EXPLORING THE SUBJECTIVE EXPERIENCES OF MOTHERS WITH CHILDREN WHO HAVE COMMITTED SUICIDE

BY

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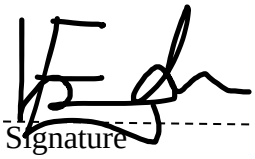
UNkulunkulu emuhle njalo Uzongiph'amandla.

Declaration of Originality

I ELIZABETH MSIMANGO, hereby declare that EXPLORING THE SUBJECTIVE EXPERIENCES OF MOTHERS WITH CHILDREN WHO HAVE COMMITTED SUICIDE is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete reference.

Ms E Msimango



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Ethics of Statement

The author, whose name appears on the title page of this dissertation, has obtained, for the research described in this work, the applicable research ethics approval.

The author declares that he/she has observed the ethical standards required in terms of the University of Pretoria's Code of Ethics for researchers and the policy guidelines for responsible research.

Abstract

Losing a child to suicide is a traumatic experience that any mother can go through. It is considered the worst stressor that may create significant changes in the mother's life. Therefore, the purpose of this study was to explore and gain an in-depth understanding of the subjective experiences of mothers whose children have committed suicide. A qualitative research approach with a phenomenological research design was adopted to explore the subjective experiences of mothers with children who died by suicide. A purposeful and snowball sampling methods were employed to recruit six South African black mothers who have lost their children to suicide. A conversational method was used to collect the data. The data was analysed using the Interpretative Phenomenological Analysis. The analysed data revealed that after experiencing the loss of a child to suicide, the bereaved mothers embark on the grieving journey with no set of rules or guidelines. The journey is complex and complicated because the grieving steps may overlap. Seeking answers to make sense of the loss was a common experience due to the nature of the death. Further, suicide death is attached to stigma and shame which impacted negatively on the mother and their grieving journey. This makes the healing process difficult; however, there are numerous tools such as counselling and support which provide the mother with strength and the ability to look at life beyond the loss. It is recommended that psychologists could design educational and awareness campaigns on suicide to assist the community in understanding suicide and supporting people bereaved by a suicide death. In addition, there is a need for establishing culturally effective interventions focused on providing support to mothers bereaved by the suicide death of their children. This can be achieved through psychologists' awareness of the South African multicultural context.

Keywords: bereavement, bereaved mothers, grief, suicide,

List of Abbreviations

IPA	: Interpretative Phenomenological Analysis
NIMH	: National Institute of Mental Health
SADAG	: South African Depression and Anxiety Group
WHO	: World Health Organization

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Chapter 1: Introduction

1.1 Background of the Study

Suicide is a tragic event that occurs across different countries, cultures, age groups, religions, race, and economic status (Mars et al., 2014; World Health Organization [WHO], 2019). It is considered a major global health problem that is irreversible and inexplicable, claiming more lives across the world (Hoffmann et al., 2010; WHO, 2014a). Additionally, the WHO (2019) estimates that over 800,000 people per year commit suicide worldwide, which represent the global mortality rate of one person per 40 seconds. The number of people committing suicide continues to increase, resulting in suicide being one of the main contributors to death worldwide (Klonsky et al., 2016). Thus, the WHO (2019) suggests that governments across the world should work on implementing programmes and interventions aimed at alleviating the rate of suicide.

A study conducted in Iran by Shamsaei et al. (2020) found that suicide is the fifteenth leading cause of death threatening the health and safety of people. In the United States, suicide is the second leading cause of death among individuals aged between 10 to 24 years and is the fastest-growing cause of death (National Institute of Mental Health [NIMH, 2017]). Similarly, the WHO (2019) declared suicide as the second leading cause of death for individuals aged between 10 to 24 years.

South Africa has an estimated suicide rate of 13.4 people per 100,000, which is approximately four times higher than the global rate of 3.6 per 100,000 people (WHO, 2019). The South African Depression and Anxiety Group (SADAG, 2019) found that one out of 10 teenagers who died was by suicide, which constitutes 10 per cent of teenage death in the country, and this figure is still increasing. SADAG (2016) reports that there are over 20 suicides per day in South Africa. However, readers should not accept the suicide rate at face value since these figures are often underestimated due to some cases not being reported or recorded (Katz et al., 2015). Thus, the rate of suicide is likely to be higher. Khuzwayo et al. (2018) suggest that suicide cases are required to be reported to the South African Police Services. However, owing to the insufficient training of police officers in dealing with such cases and the inability to record a detailed history of the suicide victim, the cause of suicide is often not clear and some cases are not recorded accordingly (Khuzwayo et al., 2018). In addition, the stigma related to losing a loved one due to suicide also prevents suicide death from being reported or disclosed (WHO, 2019).

Losing a loved one to suicide, especially a child of any age, presents a unique experience that may prolong and intensify the bereavement process of parents and family members (Haley, 2016). Lynn (2011) states that mothers with children who died by suicide are likely to carry a heavy burden as they attempt to navigate through the bereavement process. These mothers are often compelled to embark on the journey of reconstructing their "meanings" and identities after the loss by suicide, which can be complicated and complex (Kawashima & Kawano, 2016). The complexity is likely to be caused by the inability to make sense of the loss (Kawashima & Kawano, 2016).

The death of the child can be considered the worst stressor and a painful event that a mother can go through (Krisch, 2020). Sugrue et al. (2014) connote that the death of a child by suicide may create significant changes in the mother's life. These changes may include severe trauma, placing the mother at risk of developing physical health problems and psychological morbidity compared to other causes of death (Spillane et al., 2019; Sugrue et al., 2014). Lynn (2011) maintains that the child's death by suicide is a devastating experience for mothers and other family members left behind, resulting in complicated grief reactions, substance abuse, general health problems, and post-traumatic stress, among other clinical physical and psychological syndrome.

1.2 Problem Statement

Suicide is a multidimensional and complex phenomenon that should be studied using a variety of approaches from different perspectives (Shamsaei et al., 2020). Various studies have been conducted across the world on understanding suicide and its associated risk factors and causes to develop preventative methods, interventions and programmes that focus on suicide (Bilsen, 2018; Espinet et al., 2019; Khalid, 2012; WHO, 2014a). In searching for literature on the mother's experience of losing a child to suicide, plethora of studies focused on suicide rate, risk factors of suicide, and complicated grief. Few research studies have provided an insight about the experiences of mothers with children who have committed suicide. Understanding the unique needs of mothers who have lost their children to suicide is a critical component of meeting the needs of these mothers as they move through their bereavement process and finding meaning.

Lynn (2011) connotes that both quantitative and qualitative research studies have been conducted to advance the understanding of bereavement, grief, and suicide since the early 1970s. However, much of the research done in the field of suicidology often relied on quantitative inquiry with a specific focus on causal explanations of suicide by using rating

scales and tools to measure anxiety, suicidal behaviour, depression, and grief among other variables related to suicide (Hjelmeland & Knizek, 2010; Lynn, 2011; Rontiris 2014). Ross et al. (2018) suggest that these research studies still do not provide a clear picture of the individual's subjective experiences to loss due to suicide. Few studies have focused on the subjective experiences of loss to suicide and understanding the meanings attached to these experiences (Hoffmann et al., 2010; Lynn, 2011; Matandela & Matlakala, 2016 Ross et al., 2018; Sugrue et al., 2014).

In Africa, not much research has been conducted on suicide which results in limited knowledge of the African perspective on suicide (Murray, 2019). Mars et al. (2014) state that Africa has a high rate of mortality, however, the suicide rates were found to be very low compared to other continents. The low rate of suicide in the continent may be attributed to limited research due to the lack of systematic data. Mars et al. (2014) claim that not all suicide incidents are reported due to the lack of medical facilities, resulting in incorrect statistics. Thus, it can be deduced that the reported/recorded suicide rates do not give a clear picture of the number of suicide incidents that occur across the continent.

There are very few studies in South Africa that have explored the subjective experiences of mothers who have lost a child to suicide. This dearth of research reduces the ability to guide effective interventions to support mothers who experienced such loss. An analysis conducted by Besent (2022) noted that during the Covid-19 pandemic, South Africa has over 1800 suicide related cases. The province with most incidents is Gauteng with over 438 cases followed by KwaZulu-Natal sitting at 392 cases. Eastern Cape had 297 and Western Cape standing at 180. Mpumalanga has 175 suicide-related deaths, Limpopo has 117, followed by North West with 73 cases. From the data, there is a need to explore the experiences of mothers who lost their children to suicide in the Gauteng Province. The findings of this study may enable future researchers to find interventions that may assist mothers whose children have committed suicide.

1.3 Research Question

Against the background and research statement of this study, the following research question was developed to guide the process of this dissertation:

What are the subjective experiences of mothers with children who have committed suicide?

1.4 Overall Aims

- The study intended to explore the subjective experiences of mothers with children who have committed suicide.

1.5 Objectives

- To explore the bereavement process that the mothers experienced after the suicide death of the child.
- To understand the meaning attached to the experiences of the loss of a child due to suicide.
- To explore the nature of support received during the bereavement process.

1.6 Dissertation Outline

This dissertation consists of five chapters.

Chapter 1 has provided an introductory overview of the background and research statement of this study. The research statement was followed by the research question along with the overall aims and objectives.

Chapter 2 consists of the literature review. The literature review entails the contextualisation of the study and the theoretical framework guiding this research.

Chapter 3 includes the methodology process of this dissertation. It provides information on the research design, sampling method and participants, process of data collection and analysis, trustworthiness of the research study, and ethical considerations.

Chapter 4 is based on the findings of this study. This chapter aims to describe and discuss the findings that emerged from the data collected. Therefore, the researcher discusses the themes and sub-themes that emerged from the transcribed data thoroughly to describe the subjective experiences of mothers who lost their children to suicide effectively.

Chapter 5 provides a summary of the findings of this dissertation. This is followed by a discussion of the strengths and limitations of the current study as well as recommendations for future research on suicide. The concluding summary is the researcher's reflections on the research process.

1.7 Conclusion

This chapter has provided a background of this study, problem statement, justification, overall aims and objectives. In addition, an outline and overview of each chapter in this

research were also provided. The following chapter entails a literature review relating to the subjective experiences of mothers with children who have committed suicide.

Chapter 2: Literature Review

2.1 Introduction

This chapter includes sections on understanding suicide; suicide bereaved mothers; bereavement, grief, and mourning; and the implications of suicide on the mother-child relationship. The approach used for this literature review was to explore arguments and points of view about the subjective experiences of mothers with children who have committed suicide. In addition, a focus was paid to the Bowlby's attachment theory as the theoretical framework that is applied to this study

2.2 Understanding Suicide

Sir Thomas Browne, who was both a philosopher and physician (De Leo et al., 2006), first introduced the word suicide during the 17th century. It was derived from the Latin words *sui* (oneself) and *caedere* (to kill). De Leo et al. (2006) claim that the purpose of developing this word was to distinguish between homicide and killing oneself. Masango et al. (2008) define suicide as intentional self-inflicted death. The WHO (2014b) defines suicide as the deliberate act of ending one's life, which forms part of the suicidal behaviour.

Suicidal behaviour is a collection of suicide attempts, suicidal ideation, and completed suicide (Saxena et al., 2014). Lynn (2011) defines suicidal behaviour as self-harm or self-directed violence, which includes both suicides and self-abuse where the victim and perpetrator are the same individuals. A suicide attempt is defined as an event in which the individual engages in self-harming behaviour with the intention to die (Klonsky et al., 2016). Klonsky et al. (2016) add that a suicide attempt is self-directed, non-fatal, and potentially injurious behaviour; however, the individual does not die as a result of the behaviour. Esposito-Smythers et al. (2011) claim that for a behaviour to be classified as a suicidal attempt, there should be evidence showing that the individual had intentions to die as a result of their actions. According to Probert-Lindström et al. (2020), a suicide attempt is a major risk factor for future suicidal behaviour. A study conducted by Probert-Lindström et al. (2020) found that the risk of suicidal behaviour after the initial suicide attempt continues for up to 32 years.

Suicide ideation involves the thoughts of engaging in self-harming behaviour with the intent of ending one's life (Purse, 2020). Harmer et al. (2021) suggest that suicide ideation is a complex concept that is used to describe a range of wishes, contemplations, and preoccupations with suicide and death. Harmer et al. (2021) add that there is no universally accepted definition

of suicide ideation, which results in ongoing challenges for researchers and clinicians. Ndosi (2006) posits that suicide ideation is a wish to be killed and the wish to die.

Completed suicide is described as a deliberate act of killing oneself (Klonsky et al., 2016). Klonsky et al. (2016) add that suicide is the death of an individual caused by self-directed harming behaviour with the intention to die. Clayton (2019) defines completed suicide as a deliberate act of self-harm that results in death. Gregory et al. (2020) argue that completed suicide is a successful act of intentionally ending one's life using different methods available to the individual.

2.2.1 Suicide and Context

2.2.1.1 History of Suicide

To be, or not to be: that is the question
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them. To die: to sleep:
No more: and by a sleep to say we end
The heart-ache and the thousand natural shocks
That flesh is heir to. "This a consummation
Devoutly to be wish'd. To die; to sleep;--
To sleep? Perchance to dream! Ay, there's the rub:
(Shakespeare, Hamlet, act 3, scene I)

This part of the soliloquy was spoken by Prince Hamlet in Shakespeare's play (Nasrin et al., 2016). In this soliloquy, Prince Hamlet was examining and understanding suicide in the painful and destructive world. He illustrates the ongoing temptation of humankind towards self-destruction. He further contemplates whether suicide is the best course of action toward ending one's pain in the present circumstances (Nasrin et al., 2016). Suicide dates back to ancient history as a way of ending one's pain and suffering; however, the perception of suicide differs across historical events, religious groups and cultural contexts (Britannica, 2021).

2.2.1.2 Culture and Suicide

Death by suicide is perceived differently across cultural contexts (Yasgur, 2017). Although it exists in every country, age groups, races, and religious groups, suicide has different meanings across cultures (Yasgur, 2017). In most African cultural contexts, suicide

is perceived as shameful and one of the strongest taboos (Vaughan, 2010; Yasgur, 2017). It is regarded as a terrible event that is worse than murder or any type of death (Adinkrah, 2015). It has been associated with witchcraft or evil spirits, resulting in accusations within the family, friends, and the community (Vaughan, 2010). Furthermore, supernatural forces can be referred to when explaining and understanding suicide in the African culture (Vaughan, 2010).

The perception of suicide in the African cultural context is based on their view of life, which is sacred and valuable (Yasgur, 2017). The death of an individual by suicide therefore means that the person did not honour the value of life (Asatsa et al., 2014). Regardless of the African view of suicide, children are still committing suicide (Mars et al., 2014), leaving behind their mothers to bear the stigma of losing their children to suicide. The common stigmas include suicide being perceived as a sinful act, immoral, malingering, emotional weakness, selfishness, and attention-seeking (Nathan & Nathan, 2020). As a result, mothers bereaved by the suicide death of their children often find themselves having to deal with the stigma attached to a suicide death in addition to their loss (Hagström, 2020).

In the African context, certain customs and traditions are performed as a way of mourning and grieving after the death of the loved one. For example, in Kenya in the Batsotso tribe, the corpse of an individual who committed suicide would be beaten with the aim of driving the suicide spirit away (Asatsa et al., 2014). Bereavement, mourning, and remembrance ceremonies that may last for weeks or months are observed (Owino, 2017). However, the death of an individual by suicide is likely to result in complications during the funeral, bereavement, and grieving process. This is because people who commit suicide may not be permitted full funeral rites (Kanu, 2014). Thus, mothers bereaved by suicide may feel ashamed and tainted by suicide, which is likely to perpetuate self-guilt and blame (Hagström, 2020). For example, a mother would ask themselves why their children chose death, and how could they have not prevented the suicide from happening.

2.2.1.3 Religion and Suicide

Across history, religion has integrated the elements of life and death and influenced its followers' understanding, beliefs, perceptions, and behaviours related to suicide (Gearing & Alonzo, 2018). Major religious groups perceive suicide negatively, resulting in punitive and insensitive criticism of the people who died by suicide (Algauer, 2021). People who die by suicide are likely to be referred to as sinners and can be denied religious burial (Schmalz, 2018). For example, in the Jewish religious group, people who died by suicide are not buried in the

Jewish cemetery because they have committed a sinful act by violating the overarching principle of preserving life (BenHaim, 2019).

A majority of religious groups have fundamental beliefs that all human life belongs to God, and it is not for people to take (Schmalz, 2018). In this regard, religion can serve as a protective factor against people engaging in suicidal behaviour; however, it also has the opposite effect on the mothers bereaved by suicide (Algauer, 2021). For example, if the religious group defines suicide as sinful, the strongly held beliefs against suicide may worsen the bereavement and grief process of the suicide-bereaved mothers if the suicide death is understood within this stigmatising framework (Lehmann et al., 2022). Therefore, the implication of this view of suicide may lead to mothers concealing the type of loss and thus not following the expected religious/cultural mourning process related to a suicide death. As a result, it would impact on their bereavement and grief process, and consequently their healing.

