

The Aftermath of Post-Traumatic Experience; Narratives of Mothers who Lost a Child to Suicide

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Declaration

I, the undersigned, hereby declare that the work in this dissertation titled 'Post-traumatic Experience in the Aftermath; Narratives of Mothers who Lost a Child to Suicide' in partial fulfillment of the Master in Systemic Family Psychotherapy was carried out by myself. The appropriate citation has been included when referring to studies by other authors.

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Abstract

This thesis explores the stories of mothers who have endured the painful loss of a child to suicide. The research is based on interviews conducted with mothers in Malta, where their narratives provide valuable insights into the cognitive, emotional, and social dimensions of grief following suicide. Through in-depth interviews and narrative analysis, this study aims to comprehend mothers' challenges, transformations, and meaning-making processes in the aftermath of such a tragedy.

The findings reveal the complex journey of the interviewees, encompassing a wide range of emotions, cognitive shifts, and altered social dynamics. Moreover, the study uncovers the stigma and societal challenges faced by mothers who have lost a child to suicide, highlighting the need for greater empathy and support in addressing these issues.

Ultimately, this study contributes to the growing body of literature on suicide bereavement, providing valuable insights for mental health professionals, policymakers, and society to comprehend better and respond to the needs of those impacted by this devastating loss.

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Dedication

I want to dedicate this research to the following individuals who have played significant roles in shaping my journey:

To my beloved daughter Martina, who has taught me the true essence of fatherhood and the boundless power of love and reciprocated affection.

To my mother, whose unwavering guidance and instilled values have been instrumental in shaping my character and outlook on life.

To my father in heaven, whose spiritual connection continues to guide me and provide solace during challenging times.

My supportive sisters, whose constant presence and encouragement have strengthened me throughout this endeavor.

To my nephews, whose recognition and appreciation of my efforts have been a heartfelt motivation to push forward.

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Chapter 1: Introduction

This study delves into the narratives of mothers residing in Malta who have tragically lost a child to suicide. I had the privilege of conducting in-depth interviews with four mothers, collaborating with them to co-create and illuminate their profound stories and experiences of coping with the loss.

1.1 Suicide Context

In Western culture, there is a societal expectation to prioritise preserving life and view it as invaluable. Suicide challenges this norm by intentionally defying the belief that life should not be wasted (Maple, Edwards, Plummer, & Minichiello, 2010).

Suicide is a global concern and a leading cause of death (Levi, et al., 2003). It affects individuals of all genders, ages, ethnicities, and socioeconomic backgrounds (Cachia, 2020). Shockingly, someone dies by suicide every 40 seconds, resulting in an estimated 800,000 deaths annually (Organization, 2014). Additionally, for each suicide, there are approximately 20 failed attempts, amounting to over 16 million suicide attempts yearly (Organization, 2014). These numbers do not account for under-reported cases or instances where suicides are misclassified as unclear deaths or accidents (Organization, 2014).

1.2 Local Context

According to the Commissioner for Mental Health in Malta (Cachia, 2020), two to three individuals in Malta die of self-inflicted death every month. Therefore, at least 70 parents are left to mourn their children who died by suicide every year. Considering that for every suicide, there are another 20 failed attempts, 700 mothers are impacted by suicide attempts every year. However, despite the increase in family members who bereave by suicide, little is known about their experiences and struggles to make sense of a loved one's death (Shields, Russo, & Kavanagh, 2019).

Limited research is available on suicide in Malta, with only four studies identified.

1. Meilak, Cassar, and Grech (1974) explored the circumstances surrounding suicides in Malta, including the how, when, and why behind these incidents.
2. Helema, Holpainen, and Partonen (2014) conducted a comparative analysis of the suicide rates in Malta and other European countries.
3. Camilleri (2021) conducted a doctorate study that reviewed police investigations related to suicide cases in Malta.
4. Cachia (2022) examined suicide patterns in Malta.

Despite these existing studies, there is a gap in the research regarding the narratives of mothers following the self-inflicted death of their children.

1.3 International Context

This gap in the existing literature is not limited to Malta but is also observed internationally. While previous research has examined the impact of suicide bereavement on adults, including close friends as well as family members (Smith, Joseph, & Das Nair, 2011; Spillane, Matvienko-Sikar, Larkin, Corcoran, & Arensman, 2018), there is a notable scarcity of research focusing specifically on the stories of parents who have lost a child to suicide (Shields, Russo, & Kavanagh, 2019; Maple, Edwards, Plummer, & Minichiello, 2010). Consequently, the ability to offer effective postvention services through empirical research is significantly limited.

1.4 Aims of the study

The aim of this study is to explore and capture the narratives of mothers who have experienced the loss of a child to suicide in Malta. The focus is on understanding how these mothers co-construct and navigate their personal stories, shedding light on their emotional journeys, coping mechanisms, and the impact on their identities. By delving into the stories of these mothers, this research seeks to contribute valuable insights to the existing literature on grief and bereavement, providing a nuanced perspective on the challenges faced by individuals coping with such a profound loss. This study aims

to give a voice to these mothers, offering a more comprehensive understanding of the specific dynamics and struggles they encounter in the aftermath of losing a child to suicide.

1.5 Research Questions

The main research questions I want to answer are:

- a. How do mothers co-construct meaningful and significant stories after the loss of their child?
- b. How are these stories formed, told, and managed in the context of loss, pain and stigma?

1.6 Conceptual Framework

The conceptual framework of this study combines a social constructionist stance, a narrative reconstruction of grief, and systemic theory perspective to explore the narratives of mothers who have lost a child to suicide. It considers the influence of ongoing interactions, cultural norms, and wider contexts on their narratives.

Summary of the Conceptual Framework:

- Social constructionist epistemological stance where beliefs and meanings are shaped through interactions and negotiating expectations within cultural norms (Anderson & Goolishian, 1988; Luckmann & Berger, 1991)
- A systemic approach that examines narratives within participants' systems and acknowledges the interconnectedness of individual stories in a larger narrative. (Bateson, 1979; Dallos & Draper, 2015; Von Bertalanffy, 1950)
- Narrative re-construction as a crucial aspect of adaptation for those grieving (Neimeyer & Thompson, 2014). Engaging in narrative re-construction can hold particular significance in the context of developing and healing a fractured identity. This process involves inviting the various, sometimes conflicting, voices within oneself to articulate their perspectives, contributing to the creation of a narrative that promotes a more stable sense of self (Den Elzen, 2017; 2018). Through reflexive narrative processes, individuals coping with loss can

actively take responsibility for reconstructing the story of the death, empowering them to play an integral role in the healing journey (Rynearson, 2013)

- Transformative learning, as a process that fosters meaning through discourse, dialogue, and the reconfiguration of past events and relationships, plays a pivotal role in personal growth and understanding (Sands & Tennant, 2010)

1.7 Outline of the Study

Following this introduction, the subsequent chapter will delve into a comprehensive literature review, examining the ramifications of suicide, the process of sense-making and meaning-making in its aftermath, narrative reconstruction, and transformative learning. Chapter 3 will concentrate on the research design, methodology, and elucidate the data analysis techniques employed. Chapter 4 will present the interview findings. Chapter 5 will provide a thorough discussion, comparing the study's findings with existing literature. Lastly, Chapter 6 will identify the study's strengths and limitations while offering valuable recommendations for future research.

Chapter 2: Literature Review

The literature review examines the implications of suicide and its aftermath. Mothers experience cognitive, emotional, and social changes, and stigma can impede the grieving process. The sense-making and meaning-making processes are crucial for bereaved individuals, and cultural attitudes influence grief responses. Narrative reconstruction and transformative learning offer opportunities for healing and personal growth. Moreover, it underscores the importance of incorporating Family Resilience and a Systemic Perspective when supporting those affected by suicide loss within the community.

2.1 Suicide Implications

Suicide is a highly stigmatised and controversial topic, with varying societal beliefs and attitudes about its aftermath (Rimkeviciene, Hawgood, O'Gorman, & De Leo, 2015). The impact of suicide extends beyond the individual, influencing family, friends, classmates, and co-workers (Berman, 2011). Individuals bereaved by suicide experience cognitive, physical, emotional, and social changes, including feelings of anguish, distress, grief, rage, and self-hatred worry (Begley & Quayle, 2007; Lindqvist, Johansson, & Karlsson, 2008; Wilson & Marshall, 2010). Furthermore, they are at a higher risk of mental disorders such as depression, (Bolton, et al., 2013; Mitchell, Sakraida, Kim, Bullian, & Chiappetta, 2009) and substance abuse (Brent, Melhem, Donohoe, & Walker, 2009).

The bereavement process following a suicide is often marked by social silencing, stigma, and a lack of support (Begley & Quayle, 2007; Feigelman, Gorman, & Jordan, 2009; Maple, Edwards, Plummer, & Minichiello, 2010). Stigmatisation can impede the grieving process and exacerbate feelings of depression and suicidal ideation (Feigelman, Gorman, & Jordan, 2009). Despite the decriminalisation of suicide, it continues to carry shame and stigma, particularly for those bereaved by suicide (Dunn & Morrish-Vidners, 1987; Seale, 1995; Wertheimer, 2003). Parents who lose a child to suicide face unique challenges and may struggle to reconstruct their identity and regain control of their lives (Owens, Lambert, Lloyd, & Donovan, 2008; Walter, 2010). The loss of a child to suicide can

profoundly impact parental well-being, resulting in psychological distress and physical problems (Erlangsen & Pitman, 2017; Harden, 2005; Pitman, Osborn, King, & Erlangsen, 2014).

