities to help ease the pain.

do the make over and for a massage... (*Nova L552*)

The participants within themselves are trying harder to forget what has happened. This effort to forget may stem from a desire to escape the pain and distress associated with the event, as well as an attempt to regain a sense of normalcy or control over their lives.

I try to will convince myself that she is gone. I have to forget. I can no longer turn back times. (*Apollo L689-693*)

I will not think of him or else I might not be able to concentrate at work. (*Aron L1965-1967*)

Similarly, some of the participants are also engage in different activities which will enable them to divert their attention.

I keep myself busy..doing the garden..and then selling. I have to peddle banana for me to forget. (*Clara L215-217*)

Sometimes I go to the barangay, I also enjoy myself there. (*Apollo L745*)

Have some fun. Relax. Attend mass. Sometimes bond together with friends. (*Sol L1496*)

The parents, based on the results of the study, have attempted to forget and regain their normal life; hence, they engage in self-help activities and immerse themselves in various activities aiming to ease their pain. Additionally, the desire to forget may arise from a wish to escape the emotional anguish of losing their child. Through convincing themselves to forget and participating in distracting pursuits, survivors strive to find solace from their grief. Entelli et al. (2021) revealed the adaptive coping strategies include new positive behaviors, with self-care being most frequent as they improve physical health, and pursued less stressful jobs and engage in hobbies.

Emergent Theme 3. Reflecting from life's circumstances

This emergent theme encompasses the different insights that the family should consider when facing suicide-loss; and being with the people in the community and the health workers who are expected to help the suicide-loss survivors.

The findings underscore the importance of making realizations from what happened. Survivors of suicide frequently stated that counselors were essential in encouraging self-reflection and starting with a conversation that are meaningful and not just a mere conversation about why the suicide happened. This strategy helped them deal with the possibility that they might never fully know why the person committed suicide (Ross et al., 2018). Furthermore, Kasahara-Kiritani et al. (2017) found that receiving professional care helped survivors change their perspective of feeling guilty to seeing the suicide as a result of circumstances outside of their control.

Cluster Theme 3.1 Engaging in therapeutic communication

Engaging in therapeutic communication means communicating with friend and community through a supportive, sympathetic and caring environment. This refers to having connection and communication with friends and other significant people in one's life.

For the suicide-loss survivors, understanding from others is very important for the family who lost a loved one.

I need their (other people) understanding. They should not give comments about what happened and never talk about it. I need to understand myself and endure the pain. (*Clara L2198-2201*)

Community support is essential when we need advice to ensure that we don't just keep reminding ourselves, but we also cannot avoid it. We'll still remember even if it's been a long time. (*Helios L2697-2698*)

Praying is also highlighted in the insights shared by the participants. This therapeutic communication with God underscores that the family should be strong enough to accept the truth but still believe and pray harder in God.

This experience is a trial by God. We are human and we are not immortal. So we need to go on. (*Apollo L621-623*)

Let us firmly hold onto our faith that she's already in His care. Let us accept that she is there now. We cannot blame God because everything is within His will, but she took a different path due to the lack of counseling in her life. (*Helen L2478-2481*)

As advised by another participant, God is always a refuge. Communicating to Him and pouring out feeling to him relieve the pain.

My only advice is to just pray, hold on tight because no matter how you advise or try to distance yourself from God, there's really nothing else to hold onto but God. Cry out all the pain you feel even though you may not see it, but miracles can happen. Before, with my child, there were many trials that happened to me, but for me, it was only God who saved me." (*Nova L576-579*)

The participants highlight the importance of understanding and support from others, highlighting the need for others to refrain from making comments about the loss and to simply be present for them. Additionally, community support plays a vital role in providing advice and assistance, even though the memories and reminders of the loss may persist over time. Prayer is also highlighted as a form of therapeutic communication, where individuals turn to God for strength, solace, and understanding. This result underscores the importance of empathy, and resilience in the healing process for suicide-loss survivors.

Cluster Theme 3.2. Changing family dynamics

The family could do something in the event that suicide-loss happens. Changing family dynamics refers to how the family should establish relationships and family ties to avoid losing a family member to suicide. In this study, the findings reveal that the participants emphasize that the family dynamics is important. When there are red flags immediate attention should be given. The participants elaborated regarding the importance of communication and family relations as crucial to prevent suicide and to help each other from loss.

Family communication and bonding is important. The family should eat together. (*Aurora L78-79*)

If possible, whenever you get the chance, do visit your child in their room. Listen to them if they have any problems, and if there's something they can't say, listen even more. Then, gently encourage them to share whatever is on their mind. If they might have a problem, they really should talk about it. (*Apollo L754-758*)

The parents also stressed the importance of talking to children about suicide and why this should be avoided.

we should talk to them well. Regarding life, that (suicide) is a mistake. You are the only one who can answer to God for that. (*Sol L1508*)

As part of parenting, the participants also suggested to parents to deal with children differently from how they were parented before in their times.

Do not scold the children. Children today is different. (*Dawn L2947-2948*)

I realized that we should not just ignore what they (children) are doing. If they have a problem, we should help them right away. And we should not let them continue if they are doing something wrong. (*Helen L2391-2392*)

Based on this theme, the implications drawn highlight the critical role of family dynamics, communication, and support in both preventing suicide and coping with the aftermath of loss. As to the insights shared by the participants, fostering positive relationships, open communication, and a supportive environment within the family are all crucial. Bereaved individuals were apprehensive about burdening their close friends and loved ones with their grief, fearing potential loss (Azorina et al., 2019). However, research suggests that overcoming these obstacles and re-engaging in social activities can help restore feelings of connectedness and trust. Despite their withdrawal, those mourning a loss yearned for connection (Azorina et al., 2019).

Cluster Theme 3.3 Leaning on social support

For the participants, one of the insights they share is the social support system that could possibly help survivors of the suicide-loss. In this study, this could directly refer to the community and the health workers.

For the suicide-loss survivors, they need a community that understands them and ensure that they are accepted and will not question them for not being able to notice the suicide attempts of their children.

Understanding of the people in the church. (*Iris L232-233*)

Comfort is important. We should not ask and give comments about what happen for comments might cross the sensitivity of the issue. (*Apollo L777-779*)

Many individuals who have lost someone to suicide find it difficult to talk about their loss because others often feel uneasy discussing the topic of suicide. Higgins et al. (2022) pointed out that peer-led support groups show promise in effectively helping those grieving a suicide loss.

Meanwhile, the participants also pointed out the importance of the health workers who will support the suicide-loss survivor. They shared the insight that health workers should visit and be a listening ear for the suicide-loss survivors.

There should be counseling to provide assistance. Siblings may follow what they have done. (*Sol L1552*)

Sol also added that...

If there are certain behaviors that really changed... You need to be aware. For example, if you see something, you should report it to prevent it from happening again... (*Sol L1670-1672*)

Social support is crucial for individuals dealing with grief. For participants, it is important to communicate any changes in behavior, as this allows others to intervene and provide necessary support. Reporting these changes helps identify when someone may be struggling and ensures they receive the help they need.

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