According to National Alliance on Mental Illness (NAMI) (2020), people often rely on religion for comfort and social support provided to cope with grief. However, the stigmatisation and demonization of suicide within the religious context may leave the suicide-bereaved mothers vulnerable and experiencing shame, guilt, self-blame, and rejection (NAMI, 2021). Although religion provides a definition and context for death, it may also exacerbate grief in the event that death is by suicide.

Religion does not only provide its people with views on suicide, it provides social support and helps guide its followers on the bereavement process after the loss. According to Vandercreek and Mottram (2009), people and communities at large have turned to their religious practices and beliefs during the bereavement process. This shows that religion has remained a significant and relevant source of hope during the bereavement process (Vandercreek & Mottram, 2009). However, the stigmatisation of suicide may limit the support provided to bereaved mothers, which may in turn complicate the bereavement and grief process (Pitman et al., 2016). The complication would come with the inability to follow the religious prescribed ways of bereavement and grief to suicide death due to a lack of social support.

2.3 Suicide-Bereaved Mothers

Suicide has a ripple effect on the people left behind, and its impact is far-reaching, with recent findings indicating that over 135 people may be directly impacted by the suicide death of an individual (Cerel et al., 2019). However, losing a child to suicide has an extensive impact on the mothers, who in addition are likely to experience complicated grief, self-guilt, shame and stigma (Entilli et al., 2021). Mothers bereaved by the suicide death of their children are

amongst the most affected people (Entilli et al., 2021) and they constitute a highly vulnerable group that needs proper professional care and support (Sugrue et al., 2014).

A study conducted by Sugrue et al. (2014) found that mothers bereaved by the suicide death of their children tend to silence their grief by keeping away their emotions and hiding their pain. The reason for doing this is because they feel compelled to do so due to the nature of death. As a result, they are less likely to seek help. They may internalise their pain and this could lead to depression (Boring et al., 2021). Also, mothers have confirmed that their world has turned upside down with shattered dreams and assumptions they had about themselves and life in general after losing their children to suicide (Sugrue et al., 2014). This is because the experience of losing their children to suicide did not meet their life expectations. Thus, they are encouraged to embark on a journey of constructing a narrative that will help them make sense of the suicide death (Young et al., 2012). This is confirmed by Ross et al. (2018), who found that after the suicide death of a child, mothers search for answers and try to make sense of their loss. However, the construction of the new narrative is not always an easy journey due to the stigma, shame, and self-guilt that is associated with the nature of death.

The death of the child by suicide may leave a permanent emotional scar on the bereaved mothers (Sugrue et al., 2014). The scar may be made worse by the inability to have answers to the questions raised after the suicide death. The questions are mainly about the cause of suicide and the events leading to suicide (Ross et al., 2018). As such, they often blame themselves for not noticing their children's risk factors, incidents of suicide attempts, and the accessibility of the methods used to commit suicide, and ask themselves what could have been done differently to avoid the suicide death (Ross et al., 2018).

2.3.1 The Risk Factors leading to Suicide

As part of making sense of the suicide death of a child, the mothers often question the risk factors leading to suicide (Young et al., 2012). Suicidal behaviour is a complex phenomenon with multidimensional risk factors (Schlebusch, 2012). These can include both short and long-term life crises and stress (Hochhauser et al., 2020). They exist in all three levels of influence, which include: Psychological (a lack of emotional instability, depression, post-traumatic stress disorder, bipolar, and substance abuse disorder, hopelessness, impulsivity); Socio-economic (financial stress and poverty); and Physiological (family history of suicide, and physical illness) (Endo et al., 2014; Liu & Miller, 2014; MacKenzie et al., 2011; Miller et al., 2015; Peltzer et al., 2017; Steyn et al., 2013). Lynn (2011) found that over 90% of the

individuals who committed suicide or attempted suicide are suffering from the above-mentioned risk factors.

In South Africa, various research studies have explored the risk factors associated with suicidal behaviour. For instance, a study by Rontiris (2014) which investigated young adults' views about suicidal behaviour in South Africa revealed that social, cultural, economic, and psychopathology are risk factors for suicidal behaviour. These risk factors differ across gender, geographical area, socio-economic status, contexts, and seasons, among other factors.

In the context of the Coronavirus pandemic 2019 (COVID-19) which emerged as a new global health issue, there has been a significant spike increase in the suicide rate across the world (Walter, 2021). A study conducted by Banerjee et al. (2021) claimed that due to the increased risk of isolation, stigma, fear, economic fallout and abuse, the COVID-19 pandemic has resulted in the increased rates of stress, chronic trauma, and mental illness, which may increase the risk of engaging in suicidal behaviour. Kim et al. (2020) report that South Africa's national lockdown has imposed a serious threat to the mental health of the public, where the majority of South Africans suffered from mental illness which increased the risk of engaging in suicidal behaviour.

Mothers often blame themselves for not recognising the risk factors on time to prevent suicide from happening (Lynn, 2011). They often think "if only I had not lost my temper" or "if only I spent more time with my child". This is because they assume the responsibility for their children committing suicide and believe that as mothers they should have predicted and prevented the suicide from happening (Lynn, 2011). However, identifying the signs of suicidal behaviour may be difficult. For example, a study conducted by Shilubane et al. (2015), concluded that teachers had a difficult experience identifying the suicidal behaviour signs in school learners, thus school-based suicidal prevention programmes should be developed. Further, it is uncommon for mothers to view the death of their child by suicide as an event that cannot be preventable regardless of being aware of the risk factors. Thus, it is easy for them to get caught up in self-blame (Lynn, 2011).

2.3.2 The Impact of the Methods used to Commit Suicide on Bereaved Mothers

To commit suicide, people employ different kinds of methods, depending on the accessibility, availability, and knowledge of their effectiveness (Lim et al., 2014). Murray (2019) states that the methods used to commit suicide depend on several factors, including the individual mental state, the intention to die, the intensity of the stressor triggering the suicidal behaviour, and the setting in which the act is to take place.

The gender difference in the methods used to commit suicide is more common. A study conducted by Fisher et al. (2015) found that males commit suicide at a much higher rate when compared to females and are likely to use firearms. Further, males are likely to die from carbon monoxide and hanging, while females are more likely to commit suicide by drowning or self-poisoning. The study concluded that the most prevalent methods of committing suicide amongst children and adolescents were jumping from heights and railways, hanging, firearms, intoxication, and poising. In agreement, Kõlves and De Leo (2017) found that the common methods of committing suicide amongst children and adolescents were hanging, firearms for males, and poisoning by females.

In South Africa, various studies have consistently shown that hanging, firearms, overdosing, and poisoning are popular methods used to commit suicide (Bantjes & Kagee, 2013; Engelbrecht et al., 2017; Kootbodien et al., 2020). A study conducted by Khuzwayo et al. (2018) found that in South Africa, young people aged between 14 to 24 years committed intentional self-harm by self-poisoning, jumping from a high place, drowning and strangulation.

The majority of these methods are easily accessible and available to people. As a result, mothers may feel guilty after the suicide death of their children, thinking that they may have contributed to the suicide by making the weapon or method available to the victim (Young et al., 2012). For example, a child may commit suicide by shooting themselves. Therefore, the mother may feel guilty for having bought a gun and keeping it in the house. Thus, the methods used to commit suicide may fuel self-guilt in the mothers of the victims (Young et al., 2012).

The method used to commit suicide may also result in the mother developing mental illness (Ellis, 2019). The bereaved mothers of the children who committed suicide are more likely to develop post-traumatic stress disorder because the majority of the suicide methods involve considerable bodily damage (Young et al., 2012). Young et al. (2012) state that occasionally mothers are the witnesses of the final act or the first to discover the dead body of their children. In such circumstances, traumatic distress, marked by fear, vulnerability, horror, and disintegration of cognitive assumptions develops (Ellis, 2019).

2.4 Bereavement, Grief, and Mourning

Death has always been a part of life; however, its weight is felt on a personal level with great psychological and physical implications (Lynn, 2011). Lynn (2011) adds that as much as the experience of death is common and familiar, it continues to produce a wave of emotions for people left behind. Therefore, regardless of death being an inevitable aspect of life, it can

have an impact on the personal and social fabric of life as the bereaved often seek answers to make sense of the death when it occurs.

The death of a child by suicide elicits emotional reactions, and responses from mothers, depending on their worldview (Lynn, 2011). It tends to leave a great void and unanswered questions as the mothers may struggle to understand the reasons behind the tragedy (Young et al., 2012). Entilli et al. (2021) found that after the suicide death of a child, there is a wall of silence that prevents the mothers from seeking professional care and support, making the bereavement, grief, and mourning process difficult.

2.4.1 Bereavement

Bereavement is defined as an individual's condition or state resulting from a loss by death (Lynn, 2011; Moore, 2019; Shear, 2012). Denhup (2014) considers bereavement to be a dynamic, complex, and non-linear process because individuals can experience multiple overlapping and concurrent reactions during the bereavement process that can recur at any time. Denhup (2014) states that it includes the internal adaptation of the individual or family members, the mourning process, the experience of grief, expressions, and changes in the external living arrangements.

The mother's bereavement has been recognised as one of the most severe forms of grief, comprising complex feelings of guilt, anxiety, or loss of control (Foggin et al., 2016) and trauma reactions. Mothers with children who died by suicide often experience a complicated and unique challenging bereavement process when compared to those bereaved by other causes (Young et al., 2012). According to Foggin et al. (2016), mothers bereaved by the suicide death of their child often experience stigma and shame within society. The stigmatisation of the mothers bereaved by suicide is linked to historical religious, cultural, legal and social sanctions against death by suicide (Pitman et al., 2018).

The impact of the stigma and shame could leave mothers not seeking help for a fear of being negatively judged (Hagström, 2020). Some mothers may keep the loss to suicide as a secret due to the fear of communal isolation and stigmatisation. Hanschmidt et al. (2016) maintain that stigma may interfere with the bereavement process and prevent the mothers from seeking help. Pitman et al. (2018) suggest that this stigma arises primarily from disapproval and social distaste, associations of shame, blame, and social unease.

2.4.2 Grief

Losing a child to suicide is one of the most painful and traumatic experiences a mother can get through (Lynn, 2011). This experience will often lead to grief which is defined as an emotion of great sadness, mental distress, or suffering following the death of a loved one (Petruzzi, 2019). According to Mughal et al. (2022), grief is a normal human response to loss with feelings of sadness and sorrow. Shear (2012) defines grief as a complex set of cognitive, social, and emotional difficulties that are experienced after the death of a loved one. Grief is experienced differently and mostly individualised because people vary in the type of grief they experience, its duration and intensity and the way of expressing it (Shear, 2012). Grief is not a state but a process that goes through the five stages of grief.

2.4.2.1 Kubler Ross' Stages of Grief

Dr Elizabeth Kubler-Ross was a Swiss-American psychiatrist who introduced a model aimed at understanding the psychological reaction to impending death in her 1969 book titled *On Death and Dying* (Tyrrell et al., 2022). According to Gregory (2021), the book explored the experiences of dying through conversations with terminally ill patients and outlined the five stages of grief: denial, anger, bargaining, depression, and acceptance.

a. Denial and Isolation

According to Clarke (2021), denial is an initial stage of grief where an individual struggles to accept or acknowledge the loss or death. This process helps in minimising the pain at that particular moment. Lynn (2011) states that this stage is characterised by shock and disbelief. This stage is believed to assist an individual to survive the loss (Gregory, 2021). Therefore, in the context of the mother losing their children to suicide, denial is characterised by the feelings of numbness and disbelief that the child has committed suicide. This stage allows the bereaved mother to manage the emotional storm and tries to isolate herself to avoid the overwhelming emotions brought by the company of others.

b. Anger

This stage is characterised by feelings of anger, rage, anxiety, resentment, and frustration (Clarke, 2021; Gregory, 2021). The news of the suicide death of a child may come as a shock, and little evidence may be available to provide answers to the bereaved mothers. Thus, the bereaved mothers may have anger toward the deceased, self, family, and friends as they try to acknowledge the death of their child by suicide (Field, 2003; Young et al. 2012).

c. Bargaining

As the bereaved mothers work through their grieving process, they may experience bargaining, which is stage 3 (Clarke, 2021). This stage involves the reactions of vulnerability and helplessness in an attempt to regain control over the situation (Holland, 2018). In this stage, the bereaved mother may psychologically attempt to postpone the emotional pain. Also, the bereaved mother may believe that if they or someone had done something, their child would have not committed suicide, which results in self-blame and guilt. The emotions and feelings experienced in this stage may reinforce the anger stage.

d. Depression

The bereaved mother now comes to the stage of acknowledging the death of her child to suicide and its finality (Lynn, 2011). Such acknowledgement is accompanied by feelings of vulnerability, emptiness, sadness, sorrow, and helplessness stemming from the lack of control and the reality of death. In this stage, the bereaved mothers may feel numb, withdraw from life, and the world may become too overwhelming, and might cause suicidal thoughts (Gregory, 2021).

e. Acceptance

The final stage is the mother accepting that her child has died. In this stage, the bereaved mother can talk about the death of her child without experiencing intense emotions (Lynn, 2011). The feelings of hopelessness and helplessness are replaced with healing and hope. Although the stages of grief as designed by Kubler Ross go in a linear progression, in reality, grief is complicated and non-linear (Tyrrell et al., 2022). This suggests that these stages of grief tend to overlap and may reoccur during the grieving process. Thus, it is important to take into consideration that grief is individualised and unique for everyone. In this case, the bereaved mother may begin the grieving process in the bargaining stage and find herself in the denial or anger stage next. Also, a bereaved mother may remain in one stage for five months but skip other stages completely. According to Young et al. (2012), the bereaved mother may be stuck in one stage and, as a result, does not experience healing; this is referred to as complicated grief.

2.4.2.2 Complicated Grief

Complicated grief emerges when the individual or family members of the victim get stuck in a particular stage in the grieving process (Lynn, 2011; Young et al., 2012). Young et al. (2012) maintain that people suffering from complicated grief may struggle to reconstruct their identities and meanings after the loss because they find it difficult to heal from the loss. Complicated grief includes mental and physical health problems that may be caused by the

difficulty of accepting the death of the child (Tal et al., 2017). The difficulty in accepting the death of a child by suicide may be due to the uncertainty of the causes of suicide (Schreiber & Culpepper, 2020).

A study conducted by Begley and Quayle (2007) found that self-blame and guilt after the death of a child can result in complicated grief. According to Shear et al. (2013), several factors may increase the risk of developing complicated grief, namely the death of the child, death by suicide, dependent or close relationship with the deceased, or violent or unexpected death. In the case of death by suicide, the risk of developing complicated grief can be attributed to various factors, namely the nature of the suicide may elicit strong emotional responses from the survivor, it may often result in heightened guilt and self-blame, suicide may compromise the traditional mourning customs and rituals as a result of stigma (Young et al., 2012), and social support may be withheld or unavailable (Andriessen et al., 2019).

2.4.2.3 Disenfranchised Grief

Every society has norms that guide the way people grieve (Mortell, 2015). According to Mortell (2015), these norms help to determine the significant and insignificant losses. Some death-related losses in society are stigmatised as not significant, resulting in people grieving in silence and privately (Zoll, 2019). According to Zoll (2019), death by suicide or drug overdose is likely to be classified as not worthy of grief. However, regardless of the nature of death, people need to recognise and validate the loss as part of their healing process (Meyers, 2016). Failure to do so may result in disenfranchised grief.

Disenfranchised grief refers to a situation in which the loss is not openly acknowledged, mourned, and socially validated (Albuquerque et al., 2021). Zoll (2019) defines disenfranchised grief as an event in which people avoid talking to someone about their loss or use a cliché that minimises the loss. When this happens, the visible evidence of grief tends to disappear from the public sight. For example, following the loss of a child to suicide, a grieving mother may feel shame surrounding the nature of the death of her child and may be unable to discuss these experiences openly (Hurley, 2019).

According to Mortell (2015), society disenfranchises grief by not recognising one or more of the following: the importance of the loss, the need to be a griever, and the relationship between the deceased and the mourner. Thus, society plays a critical role in perpetuating disenfranchised grief by determining how, when, and for how long one has to grieve for their loss. Disenfranchised grief can have multiple effects such as depression, emotional disturbances, low self-esteem, and withdrawal from society (Thelen, 2007). Compared to

people with socially accepted losses, many of those dealing with disenfranchised grief are likely to abuse substances, and experience difficulties in forming healthy relationships (Mortell, 2015). Moreover, they often have trouble coping with subsequent losses (Mortell, 2015).