Following a suicide, the story of both the deceased and the individuals bereaved by suicide must be rewritten (Owens, Lambert, Lloyd, & Donovan, 2008). Mothers who experience the loss of a child to suicide engage in a process of sense-making and meaning-making, seeking answers to the question of "why?" and trying to make sense of the situation (Genest, Moore, & Nowicke, 2017; Moore, Cerel, & Jobes, 2015; Tedeschi & Calhoun, 2006). This process allows for the acceptance of the suicide and potentially leads to post-traumatic growth (Genest, Moore, & Nowicke, 2017).

Understanding the complex implications of suicide and providing support for those affected is crucial for promoting healing and resilience. Efforts to reduce stigma, enhance social support, and provide effective mental health care are essential in addressing the aftermath of suicide and its long-lasting effects.

2.2 Sense-Making Process

The process of making sense of suicide is complex and challenging for bereaved individuals. When suicide is unexpected, sense-making becomes more difficult (Lindqvist, Johansson, & Karlsson, 2008). Understanding the reasons behind the suicide can be somewhat manageable if there were signs of mental illness, suicidal ideation, or previous attempts (Maple, Plummer, Edwards, & Minichiello, 2007). Bereaved parents not only try to make sense of "why this happened to him?" but also "why this happened to me?" (Owens C. , Lambert, Lloyd, & Donovan, 2008).

Family members dealing with the suicide of a loved one face various concerns, including the persistent search for reasons behind the suicide, distorted feelings of responsibility and blame, anger towards the deceased, and social stigma (Cerel, Jordan, & Duberstein, 2008; Cerel, Padgett, Conwell, & Reed Jr, 2009; Jordan, 2001). There is also an increased risk of family members attempting suicide themselves, as well as developing post-traumatic stress disorder (Cerel, Padgett, Conwell, & Reed Jr, 2009; Runeson & Asberg, 2003).

The engagement and openness of clinicians can significantly impact how family members make sense of and accept the suicide (Learning, 2016). Blaming clinicians and healthcare services for their relative's treatment can also be a way for family members to make sense of the trauma (Spillane, et al., 2017), which may lead them to avoid seeking support for themselves (Feigelman & Feigelman, 2008).

In coping with their loss, individuals who are bereaved by suicide often rely on family and social support networks (Wilson & Marshall, 2010), with only a few accessing postvention activities that aid in recovery (Andriessen, 2009). Postvention can involve therapy, medication, and peer support groups for suicide bereavement (Jordan, 2008).

Different narratives are used to make sense of the trauma, such as religious individuals perceiving the death as "God's will" and secular individuals finding solace in the belief that their child is no longer suffering (Lichtenthal, Currier, Neimeyer, & Keese, 2010). Bereaved mothers not only grapple with understanding why their child died but also with the loss of their identity as mothers, making the process of meaning-making crucial for moving forward in life without their child (Owens C., Lambert, Lloyd, & Donovan, 2008).

The complex and multifaceted nature of the sense-making process after a suicide underscores the importance of providing support and resources to help individuals navigate the challenges and find meaning in their grief.

2.3 Meaning-Making Process

The meaning-making coping process reflects a biographical re-construction of a mother who lost a child to suicide. Meaning is attributed to answering why the event happened, how life changed after the event, and the degree to which a mother has found meaning (Park & Folkman, 1997). The process of finding meaning after a traumatic event involves making the way we see the event match our overall beliefs about life (Park & Folkman, 1997). People may achieve this by changing their perspective or challenging their beliefs (Kalischuk & Hayes, 2004; Park & Folkman, 1997; Smith,

Joseph, & Das Nair, 2011). However, some individuals may find it difficult to reach this compromise (Shields, Russo, & Kavanagh, 2019).

For bereaved mothers who have lost a child to suicide, the meaning-making process is crucial for adapting to life without their child (Owens C. , Lambert, Lloyd, & Donovan, 2008; Shields, Russo, & Kavanagh, 2019). Failure to engage in this process may lead to complicated grief symptoms (Shields, Russo, & Kavanagh, 2019; Smith, Joseph, & Das Nair, 2011). Cultivating a psychological connection with the departed is a crucial part of finding meaning and adjusting after their passing (Neimeyer, Harris, Winokuer, & Thornton, 2011; Neimeyer, Baldwin, & Gillies, 2006).

The continuous bond with the deceased can be constructive or obstructive, involving memories, images, and maintaining attachment (Attig, 2002; Klass, 2013; Neimeyer, Baldwin, & Gillies, 2006). Internalising the deceased as an extension of the self and treasuring their legacy supports this process (Field, Gao, & Paderna, 2005).

Meaning-making is not solely an individual process but also involves interpretative and communicative activities within the community of mourners (Neimeyer, Klass, & Dennis, 2014). Social constructionist models highlight the importance of interactions and communication in conveying meaning and coping with grief (Bryant & Peck, 2009; Dennis, 2008; Kunkel & Dennis, 2003; Kunkel, Dennis, & Garner, 2014).

Various discourses of grief, both written and spoken, contribute to the meaning-making process by aligning beliefs and assumptions with the experiences of losing a loved one (Neimeyer, Klass, & Dennis, 2014). These discourses offer a platform for expressing grief, validating it within society, and are influenced by cultural perspectives (Neimeyer, Klass, & Dennis, 2014).

The meaning-making process is about reducing the difference between how we see a specific event (like losing someone) and how we understand life in general. It includes adapting to life without the person who passed away and still feeling a connection with them. Social interactions,

communication, and cultural influences all play a role in shaping how we grieve and find meaning in the experience.

2.4 Culture

Bereavement is a social process where individuals seek meaning within themselves, their families, communities, and cultures (Neimeyer, Klass, & Dennis, 2014). Culture plays a significant role in how individuals adapt to loss and navigate grief (Cleiren, Grad, Zavasnik, & Diekstra, 1996; Dyregrov, 2011). Grief narratives are influenced by political, religious, and cultural contexts, shaped by public accounts of loss (Neimeyer, Klass, & Dennis, 2014).

Attitudes toward suicide vary across cultures, and cultural beliefs can contradict personal beliefs, leading to a double bind for individuals affected by suicide (Eskin, Voracek, Stieger, & Altinyazar, 2011; Eskin, 1995; Ellis & Rutherford, 2008). These contradictions may contribute to feelings of helplessness and hopelessness, which can be triggers for suicidal behaviour (Ellis & Rutherford, 2008).

It is important to note that cultural attitudes and beliefs toward suicide can change over time, influencing individuals' perceptions and responses (Eskin, Voracek, Stieger, & Altinyazar, 2011).

2.5 Narrative Re-Construction

Bereavement literature portrays that meaning-making through narrative re-construction is essential for adaptive grievers (Neimeyer & Thompson, 2014). Narrative re-construction may be meaningful for developing and healing a 'fragmented identity'. The re-construction is achieved by inviting the self's multiple, sometimes contradicting voices to express their perspective and work towards a narrative that fosters a stable sense of self (Den Elzen, 2017; 2018). Reflexive narrative processes can support the bereaved in taking responsibility as an active agent in re-constructing the death story (Rynearson, 2013).

In the study by Sands & Tennant (2010), participants shifted from a narrative of despair to one that re-positioned their relationships and offered hope. This new narrative may not necessarily

replace other existing narratives. They may linger and be revisited, although less frequently. In this way, different perspectives coexist side by side. According to Seale (1998), reconstructing the story after a loved one's death helps mothers move forward in life. Wheeler (2001) highlights how parents who have lost a child may struggle to find meaning and purpose in their changed world.

Unfortunately, bereaved parents are at risk of experiencing suicidal thoughts (Wertheimer, 2003), making them vulnerable groups.

The practice of storytelling allows mothers to reconstruct their domestic world, fragmented by the death of their child, while reiterating and protecting the 'family values'. To restore a sense of order and ontological security, mothers strategically position individuals inside or outside of their closed world, depending on the congruence with their core values and perceived culpability with the trauma (Owens C. , Lambert, Lloyd, & Donovan, 2008). The narrative re-construction of the trauma functions to defend the moral reputation of the mother and the child.

2.6 An Opportunity for Transformative Learning

Suicide challenges the very core of our existence and beliefs, evoking intense emotions and potentially breaking them apart (Schütz, 1987). As a result, individuals who bereave to suicide are confronted with four struggles: negotiating the impact of suicide, understanding the responsibility and making sense of the situation, searching for meaning-making of the problem, and finding one's style to cope and react to the trauma (Castelli Dransart, 2017). This fundamental disruption to one's worldview and questioning the assumptions upon which that worldview is constructed places suicide bereavement squarely within a transformative learning paradigm (Janoff-Bulman, 1989; Janoff-Bulman, Berg, & Harvey, 1998).

Transformative learning instigates meaning through discourse, dialogue, and re-storying past events and relationships. However, in the context of suicide bereavement, prevailing negative narratives compound the challenging experience in the initial attempt at meaning-making (Sands & Tennant, 2010). Therefore, repositioning the relationships with the deceased, the self, and others in suicide bereavement is essential for meaning-making. For individuals who utilise the transformation

pattern for grief, suicide is an opportunity to make the most of life and a way of learning (Castelli Dransart, 2017).

“We need to become more familiar with what is going on inside us; we must learn to recognize our feelings and motivations and genuinely get to know ourselves. This is necessary if we are to adjust to the new reality brought about by loss” (Samuel, 2018, p. 14). Bonanno (2019) highlights that individuals are primarily adaptive grievers. However, they may encounter unresolved aspects of loss, such as "unfinished businesses" and conflicting perceptions of loved ones, leading to ambivalence (Neimeyer & Thompson, 2014) and a fragmented sense of identity (Den Elzen, 2017; 2018). Therefore, it is crucial to guide individuals in transitioning from the stagnation that suicide represents towards personal development and identity learning (Samuel, 2018).

2.7 Family Resilience and a Systemic Perspective

Family resilience pertains to the family's ability to navigate significant life crises and challenges as a functional unit. The impact of highly stressful events, multiple stressors, and adverse social contexts affects the entire family, and family processes are instrumental in facilitating adaptation among all members and strengthening their relationships (Walsh, 2020).

The death of a family member is a deeply impactful event that reverberates through the entire family unit. It can have immediate and long-lasting implications for all family members and their relationships, even extending to future generations. This loss may create complicated and traumatic situations, testing the family's resilience. However, with a family resilience framework, practitioners can identify risk factors for maladaptation and focus on processes that foster adaptation, strengthen family bonds, and promote growth. It is essential to approach bereaved family members with respect for their individual faith beliefs and cultural background, supporting them as they navigate their unique mourning processes and move forward in life (Walsh, 2019).

The following chapter will present the research questions, outline the adopted methodological approach to address them, and provide an explanation of the data analysis technique employed in this study.

Chapter 3: Methodology

3.1 Research Questions

The literature review process helped me identify areas to explore further, which helped me formulate the following research questions: “How do mothers co-construct meaningful and significant stories after the loss of their child?” and “How are these stories formed, told, and managed in the context of loss, pain and stigma?”

Utilising the Single Question Used in Inducing Narrative (SQUIN) technique (Wengraf, 2001), I allowed respondents to freely explore their experiences with minimal intervention. I constructed a semi-structured interview guide that was used only to help the respondents reflect on their interpersonal relationships and their relationship with their contexts. In addition, this tool was used when the respondents encountered difficulties at specific points during the interview (Riessman, 1993). The questions of the semi-structures interview are found in Appendix 3.

The tool was selectively used when respondents faced challenges during the interview (Riessman, 1993), contributing to a richer experience where non-verbal cues and additional representations such as pictures and newspaper cuttings, added depth to the narratives (Frost, 2009).

Three interviews lasted between 60 and 90 minutes, as suggested by (Bryksa, et al., 2019; Van Dongen, 1991). However, one interview extended to 200 minutes, as the participant who had experienced the loss of three children, felt the need to share the story of each of her daughters.

3.2 Research Design

Qualitative studies have addressed emotional distress, coping with personal and social consequences of suicide (Maple M. , Edwards, Minichiello, & Plummer, 2013; 2010) and meaning-making of the experience (Törnblom, Werbart, & Rydelius, 2013).

The universal tendency for individuals to make sense of an event through storytelling is evident in most interview data (Bury, 2001; Orbuch, 1997; Riessman, 1993; 1989; Sarbin, 1986). Unfortunately,

the taboo on suicide refrains individuals from reflecting at length on the trauma with someone outside of the family (Dunn & Morrish-Vidners, 1987; Sanborn & Sanborn, 1976).

Qualitative analysis, unveils how individuals shape their lived experiences through storytelling (Mishler, 1986). In line with the study's objective to delve into the narratives of mothers amidst trauma, life transitions, and personal journeys within challenging contexts, this methodology is well-suited. Much like storytellers, narrators meticulously construct plots, choosing what to include or exclude. This narrative craft serves not only as a tool for meaning-making but also as a distinct representation of experiences.

In my qualitative research, I followed the social constructionist paradigm as advocated by Guba and Lincoln (1994). I recognised that data is not objective but constructed within a research context, shaped by social interactions and structures, as emphasised by Shotter (1993). My aim was to delve into the intricate facets of human experience, steering clear of oversimplification, and comprehending the profound influence of social and cultural factors.

3.3 Narrative Inquiry

Narrative research, the chosen methodology for this study, is based on the premise that during interviews, the interviewee actively constructs and gives meaning to their story through dialogue with the researcher (Kvale, 1996). Engaging in discussions about the bereavement experience can support the healing process and help individuals find meaning in their loss (Neimeyer, 2001; 2000; Steeves, Kahn, Ropka, & Wise, 2001).

Narrative inquiry is not only a research methodology but also a way of understanding phenomena. It involves a deep exploration of an individual's experience, considering the passage of time and the various contexts in which those experiences occur (Clandinin & Connelly, 2004; 1994). Researchers employ narrative inquiry to explore the personal stories and narratives of individuals, seeking to comprehend their subjective experiences, perspectives, and the meanings they attribute to their lived realities. This approach acknowledges the importance of context and the dynamic

nature of human experiences, emphasising the interplay between personal stories and the broader social and cultural contexts in which they unfold (Clandinin & Connelly, 2004). I chose this methodology because it enables a thorough analysis of the accounts provided by a small number of participants, considering not only their spoken words but also how the structure and content of their narratives intertwine to construct a comprehensive narrative from the various episodes and anecdotes shared by the participants (Goodwin, Fina, & Georgakopoulou, 2015).

To capture the richness of the life experience of mothers who lost a child to suicide, the research will employ narrative inquiry, adopting a life story methodology (McAdams, 1993). This approach intertwines identity and self-narrative by connecting the past, present, and future, forming a coherent narrative of the respondents' life by representing the meaning they attribute to this experience.

3.4 Recruitment of Participants

Participants were selected using purposive sampling (Palinkas, et al., 2015). Six individuals were approached with the help of family and friends and four agreed to participate after being briefed on the study's procedure.

To ensure homogeneity, research participants were selected based on specific criteria. The eligibility criteria included being Maltese residents to explore the local context, being mothers who lost a son or daughter to suicide and experiencing the loss at least two years prior to the interview (Omerov, Steineck, Dyregrov, Runeson, & Nyberg, 2014). While Bryksa et al. (2019) and Lindqvist et al. (2008) proposed different timeframes for interviews, I followed the framework as proposed by Omerov et al. (2014) to prioritise participant well-being.

It is important to recognise the value of participants' desire to help others who may find themselves in similar situations. Despite the emotional pain associated with discussing the experience of losing a child, parents expressed that the opportunity to assist others would be more meaningful to them (Dyregrov & Dyregrov, 1999).

In conclusion, through a rigorous commitment to ethical considerations and the implementation of safeguarding measures as outlined further below, the research aimed to provide a supportive environment for participants while acknowledging the potential positive impact of their participation. By respecting their anonymity, confidentiality, and informed consent, the study aimed to ensure the well-being and dignity of all participants involved.

3.5 Ethical Considerations

To prioritise the well-being of participants in sensitive research, comprehensive safeguarding measures were implemented, following the recommendations of Polit and Beck (2004). Anonymity was maintained by using pseudonyms for transcriptions, ensuring participant confidentiality (Polit & Beck, 2004).

Apart from ethical safeguards, the potential for distress arising out of the emotional outcomes of research interviews were acknowledged. Participation in sensitive research can have diverse effects on participants, including enrichment, education, therapy, and empowerment. While concerns exist, recent literature suggests positive impacts for vulnerable populations (Dyregrov, Dyregrov, & Raundalen, 2000; Hawton, et al., 1998; McLeod, 2003; Riches & Dawson, 1996).

Participants' desire to help others in similar situations is significant. Despite the emotional pain of discussing the loss of a child, mothers expressed that the opportunity to assist others held greater meaning for them (Dyregrov & Dyregrov, 1999).

The study prioritised ethical considerations, safeguarding participants' well-being by offering them therapeutic sessions at IFT Malta to address their psychological and emotional welfare.

The interview recordings were securely stored on a password-protected laptop, ensuring exclusive access. Each folder containing recordings was further protected with a password. Following completion of the study, I deleted the recordings from the device and laptop, ensuring data confidentiality and preventing unauthorised access to the information.

Recognising the sensitivity of the topic, I invited the participants to choose their preferred place and time for the interview, as suggested by Bryksa, et al., (2019). All four participants opted to conduct the interviews in the privacy of their homes.

3.6 Data Analysis

To capture the multidimensional nature of respondents' narratives, I employed a nuanced data analysis approach, extending beyond simple content analysis (Clandinin & Connelly, 2004). The analysis considered relational, contextual, imaginary, spatial, and temporal perspectives (Charmaz, 2014).

Transcripts were organised through narrative analysis (Riessman, 1993), which entailed examining the distinctive aspects of each individual narrative. The analysis proceeded in several stages. Post-interview, the recorded data was transcribed verbatim, capturing not only the spoke words but also unspoken interactions and personal reactions. This process facilitated insight into overarching themes and specific commonalities and differences in the narratives of the respondents (Wells, 2011).

Moving forward, the analysis progressed to the interpretation of individual narratives. This involved the exploration of congruence and dissonance within each narrative, aligning with a systemic perspective (Walsh, 2006). Individual narratives were then systematically compared to identify recurring elements and patterns in a thematic order (Dey, 1993).

3.7 Reliability and Validity

Drawing from Cresswell (1998) and Smith (1996), various measures were taken to ensure the reliability and validity of the study. The interview process was reviewed with the supervisor to enhance and refine the inquiry methods. Furthermore, the findings were contextualised within existing studies to strengthen the grounding of research outcomes. Ongoing validation, including member validation (Smith J. A., 1996), was integrated during interviews by summarising and repeating the mothers' statements for accuracy.

Peer supervision and collaboration with my thesis supervisor provided a stable third perspective, fostering self-awareness and addressing researcher bias. Transcribing interviews allowed revisiting missed aspects, enhancing a closer understanding of the collected data. Contextual validity (Parker, 1994) was emphasised by letting participants choose their preferred locations for interviews, minimising interruptions to family life.

3.8 Self-Reflexivity Considerations

In qualitative research, the significance of researcher engagement and its impact on data interpretation must be acknowledged (Creswell & Poth, 1998). Reflexivity is crucial, especially in the social constructionist paradigm, helping to identify overlooked themes and areas during interviews (Guba & Lincoln, 1994). This study stems from my personal background and experiences. Witnessing a friend's brother's loss challenged my preconceptions on the impact of religious beliefs on family well-being. As a parent to a young child, I contemplate the extreme devastation I would experience at their tragic loss. My curiosity centres on understanding how parents cope after a child's suicide and find meaning in the process. It is crucial to recognise my biases, particularly towards spirituality as a coping mechanism, reinforced by my relationship with the mentioned family. Openly acknowledging biases and using 'I', fosters self-awareness. This critical self-reflection ensures transparency, rigor, and a nuanced understanding of the research subject, thereby enhancing trustworthiness and credibility (Crotty & Crotty, 1998).