2.4.3 Mourning

Mourning is defined as a process of outwardly expressing grief over the death of a loved one (Dryden-Edwards, 2022). Shear (2012) states that from the clinical perspective, mourning is defined as a collection of psychological processes that can be loosely classified as emotion regulation and learning processes from a therapeutic standpoint. It is also often defined as either the individual's internal processes of coping with the loss of a loved one or as the socially imposed means of coping with the loss, which includes external expressions such as memorials and rituals (Field, 2003; Lynn, 2011).

The mothers bereaved by the suicide death of their children may experience a complicated mourning process due to the stigma and shame that is associated with the suicide death (Hanschmidt et al., 2016). According to Adinkrah (2015), suicide is regarded as an abomination which results in a denial of proper burial rites and funeral services. The denial reflects society's strong repulsion toward suicide as a manner of death (Adinkrah, 2015). The denial of funeral rites, amongst others, includes a quiet funeral where the family and community members are discouraged from singing, drumming, and celebrating the life of the deceased (Adinkrah, 2015). Therefore, the denial of funeral rites may complicate the mourning process of bereaved mothers which may impact negatively on their healing process.

2.5 The Implications of Suicide on Mother-Child Relationship

The death of a child by suicide can be the most painful and life-changing event that a mother can experience (Toller, 2011). Suicide can have a substantial impact on the mother's sense of self, self-efficacy, and meaning. Further, Toller (2011) notes that the impact of losing a child to suicide could result in the mother questioning her self-concept and efficacy to care, provide, and protect her children. Krisch (2020) states that when a mother loses their child, they lose a part of themselves that cannot be recovered easily. Thus, Toller (2011) connotes that the death of a child by suicide can result in negative drastic changes to a mother's sense of self-identity and capacity to perform their parental role as required.

The mother-child relationship is a unique emotional bond, relationship, and attachment which involves making the child feel safe, protected, and loved (Polan & Taylor, 2019). The

given nature of the mother-child relationship may result in the mother thinking that they have failed to protect and provide a secure environment for the child in the case of the child's death by suicide (Lynn, 2011; Toller, 2011). The majority of mothers with children who have committed suicide therefore often blame and find themselves wondering if there was anything, they should have done to stop their children from committing suicide (O'Reilly, 2010). The self-blame usually occurs in the bargaining stage of grief, which can reinforce the anger stage.

The mother-child relationship often contributes to one's self-identity and meaning, resulting in the need for meaning and identity reconstruction after the death of the child (Bogensperger & Lueger-Schuster, 2014). Moore (2019) and Denhup (2014) state that some mothers may maintain the bond with their children after death as a way of constructing meaning and making sense of the death of the child by continuously thinking and doing things that remind them of their children. For example, some mothers may continue to have birthday celebrations for their children who have passed on with the intention of maintaining the bond.

The strong emotional bond with the child may result in the mother suffering from prolonged and intense reactions of grief, lower levels of quality of life, loneliness, and greater feelings of guilt and shame after the death of the child by suicide (Adams et al., 2019). These mothers may experience depressing feelings accompanied by intense feelings of helplessness, hopelessness, despair, sadness, anxiety, abandonment, and suicidal ideation, among other effects (Bolton et al., 2013; Spillane, 2019). However, the intensity of the physical, psychological, emotional, and spiritual effects of losing the child to suicide may depend on the mother-child relationship (Spillane, 2019).

Moore (2019) maintains that Bowlby's attachment theory is of critical importance when exploring the impact that the death of the child has on the primary caregiver. Bowlby (1973) claims that the bereavement and grief following the death of the child depend on the attachment system that was developed throughout the child's development. The subsequent section will explore Bowlby's attachment theory relating to the current study.

2.6 Theoretical Framework

The theoretical framework underlying this study is Bowlby's attachment theory. Bowlby's attachment theory explains how the relationship between the primary caregiver and child develops and influences subsequent development (McLeod, 2017). This theory is based on the idea that the primary caregiver's emotionally responsive care, including affection and nurturing, is important for the safe and normal development of the child (Roth-hanania et al., 2011). According to Davaji et al. (2010), the theory has demonstrated attachment patterns as a

major component of human behaviour and that early experiences play a crucial role in the development and organisation of healthy behaviour. The term attachment, from the perspective of this theory, is used to describe the emotional bond that develops between the primary caregiver and an infant through the patterns of interaction that change over time (Louw & Louw, 2014).

According to Davaji et al. (2010) and Louw and Louw (2014), there are four attachment styles, namely secure, avoidant, ambivalent, and disorganised. These attachment styles influence the child's development and ability to form relationships and overcome challenges. According to Brumariu and Kerns (2010), a secure attachment means that a child perceives their primary caregiver as available and sensitive and uses them as a secure base from which to explore their environment. In contrast, insecure attachment (which includes avoidant, ambivalent, and disorganised) results from inconsistent affection and a lack of emotional availability. Children with insecure-attachment styles often display aggressive and indifferent behaviours toward their primary caregiver. A study conducted by Chidley et al. (2014) claimed that attachment styles have an impact on the grieving and mourning process. For example, a mother with an insecure attachment is likely not to become emotional about losing their children when compared to mothers with secure and anxious attachment (Meij et al., 2007).

According to Shorey (2020), each attachment style has its implication for the mother's bereavement process after the death of the child by suicide. For example, a mother with a secure attachment with her child would often blame herself for not preventing her child from committing suicide (Shorey, 2020). However, these mothers will typically adjust to loss easier when compared to those with insecure attachment styles (Meij et al., 2007), while some mothers would continue the connection and relationship they had with their deceased children by keeping the memory alive (Foster et al., 2011). From this theory's point of view, it is evident that the mother-child attachment plays a significant role in the mourning and bereavement process. Therefore, in this study, this theory helped in understanding the emotional reactions that occur when the mother-child emotional bond and attachment is broken due to the death of the child by suicide. It also helped in exploring the bereavement process these mothers go through after the death of their children by looking into the mother-child relationship before the death of the child by suicide.

2.7 Conclusion

In conclusion, the literature relating to the subjective experiences of mothers with children who have committed suicide has been reviewed. The impact of suicide on mothers

was explained and the extent to which the bereaved mothers by suicide are affected has been elaborated. The literature has revealed that bereaved mothers by suicide are the vulnerable and most impacted people. Therefore, the experiences of the mothers who lost their children to suicide were explored in this study. Further, the research methodology that was employed in this study is discussed in the following chapter.

Chapter 3: Methodology

3.1 Introduction

The study sought to explore the subjective experiences of mothers with children who have committed suicide. Therefore, this chapter aims to describe the methodological process of this study. The chapter outlines the paradigmatic assumption, research design, sampling method and participants, data collection procedure, data analysis method, the trustworthiness of the study, and ethical consideration.

3.2 Paradigmatic Assumption

The paradigmatic assumption includes the researcher's beliefs about ontology (nature of reality), epistemology (nature of knowledge), axiology (theory of values in research), and methodology (the process of conducting research) (Creswell, 2007; Wahyuni, 2012). Since the aim of this study was to explore the subjective experiences of mothers with children who have committed suicide, the paradigm for this study was social constructionism. Andrews (2012) connotes that social constructionism implies that meanings, understandings, knowledge, and reality are socially constructed by the society based on their lived experiences and interactions with other people.

Social constructionism is defined as a worldview that believes a great deal of human life exists due to interpersonal and social influences (Galbin, 2014). Further, it emphasises reality as constructed through social conventions and facts generated through shared discourses (Allen, 2017). This paradigm is linked to the current study due to its ability to allow the participants to share their lived experiences of losing their children to suicide. The participants' realities may vary as influenced by their social factors.

3.3 Qualitative Research Approach

The study employed the qualitative research approach to ensure an in-depth understanding of the subjective experiences of mothers with children who have committed suicide. The qualitative research approach was used to explore and understand how individuals perceive and make sense of their social reality (McLeod, 2019). According to Leedy and Ormrod (2014), DeFranzo (2011) and Willig (2013), qualitative research inquiry allows the researcher an opportunity to capture the participant's subjective experiences, opinions, motivations, feelings, and thoughts, and how their meaning is constructed.

Qualitative inquiry is based on the assumption that people use what they see, feel, and hear to make sense of their social experiences (Liamputtong, 2019). It is considered an

appropriate research approach when the topic is underexplored because it allows for a flexible and inductive way of conducting the study (Azungah & Kasmad, 2020). It provides insight into a phenomenon and helps to uncover opinions, trends, and thoughts while diving deeper into a problem (DeFranzo, 2011). This approach allowed the researcher to gain an in-depth understanding of the experiences of mothers by allowing them to share more information beyond the conversational guidelines as prepared by the researcher. Also, this approach enabled the researcher to reach thorough and deep interpretation of mothers bereaved by suicide through the data collection. For example, the researcher would probe for clarity in an event where the answers were misunderstood.

3.4 Research Design

The study utilised the phenomenological research design to explore the subjective experiences of mothers with children who died by suicide. Phenomenological research design is an approach within qualitative research that focuses on the commonality of the lived experiences of the targeted population within a particular context (Creswell, 2013). Neubauer et al. (2019) concur that the phenomenological approach seeks to describe the core of the phenomenon by exploring it from the perspective of the people who have experienced it.

The primary goal of phenomenology is to arrive at the description of the nature of the phenomenon under investigation based on the participants' lived experiences (Creswell, 2013). Neubauer et al. (2019) state that the phenomenological approach aims to describe the constructed meaning of the experience by looking at what the experience was and how it was experienced. In this study, the interpretative phenomenological research design was used by taking the position of acknowledging the participants' unique experiences, meanings, and realities of losing their children to suicide. This was a suitable design because its primary focus was on the experiences of losing a child from the mother's perspective.

3.5 Sampling Method

Initially, a purposive sampling method was utilised to recruit for mothers. This is because the researcher had known one mother who has lost her child through suicide. The mother was willing to participate in the study and referred the researcher to mothers with a similar experience of losing a child to suicide. Thereafter, other participants were identified and recruited using a snowballing sampling method. A snowball sampling method was employed to recruit the mothers who have lost their children to suicide. According to Naderifar et al. (2017), the snowball sampling technique is applied when the target population is not

easily accessible. Additionally, Simkus (2022) also notes that snowball sampling is used when the researcher is experiencing difficulty in finding the participants for their research study. The important factor is that each person is connected to another through indirect or direct linkage. Therefore, in this current study, snowball sampling was adequate for recruiting the participants, because as the mothers introduced the researcher to other mothers with similar experiences, the sample size grew. This method has simplified the process of recruiting participants. For example, once a participant has been referred to the researcher, the researcher would contact the participant directly to explain the research study and ask for permission to have a conversation that would be recorded for research purposes.

Using the snowball sampling method, six mothers with children who have committed suicide were recruited to participate in the study. Initially, the study had proposed to have a sample of 10 participants. However, due to the sensitivity of the topic, most people were not willing to participate in the study as they felt that the study would trigger unwanted emotions. The sample size limit did not only depend on the number of participants who could not be accessed, but it also depended on when data saturation was reached. Data saturation is when the data is not showing new elements but rather confirms what has already been found in the data analysis process (Faulkner & Trotter, 2017). However, this sampling method limits the generalisability of the findings (Sharma, 2017). Due to the study being qualitative, the aim was not to generalise the findings but to capture the individuals' subjective experiences as stated in the aim of this study.

3.5.1 Research Context and Participants

The participants were recruited from the Gauteng province. Gauteng is one of South Africa's nine provinces located in the north-eastern part of the country. It is highly urbanised and densely populated with over 15 million people (Kamer, 2020). It consists of the cities such as Germiston, Pretoria, Johannesburg, and Vereeniging, and the surrounding metropolitan areas in the eastern part of the Witwatersrand region (Britannica, 2017).

The sample consisted of 2 mothers from Zonkizizwe, 2 mothers from Orange Farm, 1 from Vosloorus, and 1 mother from Olievenhoutbosch in the Gauteng Province. These areas are defined as townships and mostly dominated by Black African population. According to Blakely (2023), townships refer to residential areas on the outskirts of a town or city. Mbambo and Agbola (2020) state that townships are characterised by high rates of unemployment, crime, poverty, informal housing, limited resources and general socio-economic backwardness.

These social ills may contribute to psychological problems that may result to suicide ideation and death.

3.6 Data Collection

The data was collected using a combination of face-to-face, telephonic, and Zoom virtual conversational methods guided by a set of questions (Appendix C). The decision to have a face-to-face, telephonic, or Zoom virtual conversation with the participants depended on the participant's preference and convenience. The researcher held a face-to-face conversation with two participants, three participants on telephone, and one participant on Zoom. A conversational method is an approach used in research to generate verbal data through an informal mutual conversation with the participants about a specific phenomenon (Given, 2008). A conversational method was appropriate for this study because it helped in ensuring that participants were comfortable with the researcher and did not feel interrogated. The researcher had designed the conversational guideline questions (Appendix C); however, the majority of the questions were open-ended, allowing the participants to fully express themselves. Also, the guideline questions helped to ensure that the conversation was going in a direction of answering the research objectives.

According to Kovach (2019), a conversational method assists the researchers in building a trustful relationship with the participants. It allows the participants to feel comfortable with the researcher and be able to share their experiences. Using the conversational method as a tool to collect data, the researcher engaged six mothers individually in a conversation. The purpose of the conversation was to gain an in-depth understanding of the mothers' experience of losing their children to suicide.

The duration of the conversation lasted between 15 minutes and 45 minutes. The conversations were audio-recorded, and participants were informed about this before the commencement of the conversation. Also, the participants were asked to give formal written consent for recording the conversations. The purpose of recording the conversations was to enable the process of transcribing for data analysis.

The data obtained was transcribed using the intelligent verbatim transcription method. This method represents recorded speech into text while editing out fillers, repetitions, and non-verbal communications that may distract the researcher from getting to the content of the conversation (Bailey, 2008). The verbatim method allows the researcher to provide more readable transcripts while staying true to the voice, experiences and intended meanings of the participants. In addition to recording the conversations, the researcher has recorded the non-

verbal behaviour and additional notes during the conversation. The field notes were incorporated with the transcribed data obtained during the data analysis process. This was done to gain an in-depth understanding of the participants' experiences.

3.7 Data Analysis

The interpretative phenomenological analysis (IPA) was found to be a suitable method of analysing the obtained data because of its nature. IPA seeks to provide a detailed examination of personal subjective experiences (Shaw et al., 2014; Smith & Osborn, 2015). Tuffour (2017) concurs that IPA aims to provide insight into how people, in a given context, make sense of the phenomenon under investigation.

The six audio recordings of the conversations between the researcher and the participants were professionally transcribed. The six transcripts were accompanied by the field notes taken during the data collection process and were analysed using IPA. The IPA data analysis process does not follow strict steps, giving the researchers the flexibility to be creative and apply their critical thinking skills (Smith & Osborn, 2015). However, to ensure the quality of the data analysis process, the researcher has followed the prescribed steps as outlined by Pietkiewics and Smith (2016).

3.7.1 Step 1: Familiarisation and Immersion with the Data

This step entailed the process in which the researcher gets familiarised and immersed with the data collected (Pietkiewicz & Smith, 2016). The researcher listened to the audio-recordings repeatedly and transcribed them into written text. After the transcription of the data, the researcher read the transcripts multiple times while taking into consideration the themes that emerged throughout the data. This process allowed the researcher to get familiarised and immersed with the data.

3.7.2 Step 2: Initial Coding

The initial coding steps consist of creating codes throughout the transcripts. According to Smith and Osborn (2015), codes help to identify phrases from the transcripts that were potentially relevant to the research question. The process of coding helps the researcher to note the similarities and differences between the participants' experiences. Also, codes allow the researcher to organise, summarise, and synthesise data.

3.7.3 Step 3: Generating Themes

The third step involved identifying themes from the data collected. The codes created in step 2 were grouped and categorised to generate themes. Smith and Osborn (2015) state that generating themes helps the researcher to capture important aspects of the data about the research question, and show some level of patterns or meaning within the data. The process of generating themes involves collating the created codes into broader themes which helps to answer the research question.

3.7.4 Step 4: Seeking Relationship and Clustering Themes

According to Pietkiewicz and Smith (2016), this stage involves looking for connections between themes that emerged, categorising them together according to their similarities and providing each group with a label. This process helps to identify significant themes that answer the research questions. Therefore, a final list of themes and sub-themes is created to assist with writing the findings.

3.7.5 Step 5: Writing up the Findings

The final stage involves writing up a report of findings that provides a full description of the research topic based on the collected. Therefore, in this study, the findings report describes the subjective experiences of mothers with children who have committed suicide. The findings of this study are presented in the next chapter.