Chapter 4: Findings

In this chapter, I will share the narratives of four mothers who experienced the pain of losing a child to suicide, three lost their beloved sons and one endured the loss of her daughter.

4.1 Adriana's Story

Adriana, a 49-year-old woman, has endured immense loss in her life. Four years ago, she tragically lost her only son, Bjorn, at the young age of 24. Devastatingly, her husband had passed away 14 years before.

Adriana had a turmoil relationship with her mother, who constantly belittled her and wished her unhappiness. She vividly recalled,

Adriana: "I suffered a lot of punishment. I cry because of what my mother says to me, my self-esteem is always low".

A particular conversation with her mother hindered her marriage dreams.

Adriana's mother: "I went to the redeemer of Isla, bent down on my knees, and I asked the redeemer that you would never be happy."

This conversation was so powerful that the day after the wedding she recalled that

Adriana: "I felt so distressed that I suffered a stroke. They took me to the hospital the next day. That word she told me keeps echoing in my head forever."

Her mother's dominating influence was reinforced by her grandma's poignant statement.

Grandma: "There is nothing worse than the curse of a mother."

Adriana explained how a neighbour disrupted her parents' marriage, gradually causing tension within her family and ultimately resulting in strain between her and her mother.

Adriana: "My mother was devastated when that woman told her that her husband had another child from another woman. Imagine, we were young, and my mother hated us because we have our fathers' blood... A person says a word and ruins my parents' marriage. My mother says that when she got married, my mother and father were fine."

Nevertheless, deep within Adriana's heart, a longing for a more profound connection with her mother dwelled, revealing itself through expressions of sorrow,

Adriana: *"I am sorry that I cannot call my mum."*

As the day of her son's funeral arrived, her mother's absence loomed, casting a shadow of emptiness over the solemn occasion,

Adriana: *"My mother didn't come to the funeral."*

Adriana recalls the pivotal moment when her husband made a proposition that freed her from the suffocating misery of her mother's influence.

Adriana: *"He used to hear her always scolding me, I was always crying, and he told her to leave me alone, he said we will get married when you are 18."*

However, tragedy struck when her husband died, leaving her as a helpless widow.

Adriana: *"He told me I can't breathe anymore, take care of the child. He died in my arms."*

Her journey as a mother brought both joy and heartache. As a single mother, she faced the challenges of raising her child alone.

Adriana: *"Going home without my husband, I must care for the child alone."*

Despite the challenges she faced, Adriana embraced her role as a caring mother and was determined to learn from her mother's mistakes.

Adriana: *"I showed my child nothing but love. My upbringing was entirely different."*

The devastating news of her son's terminal illness became intricately woven into Adriana's very identity, leaving an indelible mark on her heart and soul.

Adriana's son: *"So it's a lifelong disease, and there's no cure for me?"*

Health Practitioner: *"In another month, you would be moving only your eyes."*

The moment she received the heartbreaking news about her son's condition marked a tragic turning point in her life.

Adriana: *"Doctors are changing. Oh God, how terrifying that moment was."*

In Adriana's emotional journey, her son occupied a profound place within herself, portraying her as a proud mother.

Adriana: *"He held onto me, you know how much I love you mum."*

Yet, intertwined with the love and joy of motherhood were her son's inner voices, revealing his intentions to contemplate suicide.

Bjorn: *"Mummy, today is the first and today is the last day you push me in a wheelchair. I'm leaving, because of you; you've endured enough, and I can't bear to see you suffer because of me."*

Adriana: *"This statement saved me."*

Burdened by a terminal illness diagnosis, Bjorn chose to end his life by jumping into a quarry.

During the last encounter with her son, Adriana described how,

Adriana: *"Our faces met, and I instinctively grasped his shoulder, pleading for him to step back; as he looked at me with profound anguish."*

Bjorn: *"I love you, Ma!"*

Adriana: *"He jolted and he escaped from my hands."*

In her despair, Adriana felt lost, unable to comprehend the magnitude of her grief.

Adriana: *"My God, that moment! How cruel it was. In one instance, I am a mother; the next moment, I am not. Who will console me? After I started doing things to take my own life."*

The aftermath of the situation left Adriana feeling angry due to the inadequate support she received from authorities.

Adriana: *"The psychiatrist recommended that they admit me to Mount Carmel. Amidst turmoil and grief, bombs fell around me, one after another. I was confined to a cold room with a green, threadbare mattress, an iron door, and a peephole so that they check that I am still there, just after my child's passing."*

Afterwards, Adriana's distressing interaction with a neighbour pushed her towards attempting suicide.

Adriana's neighbour: *"Why didn't you even try to stop him? You couldn't even hold on to him? Did you leave him to jump and die? Everyone turned against you."*

Adriana: *"My God, it's true, I couldn't keep hold of my son. I went in, opened the medicine, and drank them with whiskey."*

Adriana's sister led her to believe that she was incapable of certain things. This became evident when, on a particular occasion, Adriana's sister hesitated to allow her daughter to be accompanied by Adriana to the feast.

Adriana's sister: *"I don't leave my daughter with people I consider crazy."*

Adriana: *"After Mount Carmel, people labelled me as crazy. But was I truly crazy, or grieving after losing my child?"*

Shattered by her world falling apart, she found herself struggling to cope with the loss of her son while her workplace was uncertain about her capability to continue work.

Adriana: *"Because of what happened to my son, I was not accepted to go back to my job. They told me we must see whether you're stable and it keeps tormenting me."*

Following her last admission to Mater Dei for a suicide attempt, Adriana acknowledged her son's sacrifice, which has played a significant role in her renewed dedication to prioritising and nurturing her well-being.

Adriana: *"I said then, my son did all this for me, and I will not let his sacrifices go in vain. I have decided to stop being senseless and want to focus on living a fulfilling life, allowing him to rest peacefully, for otherwise, he will not repose."*

In the wake of her son's tragic passing, Adriana found solace in her role as a devoted mother. This became her guiding light enabling her to find meaning amid the overwhelming grief.

Adriana: *"If it wasn't like that, you would not see me smiling. I would feel guilty for the rest of my life."*

The echoes of her son's voice reverberated in her heart.

Bjorn: *"Mum, I have no words to praise you. You couldn't have done anything else to be a better mother."*

Her journey was a testament to resilience. Adriana learned to cope with her grief, recognising she was a loving woman, ready to support others in need.

Adriana: *"I believe that today despite all that I have gone through, I am full of love and strength and ready to help others."*

Adriana has discovered significance by recognising and understanding the aspects that were not helpful to her.

Adriana: *"Nowadays, when I encounter someone who shares a similar experience, I offer them a comforting hug instead of talking."*

4.2 Faye's Story

Faye is a 44-year-old woman who lost her only child, John, five years ago when he was just 19.

Faye's story revolves around her relationship with her son. She cherished moments with him which helped her narrate their special experiences.

Faye: *"We used to ride bicycles, swim, paraglide, and go horse riding."*

These significant instances enabled Faye to embrace a dual role. The depth of their unique bond necessitated dedicated space for quality time with her son.

Faye: *"I didn't just lose my child, I lost my best friend. I always felt the need to be with him alone."*

At 13, John encountered adversity when he learned about his half-sibling from a different woman, not his mother.

Faye: *"He was sensitive. He took it very seriously when his father told him he had a stepbrother. For him, his brother was the neighbour's son. I had taken him to a psychiatrist, but he refused to see his father."*

At the age of 17, John disclosed his mental health struggles.

John: *"Mum, I believe I am bipolar."*

Despite Faye's desperate pleas, her son did not receive immediate treatment, leaving her angry and frustrated with the medical team's lack of urgency.

Faye: *"These people cannot wait for hours; immediate help is necessary. When he was told the first time that he needed treatment, he accepted. He changed his mind when they called three months later to start the treatment."*

In Faye's story, the psychiatrist's prescription had a devastating effect, failing to support John's mental health issue.

"We went to a psychiatrist. Instead of seeing him doing well, I started seeing him getting worse."

Moreover, the psychiatrist also questioned the strong bond they had.

Psychiatrist: *"This child is too attached and loves you more than we normally see'.*

Faye: *"I don't know what exactly you are talking about.' I knew that I was very close to*

John. *I was not so close with my mother. I didn't see anything wrong."*

Faye's anger towards professionals stemmed from an incident where a professional frightened John if his behaviour persisted.

Faye: *"She scared him that he would be admitted to Mount Carmel."*

Mental Health Professional: *"Did you come here to waste our time?"*

This distressing experience guilted Faye, as she felt she hadn't protected her son adequately.

Faye: *"I didn't say anything to her then, and I'm still sorry to this day."*

Faye's understanding of the trauma unfolded as she recognised John's intentions when he relocated to a new apartment five weeks before his demise.

Faye: *"He went to have privacy and set a date. His room was closed and he told me not to go there. He made letters and gifts for everyone and photos with a note on them."*

Despite John's fear of Mount Carmel, they had no alternative but to admit him.

Faye: *"At Mater Dei, they told us 'The only option is Mount Carmel. I told them 'I don't want to take him there because he was terrified.'"*

Tragically, Faye's worries proved true,

Faye: *"They promised me they would be with him 24/7, then I received a phone call that John had escaped. (...) Parts of Mount Carmel are scary, they should be ashamed (...) I don't have the energy because I would like to do something about it."*

This distressing experience further intensified Faye's feelings of guilt, leaving her with a sense of being a culpable mother.

Faye: *"I don't think he would have done that if he was with me. I am very sorry that I took him there. I will never forgive myself."*

As John fled from Mount Carmel, an intense search ensued to locate him. During a moment of rest, Faye, had a profound encounter with him that transcended the physical realm and took on a spiritual dimension. According to her interpretation of the encounter, John conveyed to her that he had to depart on the night before his passing, leaving her with a deeply spiritual and meaningful connection to hold onto.

Faye: *"My eyes closed, but it wasn't a dream because it felt too real for me. I heard him coming in, and I started cheering. I told him, 'You know how long we have been looking for you.'"*

John: *"That is why I came to tell you I'm okay but can't stay here."*

Faye's interpretation of the spiritual presence resulted in an extraordinary bond with her child.

Faye: *"The connection is still strong. He gives me signs; they keep me going. I believe that one day we will meet again."*

Moreover, Faye holds such affection for this connection that she believes in her son's transfiguration.

Faye: *"Never before had a pigeon come to me. One day, a white pigeon accompanied me all the way home. I felt it was him and that helped me a lot.."*

Although Faye stated,

Faye: *"I never took any anti-depressants. I thought about what happened with John and decided not to take them, and I don't regret that choice."*

She was caught in a relentless struggle to move forward without her beloved son.

Faye: *"I was always tired of living, the pain, the sadness. I don't have a mental illness, I think, it's more like grieving."*

This arduous negotiation with grief led her battling suicidal thoughts.

Faye: *"I was suicidal. Every morning you must live again without your child. Nothing pleases me anymore."*

Despite these distressing ideations, Faye remained determined not to let her family suffer as she did.

Faye: *"I don't even want them to endure what I endured; they already suffered a lot."*

John's loss brought not only psychological pain but also financial struggles.

Faye: *"We have always worked as a family business, we all stopped after John's death."*

During the time when Faye needed it most, her sisters provided essential support.

Faye: *"One always brings me food. The other accompanies me in everything I do, and this bond has remained until today."*

Furthermore, Faye is deeply moved by her father,

Faye: *"Even though my father suffers from dementia, he still remembers John. It makes me very happy."*

However, Faye's brother's hurtful comparison triggered anger.

Faye: *"My brother is completely different because he compares the loss of a child to the loss of his dog."*

Moreover, Faye decided to cut off her relationship with her son's father after he accused her of not being able to prevent the suicide.

Faye: *"I don't like it because I don't talk to his father so much, someone so close to my son."*

She added on, Faye: *"I was very angry with my partners' family. They found it difficult to talk about my child, which hurts me."*

Faye also encounters difficulties in her relationship with her partner.

Faye: *"With my partner for years, we didn't even have anything to discuss."*

They required motivation to engage in activities that Faye once enjoyed with John.

Faye: *"Sometimes we tried to do them ourselves, but there is no such urge. Five years have passed, but the energy has not yet come."*

Faye's overwhelming guilt led her to seek support from alternative sources. Her first encounter with a medium was profound as she felt a reconnection with her beloved child.

Faye: *"It helped me a lot because from what she told me, surely it was John."*

However, her experience with another medium was disheartening and unsettling.

Faye: *"One of them started telling me that it was not suicide but there was someone complicit. That hurt me a lot and raised doubts."*

Faye faced other hurtful experiences from people in the streets.

People in the street: *"Are you alright?"*

Faye: *"Will I ever be alright?"*

Furthermore, she endured the pain of people avoiding encountering her face-to-face.

Faye: *"It hurt me that they saw me and crossed to the other side, pretending they didn't see me."*

On the other hand, Faye's involvement in a support group provided her with valuable insights into why people often avoid discussing her loss.

Faye: *"I started to realise that they don't know what to say. I'm part of an American Facebook support group, and their words have been immensely helpful. Being in a group is different than being alone. Having people around you who can understand the depth of your loss is truly comforting."*

Faye's therapy revolves around writing and revisiting the profound bond she shared with John, which is vital to understanding her grief.

Faye: *"My therapy, I write to John every day. I feel connected with his photos around me, and we sit and talk."*

In addition to daily revisiting this special connection, Faye is determined to honour John's wish.

Faye: *"One of his wishes was to write to him when I feel bad. During those moments, I feel like I'm with John for 45 minutes."*

Faye's transformative learning took shape when she courageously confronted her lack of motivation and stepped out of her comfort zone to explore new realities.

Faye: *"Nowadays, I've come this far because I dared to do many things outside my comfort zone. When I found out where he died, I felt the urge to go there, to know everything."*

4.3 Julia's Story

Julia is a devoted mother to her three children, with her cherished son, Miguel, being the eldest. Tragically, Miguel took his own life 17 years ago. Unfortunately, Julia became a widow almost two years ago when she lost her husband.

One fateful day, tragedy struck, Miguel's ex-partner announced her pregnancy.

Julia: *"They fought, and after a month she came back and said she was pregnant. Miguel didn't want to accept it, he said it's not true because you started dating someone else."*

In the depths of her sorrow, Julia clung to the memory of her child's tearful smile.

Julia: *"Why did you do this to me? He shed a tear, I won't forget that scene, he smiled and died."*

Julia's internal voices wrestled with questions of divine purpose and the interplay between God's will and her deep emotions.

Julia: *"Look how much God wanted him, he committed suicide with a piece of plastic pipe, I don't know how it didn't break."*

The voices of distress, a mix of sorrow and anger, echoed in her heart, causing a deep emotional turmoil.

Julia: "The suffering is unbearable, and it feels like the pain will never end. There have been moments when I've felt so overwhelmed that I wanted to end my life. (...) I was not well. I used to go to the cemetery from the time it opened until it closed. At first, I waited for the candle to run out before lighting it again. Sometimes, the children called me, and I didn't even answer them. Once, I saw someone who resembled him, and I wanted to believe it was him, so I went after him. If I don't go, I suspect that he says, 'Look mummy didn't come today.' I feel that he is waiting for me. Once I told my sister, 'Let's go to the cemetery,' she told me 'It's not open'. I feel that Miguel is telling me, 'Come mum, the cemetery is open,' and it was open," Julia confided.

Even as she grappled with her own pain, Julia had to confront the callous gossip of others.

Rumours spread like wildfire,

Julia: "When he died, gossipers said he did it because we didn't give him money, he made four women pregnant, he was on drugs."

Another hurtful comment was,

Woman at the cemetery: "If you want to see his spirit, you can visit where he died at 2 o'clock in the morning."

Julia: "At 2 o'clock I would go up to the washroom."

In search of solace, she embarked on a holiday for the first time in two years. But even amidst the picturesque scenery, the grief crashed over her, threatening to engulf her.

Julia: "I felt overwhelmed with emotions, and at one point, I even considered buying a ticket and returning back."

The lack of support from her community only deepened her struggles.

Julia: "I believe he needed help, but no one noticed."

Amid her sorrow, she recalled a conversation with one of Miguel's friends.

Julia: "Well he helped you all and he did not find help for himself."

She believed that the infidelity of Miguel's girlfriend shaped his decision despite the blessings in his life.

Julia: "I believe he was glad to leave this world. Although he had everything one needs with us, I think he took her pregnancy badly."

A painful narrative acknowledges the lack of support in the aftermath of death.

Julia: *"I had a friend, I spent three days in the hospital with her. When Miguel died, I didn't find her support."*

But amidst the darkness, something extraordinary happened. Julia's mystical connection with her son extended beyond her own intuitions. A fortune-teller confirmed what she already knew in her heart.

Fortune-teller: *"Lady, you have a young boy with you. He is a spirit."*

Julia: *"Yes, I know, he is my son."*

An encounter with an old lady brought more solace to Julia's grieving heart.

Old lady from the museum: "Stop crying. He sent me to tell you, he is in a better place than he was here. Go take care of your family. Your tears are not allowing him to rest. He knows that you are missing him, but that was what was needed."

Julia: *"I went to light the candle, as I turned my face I could not see her anymore."*

Julia also shared,

Julia: *"If I have a problem, I tell him, Miguel, help me, what should I do? I feel that he helps me."*

Although physically separated, their bond transcended the physical realm, offering her solace and strength to embrace the journey with devotion and love.

Julia: *"Although I live alone, I feel like I have someone protecting me."*

Julia found strength in carrying the torch of Miguel's legacy. She preserved his memory and upheld his values through poignant tributes and acts of remembrance.

Julia: *"On the feast of St. Joseph, he used to bring us zeppoli, now we continued the tradition."*

Through her vulnerability and compassion, Julia hoped to invite empathy and foster a sense of community among those who had experienced a similar loss.

Julia: *"People out of curiosity ask you how did he died? At first, I would say because God willed it. Today, I don't mind saying it."*

Julia's story became an instrument of transformative learning.

Julia: *"It helps me to want to move forward. I'm not like I was before, praying for God to take me. Today, I no longer say that. On the contrary, if I know someone is in trouble, I try to*

tell them what happened to me. I don't want anyone else to experience what happened to me."

As she delved into the depths of reflexivity, Julia contemplated the support she had received during her darkest days.

Julia: "You want them to pick you up, so you go for a coffee, you go out to feel better because the more you go out, the more you heal. When you stay inside, you cry because you feel sad."

But her journey of healing was not only for herself. Driven by the anguish of losing one child, Julia fiercely shielded her other children.

Julia: "With my children, when I know that they are out, I call them to check that they are alright. I lost one, I don't want to lose the others."

4.4 Giselle's Story

At 61 years old, Giselle, a grieving mother, tragically lost all her three children to different circumstances. One of her daughters, Isabelle, was officially declared to have died by suicide. However, uncertainties and doubts surround the circumstances of Isabelle's death. Giselle also experienced marital dissolution and is an adopted child with limited knowledge of her biological parents.

Despite not knowing them, Giselle's connection with her biological parents is one of deep gratitude. She expressed,

Giselle: "They gave life to me and the opportunity to have a family. I don't have a bad word against them."