3.8 Ensuring Trustworthiness of the Study

To ensure trustworthiness in qualitative research, the researcher should take into consideration their worldviews, experiences, social position, theoretical orientation, discipline, and language (Reynolds et al., 2011). This is because they usually play a critical role in the research process. Treharne and Riggs (2014) state that quality is ensured through credibility, dependability, confirmability, transferability, and reflexivity.

3.8.1 Credibility

The credibility of the study was enhanced by doing member checking. Member checking refers to the process of feeding back the data, interpretations, conclusions, and analytical categories to the participants from whom the data was originally obtained (Korstjens & Moser, 2018). Therefore, after the data analysis process, the researcher randomly selected two participants who were provided with the transcripts and interpretations thereof to verify the findings presented by the researcher.

3.8.2 Dependability

Dependability is described as the reliability and consistency of the research results and the degree to which research procedures are reported, which allows someone outside the study to observe, audit, follow and critique the research process (Moon et al., 2016). The dependability of the study was ensured by using peer reviews and member checks. An external researcher was asked to analyse the data independently to confirm that the findings are consistent and can be repeated.

3.8.3 Confirmability

According to Korstjens and Moser (2018), confirmability refers to the extent to which the findings of the study can be confirmed by other researchers. It is concerned with ensuring that the data and interpretations of the findings are not fabrications but derived from the data (Korstjens & Moser, 2018). Confirmability was achieved by keeping a record of the research path throughout the study.

3.8.4 Transferability

The transferability was enhanced by providing thick descriptions. Providing thick descriptions include describing the context of the participants in addition to their behaviour and experiences (Korstjens & Moser, 2018). Providing a *rich description* of participants' responses (and the researcher's interpretations) will make transferability easier to evaluate (Polkinghorne, 2007). It is important that sufficient rich description of the phenomenon under investigation is provided to allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations (Strydom, 2011). Furthermore, readers must determine how far they can be confident in transferring the results and conclusions presented in the present study to their own circumstances (Christensen et al., 2015).

3.8.5 Reflexivity

Reflexivity was also used to ensure the rigour of the study. The researcher's reflexivity involves the researcher's ongoing process of acknowledging the changes brought about in themselves as a result of the research process and how these changes have affected the research process (Palaganas et al., 2017). Therefore, the researcher kept a diary throughout the research process to continuously reflect on one's assumptions, decisions, values, and document the contextual information. Further, the peer review by the researcher's supervisors and the

maintenance of coherence throughout the study were also used to enhance the quality of the study.

3.8.5.1 Researcher's reflection

This study was inspired by my experience of losing a friend to suicide. After her suicide death, I witnessed how her mother suffered both emotionally and physically. Unfortunately, two years after her child's death, she succumbed to an illness. From her experience, she was not given the opportunity and platform to express her emotions and feelings. Thus, I believed that this study could give bereaved mothers by the suicide death of their children an opportunity to express their feelings and emotions.

This study has tested my ability to be resilient as a researcher because completing this research has been extremely difficult, from inception to completion. On numerous occasions, I felt like giving up because things were not coming together as it was strenuous finding the participants. Notably, this study involved a vulnerable group which can easily be triggered and experience unwanted emotions and feelings. The majority of the potential participants declined the invitation to participate since they felt that the study could bring them memories that could trigger unwanted emotions. As a result, there was a delay in recruiting the participants for participating. However, I had to adjust my sampling method from purposeful to snowballing to ensure that I get the participants who are willing to participate in the study. This has taught me the importance of being flexible as a researcher because things will not always proceed as planned.

The shared experiences and stories of the participants have affected me in ways I did not imagine they would. I never expected that I would feel emotional and sad after having the conversations with the participants. I remember my second participant, Maria, who lost her two sons to suicide. Maria had endured so much suffering and trauma from childhood. After the conversation with her, I was very emotional and had to nurse a headache when I got home. The experiences of the participants were all different and unique; however, during and after the conversations I would feel sad and helpless because I would feel like I have not done or said anything that would bring them comfort.

At no point throughout this research did I ever feel at ease. In the data analysis process, I took some time to constantly refer back to the notes and transcripts. The process was very long and as a result it delayed my writing up process. However, I learnt that data analysis requires time and constant reflection to ensure that your pre-assumptions and beliefs do not dilute the findings of the study. I took several breaks to reflect on the data analysis to write up

the findings. The reflection helped me as a researcher to enhance my writing. Overall, this has been a challenging journey, but I am grateful to the participants who trusted me with their experiences. I believe that I have presented the findings accurately in such a way that captures the experiences of the participants.

3.9 Ethical Considerations

This present study obtained ethics approval from the Research Ethics Committee of the Faculty of Humanities, University of Pretoria (Protocol HUM015/1220). This was done to ensure that ethics are not compromised during the research process given that the participants are vulnerable. Roth and Unger (2018) also believe that ethics are concerned with doing good and ensuring that humans and animals are protected from harm, abuse, and exploitation in the research process. Therefore, it is essential to apply all the ethical principles accordingly.

The informed consent (Appendix B) was obtained from the participants before the commencement of the conversation. Written informed consent (Appendix B) for both the interviews and recordings was obtained from the participants. The participants were provided with information (Appendix A) concerning the purpose of the study, and the research procedure. They were also informed of the right and freedom to decline or withdraw from the study should they feel uncomfortable to continue. It was made clear that no penalties would be incurred for withdrawing their participation.

Confidentiality was maintained by ensuring that the participants' information is kept confidential and only known to the researcher and supervisors. Confidentiality was further maintained by making use of pseudonyms, as suggested by Willig (2013). The relevant data is stored at the University Humanities' archive for 15 years and after that it will be destroyed permanently.

3.10 Conclusion

This chapter has outlined the methodology process that was employed to help answer the research question. The qualitative research method with a phenomenological design was used to explore the subjective experiences of mothers with children who have committed suicide. This study is aligned with the social constructionism perspective. The data was collected using a conversational method which was recorded as permitted by the participants through signing the informed consent. The recordings were transcribed and analysed using the IPA method as guided by Pietkiewics and Smith (2016). This chapter concluded by outlining

the steps taken to ensure the quality of the study and a description of the ethical considerations that applied to this study. The following chapter presents the findings of this study.

Chapter 4: Results

4.1 Introduction

The study aimed to explore the subjective experiences of mothers with children who have committed suicide. This study included exploring the bereavement process the mothers went through after the child's death, understanding the meaning attached to the experiences of the loss of a child to suicide, and exploring the nature of support received during the bereavement process. To obtain this understanding, IPA was employed to examine and make meaning of the data collected through conversations that the researcher had with the participants. As prescribed by Pietkiewics and Smith (2016), the IPA steps guided the data analysis process. From the data, six themes emerged. Therefore, this chapter aims to describe the participants and outline the themes and sub-themes that emerged from the data analysis. The researcher first provides the detailed descriptions of the participants who participated in the study, followed by a description of themes and sub-themes.

4.2 Sample Description

The study consisted of six South African black mothers who lost their children to suicide. As per the inclusion and exclusion criteria of this study, the participants were chosen based on their willingness to participate, being black South African mothers residing in Gauteng, using English, isiZulu or Sesotho as a medium of communication, mothers acknowledging that the death was by suicide, and the time elapsed from the suicide was at least one year, and less than ten years. The conversation between the researcher and the participants was held at a time and a place convenient to the participants. A brief description of each participant follows, considering that each participant is given a pseudonym.

Rose

Rose is a married woman who lost her only child, Tebogo, to suicide. Tebogo committed suicide in 2017 when he was 20 years old, two years after his matric year. Tebogo was her only living son after experiencing six miscarriages in her marriage. Tebogo is believed to have been living with a mental illness before he took his life. On a few occasions, he was admitted to a psychiatric/mental health clinic/hospital and had aggressive behaviour. Tebogo died by hanging himself with a rope and was found in his room. Before his passing, Tebogo deleted all the photos on his phone and burnt all the photo albums and clothes.

Maria

Maria is a mother of three who lost her two sons to suicide. Her first son, Thando, died by suicide in 2010. Before his passing, he had communicated to his mother that he was not emotionally well. Unfortunately, he passed by hanging himself with a rope, and the corpse was discovered by his little brother, John, who later died by suicide as well. Before John's passing, he was admitted to a psychiatric/mental health clinic/hospital and was undergoing treatment. In November 2021, John disappeared and was found hanging under the Centurion bridge two days later. During the conversation, Maria requested psychological assistance since she stated she was not coping. Therefore, she is currently undergoing therapy at The Compassionate Friends (TCF) group.

Lebo

Lebo is a mother of three who lost her 14-year-old girl to suicide in 2019. Before her passing, Noluthando stated that she was experiencing problems with her boyfriend. However, she did not leave behind a letter explaining the cause of the incident. She hanged herself on a tree using a rope and was discovered by her mother. When found, she was still alive but struggling to breathe and was taken to the hospital. Unfortunately, a few hours later, she was declared dead by medical officials. Lebo has stated that she is not coping, and as a result, she is struggling to raise her two children, and her marriage is falling apart. She said that she had undergone therapy. However, it was not helping her. To keep the memory of her child, she established a suicide awareness foundation named after her. The foundation aims to raise suicide awareness in schools and support suicide-bereaved mothers.

Rebecca

Rebecca is a single mother who lost her only child to suicide in 2015. Before her passing, Lerato argued with her mother because she wanted expensive things that her mother could not afford. Lerato died by overdosing on pills. Following up with the school, they said Lerato was part of a gang with a lot of status and pressure. Unfortunately, Lerato did not leave behind a letter explaining her reason for overdosing on pills. Rebecca mentioned that she gets better whenever she talks about her child's passing.

Betty

Betty is a single mother of four who lost her elder son, Chris, to suicide in 2019. Before his passing, Chris was involved in a fight with his relatives. After the fight, Chris disappeared for a few hours and returned home to find his friends waiting to comfort him. After his friends left, Chris told his mother that he was going to take a nap. A few minutes later, Chris was found hanging in the bathroom. He left a letter; however, he did not explain the reason for the suicide.

Betty stated that this had been a painful experience. However, the church helps her to recover. Hence, she considers church as her way of counselling.

Shannon

Shannon is a mother of two who lost her firstborn son to suicide in 2019. Before his passing, Daniel had complained about his physical appearance since he was in the modelling industry. He believed he had a disability and required surgery to fit into the modelling industry. Daniel was found hanging in the garage. He was discovered by his mother when she came back from work. Shannon mentioned that therapy has helped her to overcome this. Although she is still in pain, she has accepted that her son is gone and does not blame anyone or anything.

4.3 Themes

The themes and sub-themes that emerged from the data are presented in the following table (Table 1).

Table 1

Themes and Sub-themes

Master themes	Superordinate themes
1. Grieving is a journey	- Stages of grief
2. Negative effects of suicide on mothers	- Social withdrawal - Living in fear: fear of reoccurrence of suicide - Shattered dreams - Struggling to cope - Overwhelming emotions
3. Uneasiness/discomfort caused by societal beliefs	- Societal stigma - Witchcraft - Rituals
4. Relational problems due to the impact of the loss	
5. Finding closure	- No suicide note: No closure - Searching on the phone: Deleted picture and videos - Reminders of the loss - Seeking closure

6. Healing process	- Support - Grief counselling and therapy - Coping mechanisms

4.3.1 Theme 1: Grieving is a Journey

This theme describes the grieving experiences of the participants after losing their children to suicide. The participants' grieving journey is revealed through various stages of grief.

4.3.1.1 Stages of Grief

The participants explained their grieving journey in stages where they experienced different emotions and feelings. These stages include denial, anger, bargaining, depression, and accepting fate. However, the intensity, timeframe, and progression of these stages differed from individual to individual.

a. Denial and Shock stage

Findings of the study revealed that Lebo and Maria have experienced denial and shock upon discovering the deceased or receiving the news that their children have died by suicide. Denial and shock was their initial response because they did not anticipate or expect to lose their children to suicide. This is illustrated by these excerpts:

> *But how can you move on? How can you accept that you spoke to a person 5 minutes ago, and then she is dead just in front of you? ... Sometimes I wish I could dig her up just to check if she is dead or what.* [Lebo, 43]
>
> *As they went, my heart was painful and I would ask myself is it my son*. [Maria, 55]

It is noted that feelings of denial and shock occur not only in the early stages of grieving but can also be experienced throughout the journey of grieving. The feelings of denial and shock be accompanied by feelings of anger.

b. Anger

It emerged from the study that as participants worked through their grieving journey by acknowledging and making sense of their loss, they had experienced anger that was turned toward the deceased, God, and self.

Anger towards the deceased

Most often, the news of the suicidal death of a child comes as a shock with little to no evidence and answers to the questions posed by the bereaved mothers. As a result, the bereaved

mothers may experience anger directed at their deceased children. The extracts below indicate that Betty and Lebo experienced anger towards their deceased children.

I was angry at him, and I did blame him and had questions about why he decided to do what he did. [Betty, 41].

I blame her for putting me through so much pain. [Lebo, 41

Anger towards God

The extract below suggests that Lebo had experienced anger towards God after the suicide death of her child.

I don't know but sometimes God's plan is very painful … It is only God who can do that. So if God wanted her to live, He could have made something. He could have made me aware that something is going on in your yard, something is going on with your daughter. But He did not do that. [Lebo, 43]

From the finding of this study, it appeared that the participant believed that their child's death was God's plan. Thus, losing a child to suicide may result in the mother questioning the purpose of God, which may later turn into anger directed to God.

Anger toward self: Self-blame

Given the nature of the mother-child relationship, nurturing and protection by the mothers are essential elements. Thus, in the event of losing a child to suicide, bereaved mothers may feel that they have failed to protect their children from suicide. It emerged from this study that Lebo and Betty had experienced self-blame and anger towards themselves for not being able to protect their children.

Sometimes I say if the TV was off I could have heard her. Sometimes I feel like I did not do much to help her so that she could survive … Even now, I am still asking myself questions about whether it was her fault or my fault to shout at her. [Lebo, 43]

I felt scared, I had feelings of guilt, and I thought that there was something I could have done. I experienced so many feelings, especially blaming myself for what I could have done to save him. Also, I asked myself what I did wrong in his upbringing for him to do what he did. [Betty, 41]

It is noted that anger is connected with guilt because participants believed that they had done something to cause the suicide death. This has also led the participants to question their parenting and disciplinary abilities. To calm the anger towards losing a child to suicide, the bereaved mother may attempt to bargain in order to get themselves out of the situation of losing a child to suicide.

c. Bargaining

It was noted that bargaining is attempting to bring the child back to life after completed suicide. In this study, bargaining was revealed through how the bereaved mother tried to ask God to save their child's life. The following were the sentiments of one of the mothers;

> *I asked God while looking around in the garage to at least bring his soul back. I prayed to God to bring him back and give me a second chance for him to live. If there was anything wrong that I had done I was going to do better. So I tried waking him up.* [Shannon, 47]

d. Depression

As the mother realises the reality of the suicide death, they may experience depression and overwhelming feelings of sadness and the need for social withdrawal. This is revealed in the following extracts from Lebo and Maria.

> *Some other days I would wake up not wanting to talk to anyone but to mourn my daughter. Sometimes I would be happy … Sometimes, I would wake up thinking maybe she is still crying for help … I wanted to end my life to end the pain.* [Lebo, 43]
>
> *It seems like I have also lost my sanity. I spend time talking alone.* [Maria, 55]

Based on the findings of the study, the depression stage is characterised by social isolation, confusion; fluctuation of emotions and mood. This may last for some time before the bereaved mother accepts the fate of losing their children to suicide.

e. Accepting the fate

The study revealed that the final stage of grief is accepting fate. Rose, Betty, and Shannon alluded to this, as evidenced by the following extracts:

> *I have accepted and there is nothing I can do. He was my only child and no one else. I hoped that one day he would grow and be someone big but it did not happen. I won't punish myself for what happened because only God knows the purpose he has for me.* [Rose, 56]
>
> *I have accepted what happened. And I've realised that it cannot be undone but I need to continue with my life and she will forever remain in my heart.* [Betty, 41]
>
> *The way he loved himself I even told myself that maybe God lent me for a short while. Even if he didn't commit suicide maybe one day he was going to die. So, God knew before he even committed suicide … what I experienced is that things happen because they were supposed to happen.* [Shannon, 47]

It is interesting to note that the five stages of grief are not sequential, as the participants have experienced these elements of grief at different times, and they do not happen in one

particular order. For example, one can experience acceptance of fate and later experience depression.

4.3.2 Theme 2: Negative Effects of Suicide on Mothers

In this study, the participants described social withdrawal, living in fear, fear of the reoccurrence of suicide, shattered dreams, struggling to cope, and overwhelming emotions as some of the negative effects of losing a child to suicide.