Her adoptive father also held a special place in her heart as she fondly recalled,

Giselle: "Dad was so quiet. He taught me a lot of patience and skills. He got me to be creative."

However, her relationship with her adoptive mother was a stark contrast, marred by bitterness and vindictiveness.

Giselle: "She persisted until she took all my children. My mother was a curse."

Giselle's mother: "You will not be happy, you will lose everything, you will not have a family."

Giselle: *"I hear them say that the mother's curse is so powerful."*

Giselle candidly shared her perspective on her child's tragic death.

Giselle: *"Isabelle's passing was the most traumatising."*

The fear of the unknown surrounding her daughter's death likely contributes to this emotional turmoil.

Giselle: *"Someone having a panic attack would never tie something around their neck."*

Giselle discloses a heart-wrenching realisation about her daughter Isabelle experiencing physical abuse from her spouse - a disclosure Isabelle only shared with Giselle's partner.

Giselle: *"She used to speak to my partner about the beatings but never told me (...). She had gone for another brain scan and had trauma due to a beating."*

However, the police inflicted doubt on her beliefs as they supported the narrative of Isabelle's ex-husband.

Giselle: *"The police agreed with him that it was suicide."*

But her doubts kept lingering when she asked her daughter's ex-husband,

Giselle: *"Shall I take your daughter to school?"*

Daughter's ex-husband: *"No"*

Giselle firmly believes that Isabelle's ex-husband is trying to prevent his daughter from contacting her because the child witnessed the entire episode of abuse and could potentially testify against her father.

After negotiating these dilemmas, Giselle unequivocally confirmed her belief that he was indirectly involved in Isabelle's sister's death. The epilepsy fit leading to Isabelle's sister's passing was triggered by the turmoil surrounding uncertainties about Isabelle's alleged suicide.

Giselle: *"I will tell you without hesitation that Isabelle's husband killed two of my children. One directly and the other indirectly."*

Giselle expressed her frustration and anger towards the professionals and the psychologist for their lack of compassion, as they refused to provide her with any information regarding Isabelle's daughter, who was attending therapy sessions.

Giselle: *"I just lost my daughter. You don't want to tell me, my granddaughter is fine?"*

The insensitivity and lack of support during such a difficult time added to her distress.

Giselle's bond with her children transcends even after their passing,

Giselle: *"When they died, I cut a strand of their hair and I weaved my granddaughter's, theirs, and my hair."*

This act of preserving their connection symbolises the powerful spiritual ties that still bind them.

Giselle: *"When I'm feeling down, I read the text messages that my children used to send me. Then I dial their mobile number, a telephone line to heaven. I will never have an answer but at least I tried phoning them."*

Despite the pain of losing them, she finds comfort in knowing that they are free from the challenges and hardships of this world, finding solace in the belief that they are in a better place.

Giselle: *"When I see the life situation as it is today, this chaos, I thank God that he took them because they would have suffered more."*

The weight of the heartbreaking experiences led Giselle to reflect on her motherhood and brought about moments of self-doubt and introspection.

Giselle: *"After she died, I said what should I say to my partner? That my other one died too? (...) Was I a good enough mother? Maybe I caused all of this?"*

The profound grief she carries turns even simple tasks, like shopping for clothes, into painful reminder of the void left by her beloved children.

Giselle: *"I go to the grocery store, ok. But don't tell me to go shopping for clothes. I feel naked without my children."*

Giselle's anger towards the police authority stems from two significant issues. Firstly, Giselle questions the official explanation which does not seem to align with the evidence, leading her to question the handling of the investigation.

Giselle: *"The police told me she hanged herself with a door handle. Can you tell me where can you stick a rope to a door handle? (...) The police did not mention anything about those bruises. She didn't have any noose or deflection marks."*

Secondly, she is furious about how the police conveyed the devastating news to Herself and Isabelle's father.

The police: *"Hello Giselle Serracino Inglott, are you seated? How are you feeling? Do you know Isabelle Micallef because she committed suicide? You did not understand? She took her life with her own hands."*

Giselle: *"Are you serious?"*

The police: *"Yes I am, how are you feeling now?"*

Giselle: *"How the hell do you think I am feeling?'. I hung up the line and started crying on the bus (...) very unethical. Albert was driving and peed himself with the shock they gave him."*

Giselle finds it hurtful that people struggle to understand how to behave in her presence.

Giselle: *"They shut their mouths as you arrive. Just because I lost my children, it doesn't mean that my emotions died, and I will turn into negativity."*

Despite what Giselle went through, she still has a special relationship with her ex-husband and even told her partner,

Giselle: *"Don't expect me to turn a cold shoulder to his regards. He was my husband, the father of my children. I married him and still love him in my own way."*

Giselle is also grateful for his support.

Giselle: *"Albert helped me accept all the disasters that happened in our lives."*

After all that she endured in her life, she is not concerned about what people would say about her special relationship with both her ex-husband and her partner.

Giselle: *"I don't care what people say. I love it. I love Albert in a way and I love Luca differently. You long for companionship, somebody you can talk to easily. That is all that's left in life. (...) I have been cursed of losing my daughters, but I have been blessed with the men in my life."*

Giselle highlighted the significance of this interview and the need for her to remember and talk about her children. She explained that her ex-husband called during the interview to collect something from her house,

Giselle: *"He asked me if he can come, but this is more important. (...) I did not bring my ex-husband because he tells me not to mention it. I have every right, it's my own form of therapy. In that way, they are not forgotten."*

Chapter 5: Discussion

In this chapter, I will delve into the previously discussed stories, examining them in light of the existing research and within the conceptual framework of this study. By connecting the findings to the existing literature, I aim to provide valuable insights that can inform the development of effective interventions and support services within the community.

5.1 The Interview Experience

After the interview, all the mothers expressed a shared interest in staying informed about my progress in becoming a systemic psychotherapist, emphasising that dialogue leads to dialogue (Andersen, 1987). They expressed their desire to have additional opportunities to share their experiences, finding solace in talking about the feelings of isolation they encountered. This shows how the experience of being heard and understood can function as a therapeutic medicine (Weingarten, 2000).

I tried to maintain a curious position to give space to the subjugated stories to emerge, since “there are always feelings and lived experience not fully encompassed by the dominant story” (Turner & Bruner, 1986, p. 143).

5.2 Reframing a Narrative of Loss into a Story of Resilience

The newfound awareness that these mothers, through their collective effort have reconstructed a narrative of hope amidst overwhelming sorrow resonates with the perspectives of Walsh (2006), Higgins (1994), and Werner (1993). These scholars suggest that a positive self-narrative and effective coping mechanisms are nurtured through supportive relationships. Drawing inspiration from Bonanno's perspective (2008), resilient individuals do not maintain unyielding competence in challenging situations; rather, they develop resilience by finding courage and hope amid suffering.

Upon reflecting on the stories of mothers like Giselle, Julia, Faye, and Adriana, it becomes evident how they learned not only to endure but to thrive and make peace with the harrowing aftermath of

their children's suicides. These narratives also prompt contemplation on the relational patterns established with the community of professionals and extended family. Through shared meaning-making, they created a reality that fostered connections and supportive relationships within their families and with those aiding them.

These accounts resonate with Higgins (1994), who argues that such processes enrich individuals by cultivating strengths that might not have surfaced otherwise. As a researcher, what left a lasting impact on me was the indomitable spirit and the refusal to let the tragedy define these mothers. The stories of strength from the respondents fueled my determination to persevere despite my own challenges.

A universal relational pattern observed in these mothers was that, instead of breaking them, the emotional turmoil, the insensitivity from professionals, and the hardships of daily life became catalysts for strength and resilience.

5.3 The Narrative of Transgenerational Inheritance and Systemic Influence

Butler (2011) argues that the "script" of gender performance is effortlessly transmitted from generation to generation in the form of socially established "meanings". The social and familial transmission of sex and gender-related patterns occurs from early childhood as embodied, automatic, and partly unconscious processes (Butler, 2011; Coates, 2015).

While trauma undoubtedly carries negative psychological effects, it can also give rise to the development of newfound strengths and positive coping mechanisms, fostering a sense of meaning amidst adversity (Goodman & West-Olatunji, 2008; Harvey, 2007). Adriana talked about how she became a stronger person by doing things differently as a mom compared to her own upbringing. This created a story where her close bond with her son eased any guilt she felt about her child's passing. She summed it up, saying, "I gave my child lots of love, and my own childhood was very different."

Resilience, defined as the capacity to overcome and recover from life's disruptive challenges, relies on leveraging strengths, resources, and positive adaptations. When working with clients who have experienced trauma, psychotherapists can adopt an ecosystemic framework that emphasises resilience. This approach highlights individuals' inherent strengths and systemic supports, empowering them to navigate and heal from traumatic experiences (Walsh, 2003).

During my research, I uncovered a captivating phenomenon while delving into how individuals make meaning out of trauma. The stories shared by three participants revealed a significant impact of the transgenerational process, as outlined by McGoldrick and Walsh (2011). What stood out was their remarkable resilience in breaking away from patterns inherited from their mothers. This break allowed them to forge unique and nurturing connections with their own children.

This distinctive parent-child relationship played a pivotal role in helping them navigate the meaning within the tragedy of losing a child. The profoundly positive connection they had with their son became a source of solace. A poignant example comes from Faye, whose psychiatrist probed the intensity of her bond with her child. Faye's subsequent realisation of the distant relationship she had with her own mother underscored the critical importance of understanding and nurturing relationships. Faye expressed this realisation, saying, "He told me this child is too attached and loves you more than we normally see. Then I told him I don't know what exactly he was talking about. I knew that I was very close with John, which is different from my relationship with my mother. I didn't see anything wrong." These narrative sheds light on the co-creation of stories and the profound impact of intergenerational relationships on individual well-being.

5.4 A Narrative of Continuous Bond

"Death ends a life, but a relationship transcends death" (Walsh, 2006, p. 204). Exploring the stories I have gathered, it is clear that death does not mean a forever separation. The link between those who are alive and those who have passed away remains strong even after death. This viewpoint aligns with what other studies have found, highlighting how important it is for those who

grieve to maintain a connection with their loved ones who have passed away (Klass, Silverman, & Nickman, 2014; Wood, Byram, Gosling, & Stokes, 2012).

Both in the findings of this study and within the local context, these enduring bonds have become even stronger. Several factors contribute to this phenomenon. Malta being a small island plays a significant role, making the connection between a mother and son particularly tight. Additionally, it is quite common in Malta for children to continue living with their parents into their twenties. All the four children of the participants were still residing with their mother, except for John, who had opted to rent an apartment before his death.

In Malta these strong bonds take on different forms, influenced by the deep roots of Catholic Christianity. Within this belief system, the story revolves around our bodies transforming into spirits after death, and go to eternal heaven where God awaits us. This belief transforms the connection with the deceased from a physical one into a psychological or spiritual one, allowing for prayer and ongoing communication.

Numerous studies have consistently highlighted the positive impact of religious and spiritual beliefs on the bereavement process. These beliefs have been associated with various outcomes, including positive adjustment (Videka-Sherman, 1982; Wortmann & Park, 2009), the creation of meaning (Golsworthy & Coyle, 1999), and ongoing relationships with the deceased (Maple M. , Edwards, Minichiello, & Plummer, 2013). Julia's unique bond with her son is evident in various ways, from heartfelt prayers to messages from others confirming he is in a better place, and a profound sense that he still communicates with her. Faye's connection goes beyond the physical, believing her son visited her after he passed away. Through a medium and a steadfast pigeon, she experiences spiritual connections, gaining glimpses into their bond and finding comfort in his continued presence. Her daily written correspondence with John becomes a therapeutic way of staying connected.

These stories show us that the connection with loved ones does not end with death. Instead, it transforms into different forms, creating narratives that help those left behind find comfort and meaning during loss.

5.5 Narratives of Compassion: Unveiling the Stories Behind Prosocial Behaviour and Altruism Intent

In examining the theme of prosocial behavior or altruism intent, it becomes apparent that acts appearing altruistic may be motivated by underlying self-interest (Elliot Aronson, 2012). This prompts us to delve into the discussion of why individuals extend help to others, particularly in times of crisis. Prosocial behavior, rooted in our innate drive to assist fellow human beings, involves actions driven by empathy, moral values, and personal responsibility, without seeking personal gain (Kidron & Fleischman, 2006).

Faye, for instance, demonstrates a sense of responsibility towards grieving parents, aiming to improve their hospital experience based on her own challenging encounters. Her intention to address issues at Mount Carmel Hospital reflects a desire to make a positive impact on others, co-creating a narrative that goes beyond her personal experience.

Empathy plays a crucial role in sparking altruism, as individuals connect with the struggles of others, fostering compassion and a willingness to help (Batson, et al., 2008). Charitable programs, such as "L-Istrina," leverage the power of personal stories to evoke empathy in the audience, encouraging selfless giving without expecting personal gain. The empathy-altruism hypothesis underscores the profound impact of genuine compassion in driving acts of kindness.

A common theme emerges among participants, revealing their strong desire to help others. Faye, Julia, and Adriana express a commitment to sharing their stories in various capacities, contributing to the prevention of future traumas and providing support to those in need. Adriana's involvement in a suicide prevention strategy team exemplifies a tangible commitment to making a positive impact beyond personal narratives.

The debate surrounding genuine altruism is longstanding, with philosophical and psychological perspectives suggesting that self-interest inherently motivates human behaviour (Batson, 2002). Figures such as Aristotle, Hobbes, Nietzsche, and Freud argue for universal egoism, positing that self-interest lies at the core of every individual, irrespective of their profession or position.

Altruism holds significant value in Maltese society, evident in daily stories of good deeds, charitable events, and the willingness to contribute funds for various causes. Religiously, Malta's predominantly Roman Catholic population reflects a cultural background that promotes altruism (Agius, Falzon Aquilina, Pace, & Grech, 2016). However, it raises the question of whether moral acts are driven by genuine altruistic motives or influenced by the desire for a better afterlife or societal recognition as devout Catholics. While religion plays a substantial role in fostering altruism, motivations behind these acts are likely multifaceted, encompassing both spiritual beliefs and social considerations (Carta, 2010).

The narratives co-created by participants unveil the complexities of prosocial behavior and altruism intent, illustrating a deep-seated human inclination to help others, shaped by empathy, moral values, personal responsibility, and cultural influences.

5.6 Reconstructing Narratives

Transformation takes place when we acknowledge the disparity between our old and new perspectives and choose to embrace the latter as more valuable and meaningful (Whalen & Tisdell, 2023). According to Mezirow (2000), the process of shaping our perspectives involves rational discourse, where we critically evaluate our beliefs, feelings, and values from a specific frame of reference. This requires setting aside preconceived notions to objectively analyse arguments and scrutinise the underlying assumptions. Adriana's transformation shifted her from a place of hopelessness to a grateful mother who cherishes her son's sacrifice. *"I said then, 'My son did all this for me, and I will not let his sacrifices go in vain'. I have decided to stop being senseless and want to focus on living a fulfilling life, allowing him to rest peacefully, for otherwise, he will not repose."* On

the other hand, Faye's narrative transformed from feeling excluded by individuals in the street because of her son's suicide to understanding that they simply don't know what to say in this difficult moment. Julia's narrative underwent a profound transformation, leading her to embrace her own experience to compassionately support and guide others on their grief journey. She now seeks to share her story to offer solace, understanding, and hope to those facing similar challenges.

5.7 Children's Belongings: Narratives and Meaning-Making

During research interviews, the shared belongings of departed children reveal meaning through the collaborative creation of narratives. The context, far from being solely shaped by the researcher, is significantly influenced by the bereaved parents who willingly share deeply personal mementos.

This act of sharing establishes a shared context that becomes integral in fostering intimacy, trust, and a deeper understanding during the interviews (Mishler, 1986).

These interviews go deeper than usual. It is a special and important experience that many mothers have not had before. This helps us have a longer and more connected conversation that gives us valuable insights into their sadness and pain, as observed by Mishler (1986).

Bereaved mothers emphasised the significance of having informed and supportive researchers (Dyregrov, 2004). Cook and Bosley (1995) also found that grieving individuals seek researchers who possess qualities such as empathy, care, understanding, gentleness, humanity, genuine interest, and sincerity. These qualities fostered a positive and trusting relationship between the bereaved mothers and the researchers, enhancing the quality of the interviews (Cook & Bosley, 1995). Throughout the interview, it became evident that all participants felt at ease sharing their narratives with me as a researcher. Their comfort stemmed from the sense that I empathised with their loss, displaying both compassion and a genuine curiosity about the meaning-making process surrounding such profound trauma.

Despite the uncertainty and caution surrounding interviews with mothers who have lost a child to suicide, the participants warmly welcomed me as a researcher. Their strong desire to retell their stories reflects a recognition of the potential benefit of the research for others. To provide a context and accurate background information about their children, they generously share their belongings. For example, Faye shares John's journal, documenting the last months leading up to his tragic decision, along with photos and messages. Julia allows exploration of the room she has preserved for her son Miguel, containing all his cherished belongings. Julia's narrative reveals a scenario in which her son's presence lingers in his room. Adriana also shares Bjorn's possessions and the space where he pursued his hobbies. Adriana reminisces about the meaningful moments and special bond she shared with Bjorn, emphasising the quality time spent together that alleviated any guilt associated with her son's passing. Giselle, too, generously shares some belongings of her children during the interview. This act of sharing adds a profound layer of understanding to the research, enabling a more insightful exploration of their experiences, co-creating narratives that go beyond the words exchanged during the interviews.

5.8 Unravelling Stories: Breaking the Chains of Stigma of Mental Health in Malta

This study significantly revealed how two participants shared their struggles in helping their children with mental health issues. These families faced challenges when seeking support from local mental health institutions, revealing the stigma and complexities within the mental health care system.

In the historical context of mental health in Malta, patients in mental health hospitals endured harsh conditions, including confinement, chains, and mistreatment (Cassar, 1964) as cited in (Agius, Falzon Aquilina, Pace, & Grech, 2016). However, there has been a positive shift. The perception of

mental health problems has evolved, acknowledging them as genuine illnesses akin to physical conditions. Efforts are underway to eradicate stigma and enhance compassionate care (Agius, Falzon Aquilina, Pace, & Grech, 2016).

Yet, the stigma surrounding mental health in Malta persists, partly because of the tough conditions experienced in mental health hospitals in the past. Mount Carmel Hospital, in its efforts to combat stigma, is also linked to the Feast of Our Lady of Mount Carmel, emphasising the narrative that mental illnesses are similar to physical illnesses (Agius, Falzon Aquilina, Pace, & Grech, 2016).

Throughout this study, I identified two participants who expressed anger towards Mount Carmel Hospital, which caters for mental health illnesses. Adriana's reflects the lack of support from the hospital, whereby she was confined in a cold room following her child's passing. Faye's story revolves around self-blame after her son's tragic death, following his escape from Mount Carmel Hospital.

Mothers who lost a child to suicide shared experiencing hurtful reactions from family, friends, and the community. Feeling ashamed and less valuable is common when people believe there is a perceived stigma. This stigma can affect their willingness to seek help, limit the support they receive, and is linked to factors that lead to thoughts of suicide (Feigelman, Gorman, & Jordan, 2009).

The participants' stories showed how emotional struggles, lack of support, and stigma played a big role in their tough times. Recognising these challenges and providing support can be crucial in preventing tragedies and offering hope to those who are struggling.