4.3.2.1 Social Withdrawal

It emerged from the findings of the study that after experiencing the loss of a child to suicide, the bereaved mother is likely to experience social withdrawal. Rose and Lebo have experienced social withdrawal, as shown in the following extracts.

> *I would withdraw from the company of others because I see that some people do not understand what happened … I am not even aware of what other people said because I withdrew from the company of others and preferred staying alone … So, I preferred staying alone with my family … So, I did not like the company of other people.* [Rose, 56]
>
> *I then decided to leave and stay alone … That is why I decided to leave them behind.* [Lebo, 41]

It appears from the study that withdrawing and isolating oneself from the company of others is a mechanism that bereaved mothers use to avoid giving explanations about the cause of suicide. In other instance, it is used as a coping mechanism to help make sense of the loss without any interferences.

4.3.2.2 Living in Fear: Fear of Reoccurrence of Suicide

The findings of this study suggested that losing a child to suicide may result in the bereaved mother experiencing the fear of the reoccurrence of suicide.

> *That is why I decided to leave them (my children) behind. I do not want to put them in my heart because I am scared that something might happen to them again. And I will lose them … Now I am not sure how to raise my child because I am scared that if I reprimand them they would do what their sister did.* [Lebo, 41]
>
> *So just accept because sometimes you may stop taking care of your remaining child and not do the things that you were supposed to do for them because you would think that they will also die.* [Shannon, 47]

It is noted that losing a child to suicide may shatter the dreams of the mother and result in them living in fear of reoccurrence of suicide which may later impact on the mother's parental self-efficacy. The mother may blame themselves or question their parenting skills which may impact on the self-view of womanhood and not aligning with cultural norms.

4.3.2.3 Shattered Dreams

In this study, the participants expressed how their dreams and hopes for their children have been shattered after the suicide death. This is illustrated by the extracts below:

> *He was my only child and no one else. I hoped that one day he would grow and be someone big but it did not happen … It is really painful. It is painful losing the person in whom you have put your hope. Especially since he did not leave me with a grandchild. Maybe if he left me with a grandchild I was going to console myself that here is his image. But he did not leave behind a child*. [Rose, 56]
>
> *Sometimes facing his peers become very difficult because I would ask myself what he could be doing now and what was he going to be like. It also divided my family because he was the only son. So, we expected much from him*. [Shannon, 47]
>
> *I've been trying to live with the memories that we shared even though I feel like she took herself away from me at a very young age. Because now when I look at my life where I am now, all those things she had wanted, I would be able to assist her and give her where I can.* [Rebecca, 40]

It is noted in the findings of this study that mothers want their children to grow and develop into successful human beings. Also, they desire to nurture and protect their children from any harm. Thus, the sudden death of the child to suicide may disrupt the mother's desires, plans, and dreams they had held. This sudden destruction may result in bereaved mothers struggling to cope with the loss.

4.3.2.4 Struggling to Cope

The findings of this study indicated that the majority of the participants have struggled to cope with the loss of their children to suicide. This is echoed in the following quotations:

> *Another thing it was difficult. I cried even now I'm still crying but now it's better. At the end of the day, that situation made me weak. Even when I'm sad I cry when I'm happy I also cry. The situation is unlike before when he was still alive. I cannot tolerate anything. So when something makes me happy I cry, it makes me sad I cry too. Even when I'm not crying out loud, tears will come out … But the father and I did not cope*

… So sometimes when I experience something I would have to cry first because if I don't I will not function the whole day. [Shannon, 47]

At work, I was not coping and would make so many mistakes. [Rose, 56]

I have not been doing well. I have not healed. I am 55 years old, but I look very old. … You know what, I am not okay. Maybe sometimes I need help but I am not getting any help. Even if I go to a friend, I still do not get help. I get then and I would just come back and sleep. [Maria, 55]

You know if someone could tell me that there is surgery of a memory that can be done to forget. I will gladly do it … It is like something sharp was inserted into my heart. It is still painful … It is a hell of a journey for me because I just take a day as it comes. [Lebo, 41]

The findings of this study suggest that the inability to cope with the loss may come with a significant impact on daily functioning. For instance, some mothers would cease to engage in activities that they were involved in before losing their children to suicide.

4.3.2.5 Overwhelming Emotions

It emerged in the study that Shannon, Lebo, Betty, and Rebecca have experienced overwhelming emotions after losing their children to suicide. This is illustrated in the quotes below.

I think 90 per cent of the time you would feel sad. [Shannon, 47]

On the other hand, I have to be this happy mother. I can't be happy ... I am a bad mother. I then decided to leave and stay alone because I see myself as a failure … Some other days I would wake up not wanting to talk to anyone but to mourn my daughter. Sometimes I would be happy. [Lebo, 41]

Yoh, it was difficult. A lot of things were running through my mind at that moment. I felt scared, … I experienced so many feelings and emotions. [Betty, 41]

At the moment of seeing her laying there, everything just became dark and I was scared, I was very scared. I did not know what to do because I did not expect that … And it was very difficult for me. It was very heart-breaking. It was tough. [Rebecca, 40]

The majority of the participants have experienced overwhelming emotions after losing their children to suicide. These emotions were experienced in different timeframes, with others experiencing them soon after the loss and others at a later stage of grieving. Therefore, these findings suggest that experiencing overwhelming emotions is common for mothers bereaved by the suicide death of their children.

From this study, it appears that grief begins with great shock and denial that comes with experiencing intense emotions and feelings. These emotions and feelings usually occur immediately after the loss, followed by a slow recovery that may take years depending on each individual.

4.3.3 Theme 3: Uneasiness/discomfort caused by Societal Beliefs

This theme emerged as the participants were expressing the social uneasiness and discomfort that is associated with losing a child to suicide. They shared their experiences and knowledge of the impact of stigmas, witchcraft and rituals that are involved in the suicide death of a child.

4.3.3.1 Societal Stigma

It emerged from the findings of this study that there are several stigmas associated with suicide death, which is evidenced by the quotations below:

> *The stigma towards it was like something is wrong within the family for someone to take their own life. In our black culture, it's like bad luck or bad spirit or something. So that is what I have picked up or heard about my child's death*. [Rose, 56]
>
> *Some people said he was a spoilt child that's why he committed suicide. Some would say he was short-tempered. Some people would say he was paying for his sins. So some people, it exists even now, if someone is looking for Nqobile's house, they would ask which one are you referring to? Do you mean the one who killed himself in the toilet? So that stills exist and I doubt it will ever go away.* [Betty, 41]
>
> *It is a lot, some say my child was too forward. And probably she deserved to die the way she did because she could not suck it up. Like there are a lot of different things. Others are not saying much and some things were not said to my face*. [Rebecca, 40]
>
> *Some would aggressively say that maybe my child did something to other people for them to witchcraft him.* [Rose, 56]

The above narratives suggest that the stigmas associated with suicide death stem from societal beliefs of suicide. These stigmas may interfere with the bereavement process of the mothers bereaved by the suicide death of their children.

4.3.3.2 Witchcraft

It was noted in the findings of this study that suicide was associated with witchcraft.

> *I am not sure, but they said someone bewitched him so that he experiences problems. It was either he will get hit by a car or people for him to get mentally disturbed … He*

was a very clever child but you will never guarantee how children behave. Maybe there is someone whom he had mistreated and that person got angry and decided to revenge with witchcraft. A traditional healer told me but I don't believe in such things. But as time went by and I started observing his actions and believed that they did witchcraft against him. [Rose, 56]

So maybe people think my child died because we used him for a ritual. [Shannon, 47]

These extracts suggest that witchcraft can be used to influence an individual to commit suicide. Thus, to make sense of the loss, the bereaved mothers may associate their children's death with suicide with witchcraft. To cease the powers of witchcraft, the rituals may be performed.

4.3.3.3 Rituals

The findings from the participants suggested that there are several rituals performed following the death of a child by suicide. The rituals are prescribed by culture and religion of the bereaved families. These include cleansing rituals for the deceased's spirit, cleansing the house, and cleansing the bereaved mother.

- ***Cleansing rituals for the deceased's body spirit***

It is noted in the findings of this study that suicide is an unnatural cause of death. As a result, there are rituals performed before and after the burial of the deceased to help ensure that they are well rested. Also, this practice is performed with a belief that it will prevent a reoccurrence of this misfortune. This is supported by the extracts below:

Yes, we performed certain rituals. We bought a goat for cleansing him and remove the rope that was used for hanging. The goat was used for removing the rope he hanged himself with and another goat was used for cleansing his corpse to enter the yard because he was not supposed to enter the yard since he committed suicide. [Rose, 56]

They performed the rituals for cleansing the deceased but I was not involved that much since they were performed by males only … Yes, they were performed by my brothers and uncles. I was not concerned about that and I did not notice what they did. [Betty, 41]

What happened was that my uncles which are my daughter's grandfathers had come and they had to cleanse her bedroom to say she must rest in peace. Like talking to her spirit and letting her rest in peace. [Rebecca, 40]

- ***Cleansing the house***

It appeared in the findings of the study that death by suicide may bring bad luck and darkness into the family. To remove this darkness and bad luck, bereaved families conduct the ritual of cleansing the house.

And after the funeral, we had to buy a sheep just to cleanse the house and to let go of that bad spirit as it is something that is within our black community or us black people [Rebecca, 40]

So it was difficult but after 1 year when we came back, we called a traditional healer to cleanse the house. So he came and cleanse the house [Shannon, 47].

- ***Cleansing the bereaved mother***

All we did was cleanse me. [Maria, 55]

Although the majority of the participants explained that there were different rituals performed following the death of their children, it appears that some of the participants did not have that experience. Below are the sentiments from some of the participants;

No, we didn't do anything. The reason we didn't do anything is that my in-laws said they are Christians. So, it was a straightforward funeral. [Shannon, 47]

No, we did not do anything. We just did a straightforward funeral and moved on. [Lebo, 41]

No, we did not do anything because I am not employed. I still need to do a ceremony for the two sons. [Maria, 55]

It was evident in the findings of the study that some bereaved mothers had a belief in performing rituals while others did not believe in performing rituals. It appears that this was influenced by the bereaved mother's culture, religion, and upbringing.

4.3.4 Theme 4: Relational Problems due to the Impact of the Loss

The majority of the participants have experienced family relational disruptions and conflicts following the death of their children. This is elaborated by the following quotations:

My marriage is also falling apart because sometimes I feel like her father is not in pain like me … So we would argue a lot with me and my husband. [Lebo, 41]

There was a lot of hearsay among the family members. In my marriage, it was not nice. The in-laws did not like me and would say negative things about me … My mother-in-law once said painful words to me. She said, "do you think you have children when you only gave birth to one child, do you know that we can also kill him and you will be left with nothing". When my child hanged himself, I told myself that I know who did this

because of the words spoken by my mother-in-law. As long as my son's spirit has rested in peace. [Rose, 56]

It also divided my family because he was the only son. So we expected much from him … They don't come to my house even my mother-in-law doesn't come to my house. [Shannon, 47]

Even my boyfriend, sometimes would change and be violent towards me. He would fight me without any valid reason. [Maria, 55]

Losing a child to suicide may cause relational problems due to the families attempting to find answers to the suicide death. The families may blame each other, causing conflict. The conflict may leave the bereaved mothers not supported through their bereavement journey. Thus, it is evident that the loss of the child to suicide may bring together families or pull them apart.

4.3.5 Theme 5: Finding Closure

This theme emerged as the participants explained their journey of finding closure after losing their children to suicide. This theme is elaborated by the following sub-themes, namely No suicide note: No closure; Searching on the phone: Deleted photos and videos; and Reminders of the loss; and Seeking closure.

4.3.5.1 No Suicide Note: No Closure

Rose, Maria, Lebo, Shannon, and Rebecca stated that following their children's death, they did not find any letters explaining the cause of suicide. Not finding the suicide note has impacted their journey to finding closure.

He left nothing that explains the cause of his suicide. [Rose, 56]

He said he does not sleep at night but he could not give me an explanation … he did not leave any letter behind. [Maria, 55]

I do not know, because she did not leave a note explaining. So, it is a hell of a feeling. It is hell. I do not want to lie to you. [Lebo, 41]

There was no letter. So, she did not leave any letter explaining why she did what she did. [Rebecca, 40]

Another thing he did not leave a note explaining why he took his life. At least if he left a note explaining that I did this because you treated me like this or I did it because somebody did this. It was going to be better because we would know a way forward. So there is nothing. [Shannon, 47]

One participant, Betty, reportedly found a suicide note from her deceased child.

Yes, he did leave a letter. However, he did not say much in the letter. Because he has nieces and siblings, he only said goodbye to his niece and siblings and told them not to be like him. [Betty, 41

Based on the above quotes, it appears that the majority of the parents still feel that there is a huge void that was left behind which causes them to struggle for closure. Most mothers believed that if their deceased children had left a suicide note, it was going to assist in letting go of them. From the participants' experience, it shows that having a letter explaining the reasons behind the suicide death would have helped in making sense of the loss and finding closure.

To continue seeking for answers in an attempt to find closure, the deceased mothers searched for phones. To their surprise, the phones did not provide them with information as their children had deleted photos and videos before committing suicide.

4.3.5.2 Searching on the Phone: Deleted Photos and Videos

Rose and Shannon explained that following the death of their children, they discovered that the deceased had deleted all their videos and pictures before they died.

He started with his phone by deleting everything. Even his phone he hid it, I only found it when I was busy searching. He hid his phone under his bed after deleting all his photos. So that means he burnt his photos when he was burning his clothes. [Rose, 56]

What he did do on his phone (we don't have pictures of him when he was old we only have the ones when he was little) he deleted all of his pictures. We only found his pictures from his friends because he deleted everything on his phone. He also destroyed his photo album. Only a few photos of him were left and I don't know how they got saved maybe it is because he did not get access to the other photo album. [Rose, 56]

When I checked it was a planned thing because on his phone he deleted all his photos and videos. He removed everything. I remember one day he asked me to buy him a memory card so I think he moved everything to his memory card so that maybe I will have his memory. So on his phone, there was nothing. I am not sure whether he deleted everything on that day or when. There was just nothing personal on his phone. [Shannon, 47]

The participants did not have explanations or reasons for this behaviour. However, it can be noted that it has impacted on their journey of finding closure.

4.3.5.3 Reminders of Loss

This sub-theme emerged as the participants explained the events and things that reminded them about their loss.

The only time I experience pain is when his birthday is coming up. Because I would imagine myself saying happy birthday to him. Also, I will feel pain on the day he committed suicide. [Rose, 56]

Sometimes I will miss her so bad. [Lebo, 41]

Sometimes facing his peers becomes very difficult because I would ask myself what he could be doing now and what was he going to be like. [Shannon, 47]

Because thinking about it just takes me back to that memory again of just having to see her laying there and helpless. And not saying anything and not, yeah. [Rebecca, 40]

I just felt defeated and even when I try things, nothing seems to be coming altogether. Everything just took me back to what has happened. [Betty, 41]

Based on the extracts above, it can be suggested that the pain of losing a child to suicide can be triggered by different events, situations, or people. These reminders can occur unexpectedly; some would bring good memories and others would result in the mother experiencing overwhelming sadness.

4.3.5.4 Seeking Closure

Finding closure following the suicide death of a child included seeking answers. In most cases, the participants did not get any suicide notes. As a result, they embarked on the journey of seeking answers from different sources, such as consulting traditional healers.

- ***Consulting traditional healers***

We went to see a traditional healer because we wanted answers. We consulted different people. So with such things sometimes you believe them and sometimes you don't. So we don't know because we don't have answers to what happened. So all the traditional healers that we consulted they spoke of the same thing about the ancestors. So I don't know whether to believe it was the ancestors or the purpose of God. So I went everywhere and the reason for that is because I wanted answers and to ease the pain. [Shannon, 47]

Maybe there is someone who he has mistreated and that person got angry and decided to revenge with witchcraft. Because they said the person who has done this is living in our neighbourhood. A traditional healer told me but I don't believe in such things. [Rose, 56]

As noted in the above excerpts, some participants consulted traditional healers to seek answers for their loss. Some participants were reluctant to seek closure by consulting traditional healers due to loss of hope.

> *The thing is I don't know if I am scared or a coward but somebody told me to go to somebody (a traditional healer) and consult on what happened to my child. I do not mind doing that but will my daughter come back? What if I go there and I find (the thing is I do not trust these people) that they mention somebody that I know? If I was going to consult and the consultation will bring her back, I would have done that a long time ago. So that is why I did not even want to bother.* [Lebo, 41]
>
> *People do come to tell me to go and consult but I do not want that because if I am guaranteed that if I go consult my daughter will come back I will do that. I can even sell my soul or house if she is going to come back. I could do anything for my daughter to live her best life.* [Lebo, 41]

It is interesting to note that seeking for answers is imperative for mothers who are bereaved by the suicide death of their children. Thus, it appears some consulting a traditional healer assisted them in finding spiritual answers behind their children's suicide death. However, this is not the case for other participants who felt that traditional healers would not be of great help as a point of seeking for closure. Besides consulting traditional healers, it is noted in the findings that some participants had to reach out to other people to find closure.

- ***Reaching out to other people***

To find answers to her daughter's suicide death. Rebecca went to her daughter's school hoping to get answers about her child's suicidal death

> *But what I have heard from her teachers was that she was part of a gang or part of a group which came with a lot of statuses and a lot of pressure. So now it makes sense to me how she was arguing with me the night before about what she wanted. It seems like it was a lot of peer pressure and she could not take it.* [Rebecca, 40]

After the suicide death of a child, a bereaved mother may reach out to people with the intentions of findings answers to the suicide death of her child. Reaching out helps in understanding the cause behind the death and hopefully find closure.

4.3.6 Theme 6: Healing Process

This theme emerged as the participants described their healing process following the death of their children. This theme is revealed through support, grief counselling and therapy, coping mechanisms, and a lack of information.

4.3.6.1 Support

All the participants have explained that they have received some form of support from friends, family, colleagues, and the community. The support included financial, social, emotional, and psychological.

- ***Support from direct family***

It was noted from the findings of this study that Rose, Betty, Lebo, and Rebecca have received support from their family members.

My family gave me support although it was not enough. [Rose, 56]

And another source of support was my mother. My mother was very there for me Very, very supportive through all those difficult times when I could not understand why would this child do this to me. She provided me with a lot of emotional support. [Rebecca, 40]

Yes, I did receive support from my family. My family was very supportive. [Betty, 41]

My aunt who took over when my mother died, is a supportive structure for me because I will just call her and she would listen to me. She passed away also. She passed away a year later. [Lebo, 41]

Yeah, I can say I have my cousins that I can talk to. [Lebo, 41]

- ***Support from family in-laws***

Maria has received support from her family-in-law.

No, I didn't receive any support from my family. I only received it from my in-laws. My in-laws supported me and took over the funeral arrangements. They had a tombstone for him and the one who passed on recently. They did everything all at once because they said they now want to come back but want to complete everything all at once. That is the support I only received. [Maria, 55]

On the other hand, Rose did not receive any support from her family-in-law.

My in-laws did not give me any support. [Rose, 56]

- ***Other support structures***

Rose, Maria, Rebecca, Betty and Shannon, have received support from other structures after losing their children. Their support structures included colleagues, friends, the burial society, and the community.

I received the biggest support from the funeral society, church, and my colleagues.

It was for burial and they also came to check up on me after the funeral. They would come with gifts and sometimes take me out for chilling …

We had donations and at my workplace, they also donated some amount. But the funeral cover has helped in burying him. [Rose, 56]

My friend only came. I have one friend of mine but she is also suffering. But she gave me her support and I am grateful for that. She even came here to sleep with me and had packed tea material (coffee, milk, and sugar). She came to sleep with me and woke up in the morning and left. [Maria, 55]

My community was helpful in terms of assisting with funeral arrangements. In the area that we live in, we have donations that we take out from every household if they have lost a member. So those donations came in handy at that point and assisted me.

And some of my friends as well. [Rebecca, 40]

Yes, the ones who are close by. So I would just say they did support me. Because most people would come to visit. Even from my church, they did come [Betty, 41]

And my colleagues would come to see me in the morning before we started working. They would come to sit with me. It was difficult. [Shannon, 47]

- ***Lack of supportive structures***

Based on the findings of this study, it appeared that some mother received support and others did not have supportive structures. This was expressed in the following extracts.

Lebo and Maria mentioned that they did not receive any support after they have lost their children.

I am alone, no one supports me … I live with my younger sister here. I cannot say that she gives me support because she is vulnerable also. She is also hurt and can't tell what happened 3 years ago because she only went to the graveyard during the funeral. She never went back again and does not even want to look at her pictures. So I cannot say she gives me support. So I cannot say she gives me the support because she also needs that support. [Lebo, 41]

Even today I am not okay. Even my boyfriend, sometimes would change and be violent towards me. [Maria, 55]

I can see that I am lonely. [Maria, 55]

No, I didn't receive any support from my family. [Maria, 55]

It is noted in the findings of this study that having supportive structures has a positive impact on the bereaved mother's healing process.

4.3.6.2 Grief Counselling and Therapy

Lebo, Shannon, and Rebecca have attended grief counselling or therapy sessions.

- ***Therapy was helpful***

Shannon stated that she has attended therapy sessions provided by her employer and she found them useful.

Yes, I did receive support because I attended counselling sessions provided by my employer. I also went to see a psychologist. Which was helpful. [Shannon, 47]

There was an NGO offering counselling and I did go for a few sessions. And they have been very helpful. But I did not do follow-ups because I felt it was too much. But I was offered some help. I did take it but I did not follow through with the process. [Rebecca, 40]

- ***Therapy was not helpful***

Based on the findings of this study, some mothers found the therapy to be helpful and others found it not to be helpful. This is expressed by the following extracts.

Lebo also attended therapy sessions. However, she did not find them useful.

I had several therapy sessions but I felt they were not helping because I will just go there and talk and talk. That lady will not say anything to me but she will just write and recommend some medication for me and that's it …

I did go see a psychologist two or three times but I felt like it was not helping. Then I decided to deal with this by myself. [Lebo, 47]

It is evident that the approach of therapy may not be working for everyone. Hence some mothers found it not to be helpful.

- ***Informal therapy***

Betty mentioned she got her counselling from church.

So I wouldn't say that I didn't get counselling that much. Because the more we attend church, the more things are revealed to us which make us forgive and heal. So I saw that attending church does help in healing wounds. So I think that is my way of getting counselling. [Betty, 41]

- ***No need for counselling***

Rose mentioned that she did not attend any counselling sessions and she does not intend to attend any.

No, I told myself that it is what it is. I did not get counselling. [Rose, 56]

For me, it has passed and counselling would refresh the old wounds. I am healed. [Rose, 56]

- ***Require counselling***

Maria pointed out that she did not receive counselling, thus she requires counselling to help her cope with the loss.

No, I have not received counselling …

I honestly need counselling, especially for my last born son's passing. [Maria, 55]

People use different approaches to heal. The above extracts suggest that receiving grief counselling is imperative after losing a child to suicide. However, some mothers did not believe in counselling or see its impacts on the healing process. Thus, counselling needs to be tailored to the bereaved. In addition, informal grief counselling could play a significant role in helping a mother heal.

4.3.6.3 Coping Mechanisms

The participants have explained different coping mechanisms that they have used to cope with the loss.

- ***Destructive coping mechanism***

It is noted in the findings of this study that bereaved mothers by suicide death of their children may engage in destructive coping mechanisms to cope with the loss.

I stopped going to church and I started drinking because I could find comfort there. I also started going to nightclubs. [Lebo, 41]

- ***Communicating with the deceased***

Communicating with the deceased child was seen as a coping mechanism and a way of continuing the relationship between mother and child.

So when I miss her greatly, I will just go to her grave and sit down for a couple of hours. And sometimes I will just cry my lungs out and sometimes I will just sit there and listen to my heart. I think that's therapeutic for me. Because after being at her grave I would feel her presence. I could feel like she is okay wherever she is. [Lebo, 41]

Maybe what makes things easier is that most of the time when I'm talking I would talk as if I'm speaking to him. When I'm driving I would feel as him he is with me sitting in the passenger seat. So most of the time I would find myself talking to him. I can express my feelings and talk about anything. [Shannon, 47]

- ***Talking to others***

It was noted in the findings of this study that Rebecca and Shannon preferred to talk to people about their loss as a coping mechanism.

Um, you know I just feel better by talking about it. Even now, even though it brings bad memories but for the fact that I am still able to talk about my child it assures me that she is forever in my heart and I will never forget her. [Rebecca, 40]

I do talk about it. Even when he passed away people did come to me and I talked about it. I was the one talking about it. Even though I felt the pain I was able to talk. So we must always talk. [Shannon, 47]

- ***Avoidance of reminders***

It appeared in the study that various things, situations, and events may remind the bereaved mother about their child and how they died. Thus, Shannon indicated that to cope with the loss of her child, she had to avoid the reminders of her child's death.

When he passed away we moved out. We left Vosloorus. We came back in 2020 September after a year following his death. I couldn't stay in that house. It was so difficult for me to stay in that house. [Shannon, 47]

- ***Keeping the child's belongings***

It was noted in the findings of this study that bereaved mothers may keep the child's belongings to feel closer to their child.

She had lots of clothes and her little sister was wearing them but most of them she is outgrowing them. I do not want anyone to get those clothes. I even told them that I do not want anyone to have her clothes because that is the only thing bringing me closer to her. I could even take her t-shirt and try to fit it on just that she was so tiny and small. [Lebo, 41]

- ***Social Media***

The extracts below indicate that social media may be used as a coping mechanism tool after losing a child to suicide. Social media was identified as a platform where mothers who are bereaved by the suicide death of their children may talk and share opinions and suggestions about grieving for the loss of a child.

Yes, Facebook. I had to join all the white people's groups about mothers who lost their children to suicide. So I joined all the groups that were about losing a child to suicide. So they did help me. This is because white people do talk about such things. So joining those groups was easy. So what happened to me I would see it happening to them so I would tell myself that this is normal and part of my journey. [Shannon, 47]

From the study, it is evident that the bereavement journey is subjective, with each person having their own experiences and meaning. It appeared that as the mothers may have lost their children to suicide, their healing journeys were different.

4.4 Conclusion

The themes that emerged from the findings of this study echoed the subjective experiences of mothers who lost their children to suicide. The first theme, Grieving is a journey, is comprised of one subordinate theme, namely stages of grief. The second theme, Negative effects of suicide on mothers, included five subordinate themes, namely social withdrawal, living in fear: fear of reoccurrence, and shattered dreams, struggling to cope, and overwhelming emotions. Uneasiness/discomfort caused by societal beliefs was the third theme which comprised three subordinate themes, namely the societal stigma, witchcraft, and rituals. The fourth theme was focused on relational problems due to the impact of the loss. The fifth theme was Finding closure, which included no suicide note: no closure, searching on the phone: deleted pictures and videos, reminders of the loss, and seeking closure. The final theme that emerged from the data is the healing process which consisted of support, grief counselling and therapy, and coping mechanisms. The experiences of losing a child to suicide are complex and although universal themes emerged from the data, the participants' experiences were therefore unique and subjective. In the next chapter, the researcher discusses the findings of this study as supported by sources from the literature review. In addition, recommendations are made.

Chapter 5: Discussion

5.1 Introduction

In this chapter, the findings of this study are presented and discussed in relation to the literature review. The discussion of the findings is guided by the following research question: what are the subjective experiences of mothers with children who have committed suicide? The findings are discussed in accordance with the five themes that emerged in Chapter 4. An analysis of the limitations of this study is provided. Furthermore, recommendations for future research regarding mothers who have lost their children to suicide are made. Finally, conclusions of the present study are drawn.

5.2 Discussion

As noted in the previous chapter, six themes emerged from the data analysis:

- Grieving is a journey.
- Negative effects of suicide on mothers.
- Uneasiness/discomfort caused by societal beliefs.
- Finding closure.
- Healing process.

5.2.1 Grieving is a Journey

It is noted in the findings of this study that losing a child to suicide is a painful experience from which a mother may never heal. Andriessen et al. (2020) state that losing a child to suicide is a painful and traumatic experience accompanied by emotional scars. After losing their children to suicide, the participants reportedly began their grieving journey, which was unique. Similarly, a study conducted by McLea and Mayers (2017) on grief and trauma amongst Xhosa women in the Western Cape communities found that grief is unique, meaning that each person navigates it in their timeframe and own way. Also, an investigation among Americans on cultural differences in the conceptualisation of loss and grief by Midor (2021) found that grief responses of people from the same culture differ. Interestingly, the present study was conducted in a black community, and the unique experiences of grief are echoed. This implies that regardless of the cultural context, grief tends to be experienced uniquely by each individual.

There are various factors influencing the grieving journey, but it is noted that grief is not static but a process that is complex and non-linear (Clarke, 2021; Shear, 2012). This is echoed by the participants who narrated the complexities of their journey as they would

experience emotions and feelings that occur concurrently. Similarly, Clarke (2021) describes grief as a roller-coaster filled with emotions and feelings that often overlap. In this study, the grieving journey was explained according to Dr Elizabeth Kubler-Ross's five stages of grief: denial, anger, bargaining, depression, and acceptance of fate (Tyrrell et al., 2022).

It was noted in this study that not all mothers experienced all the stages of grief. This view is consistent with a study conducted by Shields et al. (2017) on the experiences of mothers who are bereaved by suicide, which found that mothers bereaved by suicide may not passively go through all the stages of grief. For instance, some participants had only experienced the denial, bargaining, and acceptance stages, while other participants did go through all five stages of grief. This shows that the grieving journey is different for everyone.

The first stage of grief is denial and shock. In this study, the majority of the participants experienced denial and disbelief soon after discovering the deceased body of the child or receiving the news that the child had died by suicide. Lazzara (2020) is of the opinion that the denial stage allows the bereaved to manage the emotional storm and avoid overwhelming emotions. The findings of this study further indicate that denial, disbelief and shock can occur at any time during the grieving journey. This was noted from a participant who was still in a state of shock and denial three years after her child's death.

It emerged in this study that the news of the death of a child by suicide might come as a shock, with little to no evidence available to answer the questions posed by the bereaved mother. This experience may evoke Kübler-Ross' second stage of grief, anger (Gregory, 2021). According to Clark (2021), the anger stage entails feelings of rage, anxiety, anger, resentment, and frustration. An investigation done by Gupta (2022) on the stages of grief indicated that as the bereaved mothers begin to acknowledge and make sense of loss, the anger may be turned toward the deceased, self, God, family, community, and the situation itself (Gregory, 2021). The anger directed at the deceased is caused by not understanding the reasons behind the suicide death. This experience concurs with the findings of a study on suicide bereavement and complicated grief by (Young et al., 2012), who expressed that the bereaved mothers by suicide had experienced anger towards the deceased for depriving them of an opportunity to work through their problems and or take responsibilities for their actions.

As the bereaved mothers sought for answers and reasons behind the child’s death, they seem to have experienced self-blame. They blamed themselves by believing they could have done something to save their children from suicide. The self-blame seems to be influenced by feelings of failure, guilt, and the inability to protect the child from suicide. Similarly, a study on the guilt and bereavement effect of the cause of death and measuring instrument (Cemacho

et al., 2017) found that mothers bereaved by the suicide death of their children scored higher on self-blame compared to those who lost their children to natural circumstances.

Besides being angry at themselves, the findings noted that the participants also experienced anger directed at their family members. They believed their family members did not provide sufficient support after the loss. These findings are consistent with Young et al. (2012), who noted that bereaved mothers might be angry towards their family members due to feeling alone, neglected and not supported. After the death of a child, each family member may formulate their explanation which may, in turn, strain the family relationship. In this study, relational problems were common, which left the participants feeling unsupported through their bereavement journey. Similarly, a study conducted by Pompili et al. (2013) indicated that after the loss, the family members might attempt to find answers, resulting in families blaming each other for the loss and consequently causing conflicts.

It is also revealed that the participants experienced anger directed at God. The anger is driven by the belief that God allowed suicide to happen, resulting in the mother questioning the purpose of God. In support of these findings, Young et al. (2012) state that mothers who have lost their children to suicide are likely to experience anger directed towards God for not saving their children from suicide. However, it is interesting to note that, in this study, participants with religious backgrounds seem to believe that their children's death was the purpose of God. As a result, they did not experience anger toward God.

Bargaining was also another stage that bereaved mothers in this study experienced. According to Rogers (2022), bargaining stems from guilt which involves negotiating to remove the pain and having regrets about what was done. In this study, bargaining is defined as an attempt for a bereaved mother to recall past arguments, words said and not said, calls returned and meditating on how if only they could have done something differently, maybe the outcome could have been different. The inability to effectively manage the pain may reinforce anger and predispose one to depression (Lynn, 2011; Sugrue et al., 2014), which is the fourth stage of grief.

A study conducted by Entilli et al. (2021) amongst Australian mothers on the experiences of parental suicide-bereavement found that depression and anxiety are common emotional conditions experienced by suicide-bereaved mothers. This is also noted in the findings of this study when one of the participants mentioned that she was diagnosed with depression and admitted to the hospital after losing her daughter to suicide. Interestingly, the present study was conducted in a different context. However, feelings of sadness, sorrow, hopelessness and vulnerability were also common. This correlates with Kubler-Ross'

depression stage of grief, which entails vulnerability, emptiness, sorrow, and sadness, which come from acknowledging death and its finality (Gregory, 2011).

The end goal in the grieving journey was noted to be the acceptance stage. This stage entails accepting the new reality of the loss (Gupta, 2022). A study by Moore (2019) on parental grief resulting from child suicide described the acceptance stage as a process of coming to terms with the loss and accepting the new reality. Similarly, this study found that acceptance does not mean the bereaved is accepting of the loss. Instead, it meant that they had accepted their new reality of being mothers bereaved by the suicide death of their children. However, it is worth noting that some participants were notably able to accept their children's death, as they could narrate their loss without experiencing intense emotions and feelings. Feelings of hopelessness are replaced by healing and hope, as participants had hope regarding their recovery.

5.2.2 The Negative Effects of Suicide on Mothers

In this study, it was noted that the suicide death of a child was associated with several negative effects, namely social withdrawal, living in fear, shattered dreams, and struggling to cope. In this study, the participants would prefer to isolate themselves from the company of others. This finding is consistent with the opinion of Webster (2022), who indicated that after losing a child to suicide, the bereaved mothers are likely to isolate themselves due to various reasons, which include stigma and shame attached to the suicide death, blame amongst family or community, and struggling to cope with the loss.

Lynn (2011), who investigated the lived experiences of mothers bereaved by the suicide death of their children amongst Americans, found that isolation from others happens when the bereaved mother attempts to self-protect and avoid overwhelming emotions brought by the company of others. Similarly, the mothers in this study also isolated themselves from other community members to avoid discussing the loss.

It is also noted in the findings of this study that social withdrawal seems to have resulted in bereaved mothers experiencing depressive and anxiety symptoms. These findings lend support from a study amongst Chinese women on the long-term effects of loss on parental health (Zhao et al., 2020), which found that bereaved parents who isolate themselves from others are likely to suffer from depressive and anxiety symptoms. In this study social withdrawal appeared to have caused some of the mothers not to reach out and get help. This notion concurs with Entilli et al. (2021) findings, which indicate that social withdrawal might prolong the healing process by discouraging help-seeking behaviour. As a result, the bereaved

mothers may not seek help due to the adopted avoidance style of interaction. This might prolong their anger and depression phases of grief. As a result, the self-blame and depression could foster a sense of inadequacy and fuel feelings of anxiousness surrounding their parenting style.

Additionally, the anxiety seems to have been influenced by feelings of failure as a parent to protect the child from suicide and the negative views around motherhood after losing a child to suicide. These findings align with Ellis (2019), who states that suicide-bereaved mothers are prone to developing anxiety and fear of having their other children also die by suicide. In addition to the anxiety, they are likely to experience overwhelming emotions.

Overwhelming emotions were noted as a common experience among the participants. These emotions included anger, shock, disbelief, guilt, confusion, sadness and fear. It is noted throughout the findings of the study that the experience of losing a child to suicide comes with experiencing overwhelming emotions, which tend to occur concurrently. Petruzzi (2019) indicates that great sadness, mental distress, and suffering represent overwhelming emotions caused by grief.

Furthermore, it is noted in the findings that the experience of overwhelming emotions is individualised and varies in experience, intensity, and duration. In terms of duration, it is noticeable in the findings that participants who had lost their children less than three years earlier expressed intense emotions during the conversation. This implies that it is imperative to consider the duration of the loss when exploring the experiences of mothers bereaved by the suicide death of their child. This is because the timeframe of the loss influences the intensity of emotions and feelings. The literature indicates that bereaved mothers are likely to experience acute grief, intense emotions and feelings recently after the loss (Young et al., 2012). Shear (2012) states that grief is permanent because the bereaved may never forget about the deceased. However, with time, the bereaved learn to live and integrate the grief into their lives. The participants mentioned that the pain and intensity of the emotions get better with time.

In addition, participants struggled to cope with the loss. This was pointed out as the participants ceased engaging in activities they were involved in before the loss. This finding lends support from various studies (Creuzé et al., 2022; Harris, 2021; Lynn, 2011), which found that parents who have lost their children to suicide may struggle to cope with the loss, which may result in altered behaviour and a significant impact on daily functioning. The struggle to cope with the loss is associated with the issues of acceptance, as indicated in the stages of grief. This suggests that as the parents struggle to accept the loss, they may struggle to cope.

5.2.3 Uneasiness/discomfort caused by Societal Beliefs

The participants felt that the death of their children was associated with stigmas which caused uneasiness and discomfort. The common stigmas associated with suicide were sinful, spoilt child, attention seeking, immorality, selfishness, and emotional weakness. These findings are consistent with Pitman et al. (2018), who indicated that losing a child to suicide may leave the bereaved mother having to deal with the stigma attached to the suicide death and their loss. From an African perspective, death by suicide is perceived as taboo and shameful (Yasgur, 2017). For instance, a study by Adinkrah (2015) on suicide and mortuary beliefs and practices of the Akan in Ghana found that the Akan society regards suicide as an abomination against the society, ancestors, and gods of the land. Thus, as a result of stigma, the participants in this study isolated themselves and refrained from sharing detailed information about the suicide death of their children. It is noted in this study that the stigmas seem to prevent the mother from seeking help and receiving social support. The literature indicates that stigma influences the help-seeking behaviour (Evans & Abrahamson, 2020; Nathan & Nathan, 2020; Oexle et al., 2018; Pitman et al., 2018).

A study conducted by Mahlo et al. (2018) among the Bapedi elders in the Limpopo province of South Africa found that suicide has a negative connotation in some cultures. The elders defined suicide as a culturally forbidden act and taboo in most African cultures. Similarly, a study conducted by Rontiris (2014) found that most black South African university students perceived suicide as a sinful taboo act, something that is disapproved by society, culture, religion, and families. This finding correlates with several studies amongst African cultures, which found that suicide tends to be viewed as the most shameful, horrific, and disgraceful form of all deaths (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004).

In addition, most African cultures believe that suicide death can provoke the ancestors, gods, or the spirits of the land to punish the entire community for the prohibited form of death (Adinkrah, 2015; Asuquo, 2011; Kanu, 2014; Van der Geest, 2004). Due to this cultural connotation, death by suicide often elicits intense negative reactions from the community. Furthermore, a study conducted by Bolton et al. (2013) on parents bereaved by offspring suicide amongst parents in Canada found that parents bereaved by the suicide death of their children have experienced stigma. Similarly, in this study, the participants appear to have experienced stigma from the community and family members. As noted in this study, the participants would isolate themselves because they felt that people closer to them were not

providing adequate support. Instead, they feel stigmatised, blamed, criticised and judged. The participants expressed how the stigmas made them doubt their capacity to perform their parental role as required. Due to stigmas, they experienced self-blame and guilt and believed they could not raise their children. These findings are consistent with Troller (2011), who explained that stigma surrounding suicide might result in the bereaved mother questioning their parenting skills (Toller, 2011).

Based on the study's findings, the stigma experienced by bereaved mothers might have been influenced by religious and cultural views (Schmalz, 2018). Most cultural and religious groups perceive life as sacred, something to be preserved, and suicide is considered culturally and religiously not an appropriate form of death. As a result, the suicide bereaved may experience stigma and shame (Čepulienė et al., 2021). The stigmatisation of suicide may limit the support of suicide-bereaved mothers (Lynn, 2011). In contrast, a participant affiliated with a religious group has experienced the full benefit of social support from fellow congregants. Instead, they experienced stigma from the community members. This shows that as much as stigma is common in the communities, suicide-bereaved mothers may still experience the full benefit of social support.

In this study, witchcraft also formed part of the stigmas associated with suicide. The beliefs in witchcraft have caused uneasiness and discomfort in the bereavement process. Vaughan (2010) indicates that suicide had been associated with witchcraft, resulting in accusations within the family and community. Similarly, a study conducted by Khosa-Nkatini and Buqa (2021) in South Africa on suicide as a sin and mental illness indicated that suicide is often related to witchcraft. Consistent with the findings of this study, participants believed that witchcraft played a role in their children's suicide. Some participants felt that someone within the family and neighbourhood had practised witchcraft and possessed their children with an evil spirit, which resulted in the completion of suicide. Consistent with these findings, Obida et al. (2013), Bartholomew (2020) and Adinkrah (2015) note that some of their participants associated witchcraft with suicidal behaviour. In accord, Mahlo et al. (2018) found that the elders' perception of suicide in Limpopo was that suicide deaths were attributed to witchcraft.

It is noted that even though some participants believed in witchcraft, others were against the notion of witchcraft being a factor in the suicide death of their children. They did not believe in witchcraft, stating that death was by the will of God. To deal with the witchcraft and possible future occurrence of suicide death in the family, the participants have performed rituals. Participants also expressed that, following the child's death, they had to perform rituals as guided by their culture to cast out the evil spirits and bad luck that had befallen the family and

ensure that the incident does not occur in the family again. These findings are consistent with a study conducted by Kgatla (2014) on rituals performed by elderly Northern Sotho people after death in the family, which found that after death, the bereaved family is expected to perform rituals that will help protect the family from experiencing sudden deaths. Participants indicated that if the rituals were not performed, the child might have repercussions in the afterlife due to the nature of death. It is worth noting that one participant had contradictory views on performing rituals, for instance, they indicated that they did not complete the rituals because they did not understand the importance of doing so. They referred to rituals as part of superstitions that would not ease the pain but may cause relational problems.

A study conducted by Kanu (2014) on suicide in Igbo-African Ontology among the Igbo tribe in Nigeria, found that people who die by suicide are likely to be considered sinners and can be denied funeral rights. Similarly, a study conducted in Ghana on suicide and mortuary beliefs and practices found the Akan tribe has traditionally held a negative view of suicide. As a result, they deny funeral rites and proper burial to suicide victims (Adinkrah, 2015). In contrast to the findings of this study, all the participants' children were not denied funeral rites.

5.2.4 Finding Closure

Mothers bereaved by the suicide death of their children often replay events up to the last moment of their children's lives, digging for clues and warnings that may help to provide answers for the suicide death (Young et al., 2012). As noted in this study, the inability to find clues and answers often results in bereaved mothers blaming themselves for not noticing or taking their children seriously. It was pointed out that finding closure was not a simple process but was seen as a milestone in healing.

Based on the findings of this study, bereaved mothers are likely to seek answers using different approaches to seek closure. The literature states that bereaved mothers will likely seek answers to try to make sense of their loss (Ross et al., 2018). However, when they struggle to find answers, they might experience anger and struggle to cope, which may interfere with their healing process (Sugrue et al., 2014). In this study, finding closure was attempted through finding suicide notes, searching the phone, and seeking answers.

To find closure, the participants sought answers by searching for suicide notes. Suicide notes help to provide helpful information about the completion of suicide (Lazarides et al. 2018). In the study, the participants did not find suicide notes explaining the reasons behind the suicide death. A South African thematic analysis of suicide notes in South Africa by

Lazarides et al. (2018) indicated that over 50% of people who die by suicide are likely not to leave behind suicide notes. Leaving no suicide notes left the participants to assume the reasons and causes of suicide, which resulted in them blaming themselves. As noted in the anger stage, self-blame seems to be influenced by feelings of shame, guilt, and the inability to protect the child from suicide. To continue searching for answers to find closure, the participants also searched the phones of their deceased children.

After the funeral, two participants indicated that they searched their children's phones and discovered their children had deleted photos and videos. The reason behind deleting the photos and videos was unknown. In addition, they believe that suicide was planned. Hence the child had an opportunity to delete all their photos. These findings are consistent with Facioli et al. (2015), who indicated that some people plan their suicide death. Thus, during the planning, the suicide victims may delete their photos, videos, and social media pages to erase their existence.

In this study, it was noted that answering unanswerable questions becomes a never-ending journey. Some participants have consulted traditional healers or reached out to people to find answers. Those who consulted the traditional healers were provided answers that may have brought comfort in their grieving journey. A South African study conducted by Bantjes et al. (2017) indicated that it is a common practice to seek answers from a traditional healer after losing a child to suicide. In contrast, some participants did not believe in consulting traditional healers because they felt that the process would not bring back their children but cause them to blame others within the family, which may delay their healing process.

5.2.5 Healing Process

In this study, the healing process comprised support, grief counselling and therapy, and coping mechanisms. It is noted that adequate social support is crucial in healing and recovery. A study conducted by Pitman et al. (2018) on the support needs and experiences of people bereaved by suicide emphasised the importance of peer and social support in the aftermath of suicide. The participants noted that social support benefited them, especially when people understood their grief and would not place any demands and timelines on their grieving process.

A study conducted by Cacciatore et al. (2021) on the actors and actions in support after traumatic grief found that inadequate support and feelings of loneliness are common in the bereavement process. Similarly to the findings of this study, the participants have received limited support, resulting in feelings of abandonment, isolation, and loneliness. In this study,

the lack of social support seems to result in the bereaved mothers experiencing sadness and loneliness. This view lends support from Bolton et al. (2013), who indicate that a lack of support might interfere with the bereaved's well-being and ability to recover.

The types of support received by the participants in this study were financial, emotional, social, and psychological. The financial support included donations that would go towards the burial ceremony. Most participants had funeral insurance which assisted them with the funeral. Thus, they did not rely mainly on the donations made. This concurs with Cacciatore et al (2021), who indicate that financial aid forms part of the support given to the bereaved. However, different people may benefit more from this type of support than others. In this study, financial aid was not noted as a significant need compared to other forms of support, such as emotional and social.

During the grieving process, the participants reached out to different people and platforms intending to find help. They acknowledged that reaching out and talking to others about their experiences helped ease the pain. However, people would not avail themselves or understand their grief, resulting in prolonged healing. According to Pitman et al. (2016), the stigmatisation that is associated with suicide may limit the support provided to the bereaved, which may, in turn, complicate the grieving process. After the burial ceremony, the majority of the participants stated that the support had ceased. This is noted in several studies conducted on the African traditional view of suicide that suicide death may elicit intense negative reactions from the community, which results in inadequate support given to the bereaved family (Adinkrah, 2015; Bolton et al., 2013; Kanu, 2014).

To cope with the loss, Young et al. (2012) note that grief counselling and therapy were noted to play an essential role in the healing process. However, the participants held different views and experiences with regard to attending grief counselling and therapy. In some participants, therapy was found helpful, and some were not helpful. A study conducted by Rugonye and Bukaliya (2016) among the Shona people of Zimbabwe on the effectiveness of the African Bereavement Counselling Technique indicated that people have different views on Western therapy techniques. It concurs with the findings of the study, where a participant indicated that therapy was not helpful since the therapist was not responsive towards her. This implies that therapy should be aligned with people's culture and context to ensure effectiveness. Hence, psychologists must be aware of cultural norms, attitudes, and beliefs that patients of African ancestry hold regarding suicide. For instance, for healing to be effective, it must be culturally aligned with the patient's belief systems (Sodi, 1998).

According to Bojuwoye and Sodi (2010), each culture has its own distinct methods of conceptualising sickness, health, and healthcare. Thus, the meaning attached to mental illness can only be explored meaningfully and understood within their cultural context (Kpanake, 2018). Culture does not only influence people's perceptions towards mental illness but determines the preferred treatment routes. Jimenez et al. (2012) note that preconceived cultural meanings and attitudes toward a particular mental illness influence the decision to seek professional assistance and follow treatment recommendations. For instance, a participant in this study had attended therapy but felt that the methods utilised and recommended treatments were not aligned with her cultural context. Thus, she stopped attending therapy sessions. Therefore, treatment must be meaningful and correspond to the cultural context and reality of the patient.

A participant indicated not attending therapy because it would trigger unwanted emotions and feelings. In this study, other forms of therapy, such as informal therapy, were explored. This was noted to be a church or friends. Participants affiliated with a religious group leaned towards receiving informal grief counselling through sermons and prayers. Similarly, a study conducted by Kubayi (2022) among the university of Limpopo students following the death of a parent found that Christian-affiliated people were likely to use prayers and supplications as a form of therapy.

In addition, there are various coping mechanisms that bereaved mothers are likely to engage in (Young et al., 2012). This study's destructive coping mechanisms include drinking alcohol and isolating oneself. A destructive coping mechanism is an unhealthy, maladaptive, or destructive coping mechanism where one's behaviour interferes with their daily function. Instead of resolving the problem, it may increase the harm (Hudson, 2016). Destructive coping is harmful to physical and psychological well-being. In this study, a participant appeared to have been involved in a destructive coping mechanism, such as drinking alcohol. Drinking alcohol interfered with her healing process since she relied on alcohol to find comfort. A study conducted by Caparrós and Masferrer (2020) found that bereaved people may turn to substance abuse to cope with the loss of a significant person.

Other forms of coping included maintaining the relationship with the deceased by visiting the grave and communicating with the deceased. The maintenance of this relationship is to help the mother recover from the loss by reconstructing their identity, narrative, and meaning (Denhup, 2014). The participants maintained the mother-child relationship in this study by constantly visiting their children's graves. Also, doing the things loved by the deceased would help the participants to grieve and maintain the relationship. In addition, the participants

kept their children's belongings as a way of remembering them and keeping their memories alive.

According to Adams et al. (2019), the strong mother-child emotional bond may result in the mother suffering prolonged and intense reactions of grief and emotions, accompanied by more significant feelings of shame, guilt and blame. In this study, the participants would constantly keep in touch with their children and continued to play their motherly role by ensuring their children were not forgotten but felt loved.

5.3 Limitations

The study aimed to provide a detailed and in-depth understanding of the experiences of mothers with children who have committed suicide. Thus, the findings of this study are essential in helping to broaden the knowledge of the experiences of mothers with children who have committed suicide in Gauteng province, South Africa. However, it is worth noting that these findings should be generalised with caution, considering that qualitative research studies are not designed for generalisability but to help capture individual experiences (Sharma, 2017).

Adding to the generalisation of the findings, the sampling method of this study was identified as a limitation. The snowballing sampling did not give all the mothers bereaved by the suicide death of their children an equal chance to participate in the research study. The researcher relied on referrals which resulted in delays in data collection. The sampling method has yielded six participants, which may limit the information and knowledge gathered from this study.

Since the data was collected during the COVID-19 pandemic, the researcher held two conversations in person, three telephonically, and one virtually on Zoom. Having conversations through phone calls or virtually might have influenced the findings of this study. This is because the telephonic and virtual conversations have limited the researcher's opportunity to observe the non-verbal behaviour of the participants. Although this data collection method might have saved travel costs and time, it has influenced the researcher's ability to build rapport to make participants feel comfortable and more at ease. For instance, through phone calls or virtual, the participants would go straight to discussing their experiences and would not show interest in having ice breaks or asking for more details about the study.

On a similar note, technical failures were noted in telephonic and virtual conversations. For instance, some of the words and meanings may have been lost when there were breaks in the connection. The differences between virtual/telephonic and face-to-face conversations were noted. Face-to-face conversations are preferable because the participants were comfortable,

and the researcher got the opportunity to read the non-verbal reaction of participants to research questions. In face-to-face conversations, the participants would ask questions and, in general, share more information to help better understand the experiences of mothers who have lost their children to suicide.

The experiences of the mothers with children who have committed suicide were explored and understood in the black South African context. Other races and communities were not represented in this study. Thus, future research could explore the experiences of losing a child to suicide among different racial groups to expand the knowledge further and analyse the differences and similarities among bereaved mothers by suicide. This may assist in contributing to establishing effective tools that would help bereaved mothers. Also, fathers were not invited to participate in the study because the researcher aimed to obtain homogenous findings.

It is worth noting that the participants were recruited mainly from Gauteng townships. The conversations were held in either IsiZulu, Sesotho, or English. Thus, some meanings might have been lost during the translation process to English. This is because the English language does not fully capture some of the words and definitions from IsiZulu and Sesotho.

5.4 Theoretical Conclusions: Bowlby's Attachment Theory

The findings of this study have mostly confirmed the theoretical viewpoint discussed in Chapter 2 of this research. The discussion argued that attachment styles, as described by Bowlby's theory, play a critical role in the bereavement process (Shorey, 2020). According to Louw and Louw (2014), there are four attachment styles, which include secure, avoidant, ambivalent, and disorganised. Each attachment style has implications for the mother's bereavement process (Shorey, 2020).

The secure attachment style is characterised by trust, support, and the ability to openly share feelings and emotions (Cherry, 2022). In this study secure attachment was demonstrated through the bereaved mothers' relationships with their children. The participants narrated that they had close relationships with their children where they could openly share their emotions and feelings. Thus, the suicide death of the child came as a shock since they believed that they had created a safe space for their children to share their emotions. As a result, the participants experienced self-blame, guilt, and failure because they believed they had failed to protect their children from committing suicide. Similarly, Shorey (2020) indicates that mothers with a secure attachment relationship with their children would experience self-blame for not being able to protect the child or even noticing the suicide signs.

Besides blaming themselves for the suicide death of their children, mothers who had a secure attachment with their children were encouraged to continue the relationship and connection with the deceased child. They continued to play their motherly role in ensuring their children were not forgotten but felt loved in the afterlife. Foster et al. (2011) indicate that mothers with secure attachment styles might continue connecting with the deceased to cope with the loss. As one participant, Shannon, indicated:

> *Maybe what makes things easier is that most of the time when I'm talking, I would talk as if I'm speaking to him. When driving, I feel like he is with me, sitting in the passenger seat. So most of the time, I would find myself talking to him. I can express my feelings and talk about anything.*

This implies that the participants did not give up on the attachment and emotional bond with the deceased but continued with the connection since they felt that the deceased played a continuing role in their lives. In other instances, the participants would visit the child's grave to maintain the relationship.

5.5 Recommendations

Based on the findings of this study, it is recommended that further research on a similar topic should be conducted using both qualitative and quantitative methods to expand the knowledge and close the research gap in relation to the experiences of mothers with children who have committed suicide, particularly in South Africa. For instance, future research could explore the types of interventions needed by the suicide bereaved mothers to recover from the loss. Expanding the knowledge in this area might help in developing effective intervention tools aimed at helping bereaved mothers by suicide to recover amid the societal stigma against suicide death.

The societal stigmas on suicide death were noted by the participants to be common in communities. It is recommended that psychologists could design educational and awareness campaigns on suicide to assist the community in understanding suicide and supporting people bereaved by a suicide death. In addition, social support was considered critical for the healing process. It was observed in the study that mothers bereaved by the suicide death of their children are likely to receive inadequate support from friends, family, and society at large. This is because people do not have enough information on suicide and its impact on those bereaved by suicide. An analysis conducted by Yawa (2010) among Xhosa, Zulu, and Tswana cultures noted that people in South African black communities do not have sufficient information on the role of grief counselling and therapy. Thus, it is critical to establish suicide awareness

campaigns to teach people about the effects of suicide on those bereaved by the suicide death of their children. This will assist in providing adequate support to suicide-bereaved mothers. In addition, it was noted that there is a need to establish culturally effective interventions focused on providing support to mothers bereaved by the suicide death of their children. This can be achieved through psychologists' awareness of the South African multicultural context.

5.6 Conclusion

This study was undertaken to better understand and provide a detailed and in-depth analysis of mothers' experiences with children who have committed suicide. The findings of this study provide a foundation for understanding the unique experiences and needs of bereaved mothers as they go through their bereavement process after losing their children to suicide. However, with the influence of culture, it was found that the bereavement process is individualised and unique for everyone. Thus, it is essential to consider that there is no one-size-fits-all strategy for understanding and exploring these experiences.

In this study, it was noted that South African black communities hold negative connotations of suicide, which impact on the bereavement process of the bereaved. Thus, more resources should be invested in establishing effective suicide campaigns aimed at teaching the community about suicide and its impact on bereaved mothers. On a similar note, a lack of support was noted to form part of the experiences of the mothers bereaved by the suicide death of their children. This study has contributed towards understanding the need and importance of receiving support when bereaved. It was noted that due to the preconceived ideas of suicide amongst black communities, people might struggle to support the bereaved. Thus, suicide awareness campaigns may add the element of helping the community to provide adequate support to suicide-bereaved mothers without judgement.

To establish effective tools in supporting bereaved mothers by suicide through their healing process, it is imperative for psychologists to be culturally sensitive. Being culturally sensitive includes considering the role of culture and context in the patient's treatment. This ensures that the treatment is well aligned with the patient's culture. Thus, this study expands on the knowledge of the importance of psychologists having multicultural dexterity in the treatment of bereavement within the African context.

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Appendix A: Participation Information Sheet

PARTICIPANT INFORMATION SHEET

TITLE OF THE STUDY:

Exploring the subjective experiences of mothers with children who have committed suicide.

Hello my name is Elizabeth Msimango, I am currently a Master in Research Psychology student at the Faculty of Humanities, University of Pretoria. You are being invited to take part in my research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take some time to read the following information carefully, which will explain the details of this research project. Please feel free to ask the researcher if there is anything that is not clear or if you need more information.

WHAT IS THE PURPOSE OF THE STUDY?

- The purpose of this study is to explore the subjective experiences of mothers with children who have committed suicide. Little is known about the experiences of mothers who lost their children to suicide. Very few studies have explored the bereavement and grief process of mothers who lost their children in the South African context. Therefore, I have decided to conduct a study on suicide with a specific focus on mother's experiences after losing a child to suicide.
- The overall aim of this study is to explore the subjective experiences of mothers with children who have committed suicide.

WHY HAVE YOU BEEN INVITED TO PARTICIPATE?

- You will be invited to participate because you have lost your child to suicide, and you meet the inclusion criteria.
- You have also complied with the following (inclusion criteria)
    - Mothers willing to participate
    - Black mothers residing in Gauteng for over a year.
    - Mothers who use IsiZulu or English as a media of communication.
    - Biological mothers of suicide victims.
    - The mother acknowledges that the death was by suicide.
    - The suicide incident happened in over one year and before ten years.
- You will be excluded if you suffer from significant intellectual disability.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

- You will be expected to participate in a face-to-face conversation. A conversational method is a dialogic approach in which the participants engages in a mutual conversation with the researcher about their experiences. Your role as a research participant will be to have a mutual conversation with the researcher that will take approximately 45 minutes to 1 hour.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

- Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason, if you decide not to take part in the study without negative consequences or being penalized

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER BE KEPT CONFIDENTIAL?

- ❖ Confidentiality will be maintained by ensuring that any information revealing your identity and voice recordings are only accessible to the researcher and supervisor. Confidentiality will be ensured by using pseudonyms, and that will be used in all research notes and documents. Findings from this data will be disseminated through conferences and publications.
- ❖ Please note participant information will be kept confidential. Exceptions to confidentiality include abuse of vulnerable (minor or elderly); risk to oneself; threat to others.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

- Direct benefits for you as a participant will be the opportunity to share your experiences of your loss with the researcher.
- The indirect benefits will be findings interventions that may assist mothers in future to go through the grieving process. Also, it will add new knowledge to the existing literature of suicide in the South African context.

WHAT ARE THE ANTICIPATED RISKS FROM TAKING PART IN THIS STUDY?

- The study may possibly trigger or revive unwanted emotions or trauma.
- Measures to minimize this risk is that I, the researcher will arrange a counselling psychologist from The Compassionate Friends Organisation who will be available to offer debriefing sessions at no cost.

WHAT WILL HAPPEN IN THE UNLIKELY EVENT THAT SOME FORM OF DISCOMFORT OCCUR AS A RESULT OF TAKING PART IN THIS RESEARCH STUDY?

- Should you have the need for further discussions after the interviews an opportunity will be arranged for you.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

- Electronic information will be stored for period of 15 years. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.
- Participant information in hard copies of raw data be will locked in the cabinet and electronic data will be kept in a file that is password protected in the Department of Psychology

WHAT WILL THE RESEARCH DATA BE USED FOR?

- Data gathered from the participant would be used for research purpose that includes;
    - Dissertation, conferences, publications, policy briefs and shared with The Compassionate Friends Organisation as feedback.

WILL I BE PAID TO TAKE PART IN THIS STUDY?

- NO, you will not be paid to take part in this study.
- Travel expenses will be paid for the participants who have to travel to The Compassionate Friends organisation. This means there will be no costs involved to you if you take part in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has not yet received written approval from the Research Ethics Committee of Faculty of Humanities, University of Pretoria.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

- The findings of the research study will be shared with you by Elizabeth Msimango after completing the study.

WHO SHOULD I CONTACT IF I HAVE CONCERN, COMPLAINT OR ANYTHING I SHOULD KNOW ABOUT THE STUDY?

If you have questions about this study or you have experienced adverse effects as a result of participating in this study, you may contact the researcher whose contact information is provided below. If you have questions regarding the rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact my supervisor, and contact details are below

Thank you for taking time to read this information sheet and in advance for participating in this study.

Researcher

Name Surname: Elizabeth Msimango

Contact number: 0780687300

Email address: u20632119@tuks.co.za

Supervisor

Name: Mr Mahlo Setagwa Peter

Contact number: 012 420 2541

Email address: setagwa.mahlo@up.ac.za

Appendix B: Interview Consent Form

EXPLORING THE SUBJECTIVE EXPERIENCES OF MOTHERS WITH CHILDREN WHO HAVE COMMITTED SUICIDE

{ETHICAL APPROVAL NUMBER} (If available**) WRITTEN CONSENT**

TO PARTICIPATE IN THIS STUDY

I,_____(**participant name**), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without any consequences or penalties.			
I understand that information collected during the study will not be linked to my identity and I give permission to the researchers of this study to access the information.			
I understand that this study has been reviewed by, and received ethics clearance from Research Ethics Committee Faculty of Humanities of the University of Pretoria.			
I understand who will have access to personal information and how the information will be stored with a clear understanding that, I will not be linked to the information in any way.			
I give consent that data gathered may be used for dissertation, article publication, conference presentations and writing policy briefs.			
I understand how to raise a concern or make a complaint.			
I consent to being audio recorded.			
I consent to have my audio recordings be used in research outputs such as publication of articles, thesis and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

Departmental Research Committee (ResCom)
University of Pretoria, Faculty of Humanities, Department of Psychology
Humanities Building, Lynnwood Road, Hatfield, 0083, South Africa
Private Bag X20, Hatfield 0028, South Africa
Email: psychology.rescom@up.ac.za
Website: www.up.ac.za/psychology

Fakulteit Geesteswetenskappe
Departement Sielkunde
Lefapha la Bomotho
Kgoro ya Saekolotši

Name of Participant	Date	Signature
Name of person taking consent	Date	Signature

Appendix C: Conversation Guide

Conversation guiding questions

Introduction:

- Acknowledging the participation of the participants
- May you please tell me a little about yourself?

Conversation questions

- May you kindly tell me when did you lose your child?
- May you kindly tell me how it has been like since the death of your child?
- Do you recall on how you felt about the event and the ways in which you dealt with it?
- Did you receive any kind of support from your family, friends, or community at large?
- Were there specific rituals that needed to be performed due to the nature of death?
- May you please explain to me how this whole experience mean to you?

Appendix D: Debriefing Participants

30 May 2021
University of Pretoria
Private Bag X20
Hartfield 0028
Attention: Elizabeth Msimango

Dear Elizabeth,

Re- South African Depression and Anxiety Group

This letter is to confirm that we will try and assist you in the recruitment of 10 parents who have had children who committed suicide in the last two years. I will have the names and contacts and will approach them to see if interested. We will also place in one of our Newsletters as well.

I am representing SADAG as the Founder Of SADAG (1994), and we will try and assist you. However we cannot guarantee the results of people wishing to participate.

Regards,

Appendix E: Ethics Approval

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100
Since 1919

23 June 2021

Dear Miss E Msimango

Project Title:	Exploring the subjective experiences of mothers with children who have committed suicide
Researcher:	Miss E Msimango
Supervisor(s):	Dr S Chigeza Mr SP Mahlo
Department:	Psychology
Reference number:	20632119 (HUM015/1220)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 23 June 2021. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomè; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsehe; Ms D Mokalapa

Appendix F: Editor's Declaration

I 'Avenir Consulting

Monica Botha
T/a I'Avenir Consulting
Postnet Suite 043
Private Bag X9
QUEENSWOOD
0121

Cellular: 083 269 0757
E-mail: monicabo@lantic.net

TO WHOM IT MAY CONCERN

This serves to confirm that I have edited and proofread the dissertation entitled

EXPLORING THE SUBJECTIVE EXPERIENCES OF MOTHERS WITH CHILDREN WHO HAVE COMMITTED SUICIDE

prepared by Ms Elizabeth Msimango in accordance with the requirements for the degree of Master of Arts (Research Psychology) In the Department of Psychology, Faculty of Humanities at the University of Pretoria, according to the specifications of the University, where available, and the latest standards for language editing and technical (computer-based) layout.

Editing was restricted to language usage and spelling, consistency, formatting and the style of referencing. No structural writing of any content was undertaken.

As an editor I am not responsible for detecting any content that may constitute plagiarism.

To the best of my knowledge all references have been provided in the prescribed format.

I am not accountable for any changes made to this dissertation by the author or any other party after the date of my edit.

(Electronically signed – actual signature withheld for security reasons)
MONICA BOTHA
29s March 2023

Sole Proprietor: Monica Botha

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Appendix G: Turnitin Report

EXPLORING THE SUBJECTIVE EXPERIENCES OF MOTHERS WITH CHILDREN WHO HAVE COMMITTED SUICIDE

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