5.9 Whispers of Struggle: Supporting those Affected by Suicide

"Society's inability to deal with survivors in an honest and caring way remains a negative legacy of suicide." (Campbell, 1997, p. 330). To reinforce this assertion, Jordan (2001) revealed that there is a lack of established norms for grieving after suicide, resulting in individuals often choosing silence as a response. Additionally, Jordan highlighted the social dynamics and challenges survivors face in coping with the impact of death.

Challenges arise when interacting with bereaved individuals due to fear of upsetting them, uncertainty in responding, and misunderstandings about suicide (Maple M. , Edwards, Minichiello, & Plummer, 2013). Faye's story unfolds around a profound sense of woundedness, *"It hurts me that they saw me and crossed to the other side, pretending they didn't see me."* In contrast, Julia encountered a distinct experience, *"when he died, gossipers said he did it because we didn't give him money, he made four women pregnant, he was on drugs"*, reflecting the societal judgment that parents often face (Figueiredo, et al., 2015).

The doubts and concerns expressed by others shape the grieving process of a parent (Maple M. , Edwards, Minichiello, & Plummer, 2013). Faye's encounter with a medium after her son's death brought ambiguity to the meaning-making process of the tragedy. *"One of them started telling me that it was not suicide but that there was someone complicit. That hurt me a lot and raised doubts."* On the other hand, Julia's heartache deepened with a distressing encounter she experienced at the cemetery. A woman approached her and unsettlingly suggested *"if you want to see his spirit, you can visit where he died at 2 o'clock in the morning. At 2 o'clock I would go up to the washroom."*

Life in Maltese towns and villages is defined by a unique intimacy uncommon in metropolitan cities (Bailey, 1971). The strong sense of community prevailing in Malta makes minding one's own business challenging. It is deeply rooted in family, church, and local connections, akin to an "urban village" (Gans, 1962). In this close-knit Maltese society, the notion of honour holds significant importance, with gossip serving as a mechanism for passing judgments (O'Reilly Mizzi, 1994). Adriana recalled a distressing interaction with a neighbour which questioned her narrative of being a 'good mother', *"She told me, why didn't you even try to stop him? You couldn't even hold on to him? Did you leave him to jump and die? Everyone turned against you."* For stigmatised individuals seeking a fresh start, Malta's compact size presents challenges, as their reputation is likely to follow wherever they venture (Clark, 2012).

5.10 Lifeline of Hope: Stories from Suicide Loss Survivors

In the tough journey of coping with sadness and loss, seeking support from those who have gone through similar pain serves as a helping hand that can save lives (Castelli Dransart, 2017; Miklin, Mueller, Abrutyn, & Ordonez, 2019). Adriana and Julia turned their own sadness into a source of comfort for others.

After going through the deep pain of losing her son, Adriana now helps others facing similar tragedies. She creates a safe space where people can share their stories without being judged. Julia has also found strength in telling her son's story. At first, she claimed his loss was part of God's plan. But now, she shares his story openly, hoping it might bring comfort to someone else going through tough times.

Participating in support groups for individuals affected by suicide loss can create a sense of safety (Groos & Shakespeare-Finch, 2013; Wilson & Marshall, 2010). Faye found comfort and a sense of belonging in such a group. It is a place where people can openly talk about their pain and experience a sense of normalcy in their journey. The results from these groups show that empathy, particularly the understanding of other's stories, is a crucial factor in how survivors cope and make meaning from such loss.

In simple terms, this story is about how sharing experiences can be a lifeline for those dealing with the pain of losing someone to suicide. Adriana, Julia, and Faye's stories show that by coming together, people can support each other, find hope, and overcome the isolating darkness that often comes with such loss (Galea, Scerri, Grech, Sammut, & Attard, 2023).

5.11 A Systemic Understanding

The special connection between mothers and their children who have passed away, along with religious and spiritual beliefs, plays a significant role in keeping communication and finding meaning even after death. Acts of kindness and a desire to help others are fuelled by our natural inclination to be compassionate and empathetic, which can have a positive impact on the grieving process. Dealing

with the stigma surrounding suicide and getting support from others who have experienced similar losses are crucial in preventing suicide and helping people heal emotionally.

In Malta, where people are closely connected, facing tragedies becomes more challenging, underscoring the importance of having supportive friends and family and understanding each other's feelings. Maltese society often engages in acts of kindness influenced by both religious values and social considerations, creating a sense of unity and support. Recognising these broader patterns is crucial for creating targeted ways to help people dealing with the emotional pain and grief that comes with losing a child to suicide. This involves not only understanding individual experiences but also the social and cultural dynamics that shape how people cope and find solace in the face of such profound loss.

5.12 Strengths of the Study

This study explored mothers' experiences following the loss of a child to suicide in Malta. Its primary objective is to offer valuable insights into postvention strategies specifically tailored for grieving mothers. In response to the lack of prior research in this area, my focus was dedicated to elucidating effective ways to support mothers navigating the aftermath of such a profound tragedy.

In addition, this study aims to raise awareness regarding the topic of suicide, equip individuals in society with knowledge on how to effectively support suicide survivors, and most importantly contribute towards diminishing the associated stigma.

5.13 Limitations of the Study

Due to the relatively small sample size and Malta's unique context, participants' identities could have been easily discerned. As a result, this study had to omit certain details to ensure anonymity. Consequently, this approach limited the exploration of other intriguing aspects.

Given the sensitive and stigmatised nature of suicide, conducting research interviews on this topic has the potential to reopen emotional wounds for participants. To prioritise their well-being, I

implemented proactive measures, assuring them of available therapeutic support and maintaining a supportive environment. Fortunately, participants expressed positive feedback, indicating a beneficial impact.

5.14 Recommendations

5.14.1 Interventions and Support Programs

To address the unique challenges face by individuals who have lost a child to suicide, it is recommended to Develop targeted interventions and support systems. These programs should focus on addressing the emotional needs and coping mechanisms of bereaved mothers, providing them with a safe space to share their experiences and emotions. Support groups that include mothers who have experienced a similar loss can be highly beneficial in fostering mutual healing and hope.

5.14.2 Mental Health Education and Awareness

To promote mental health awareness and reduce stigma, it is advisable to implement comprehensive mental health education programs in schools and communities.. These initiatives should focus on fostering open conversations about mental health, encouraging help-seeking behaviours, and dispelling misconceptions about suicide and grief.

5.14.3 Transgenerational Trauma Awareness

It is crucial to provide education for mental health professionals and support workers on transgenerational patterns of traumatic loss. Understanding the impact of previous generations' trauma on current experiences can help professionals provide more effective and culturally relevant support to bereaved mothers.

5.14.4 Training for Mental Health Professionals

This study also recommends that training programmes are implemented for mental health professionals in trauma-informed care and ecosystemic frameworks. This approach focuses on leveraging individuals' inherent strengths and systemic support to empower them in navigating and healing from traumatic experiences.

5.14.5 Future research

Future research could delve into exploring the collaborative meaning-making process between mothers and fathers coping with the loss of their child to suicide, aiming to illuminate the multifaceted nature of grief and loss in the aftermath of suicide, considering the unique contributions and experiences of both parents in this challenging journey..

Chapter 6: Conclusion

*“There is a time for everything,
A season for all things under heaven,
A time to be born a time to die,
A time to plant a time to harvest, A time to cry a time to laugh,
A time to grieve a time to dance,
A time to scatter stones a time to gather stones,
A time to embrace a time to turn away.
A purpose for all things under heaven.”*

A poem written by Giselle on a cushion which I discovered during the interview.

Life's cyclical nature, as Giselle's poem beautifully echoes, holds purpose in each phase, from the miraculous moment of birth to the inevitable passage of death. The continuous flow of seasons, with their moments of joy and sorrow, growth and harvest, grief and celebration, reminds us that every stage serves a profound meaning in the grand symphony of existence. On the other hand, Froma Walsh (2006) eloquently stated “death ends a life, but a relationship transcends death” (p. 204). Together, they remind us of life's seasons, cherishing bonds and finding solace in eternal love beyond life's end.

Life is a journey of ever-changing seasons, each phase holding its purpose in the grand symphony of existence. The impact of limited social relationships on individuals who lost loved ones to suicide became evident, particularly among mothers who sought emotional support through self-disclosure. Coping mechanisms were shaped by transgenerational patterns, but some found newfound strengths amidst the heart-wrenching loss. The enduring bond between the living and the deceased, fueled by religious and spiritual beliefs, offered solace and continued communication. Prosocial behaviour, driven by empathy and altruism, played a crucial role in fostering compassion and support. Yet, societal challenges and stigma persisted in supporting suicide survivors, highlighting the need for understanding and empathy. The close-knit nature of society provided both support and challenges, intertwining personal stories and reputations. Altruistic acts prevailed,

driven by religious beliefs and a sense of community, emphasising the significance of targeted interventions and support systems. By fostering empathy, breaking down stigma, and supporting one another, we can create a nurturing environment that helps individuals find meaning amidst overwhelming grief and prevents future tragedies.

6.1 Self-Reflexive Thoughts

Although I have not personally encountered the loss of a loved one to suicide, I deeply connected with the interviewees' narratives. Their process of distress, seeking understanding, finding comfort, and acting mirrored my own journey. As I was conducting interviews and writing my dissertation, I was simultaneously grappling with the dissolution of my marriage. Initially distressed, I questioned why it happened to me. However, through time I gradually found meaning, focusing on the positives and the evolution of the relationship. This led me to embrace my new life as a single father and an aspiring systemic psychotherapist.

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Appendix 1 – Invitation Letter to Participants

Dear Participant,

My name is Ian Farrugia, and I am currently a fourth-year student reading for a Master`s degree in Systemic Family Psychotherapy with the Institute of Family Therapy Malta. As part of the fulfilment of my training to become a family psychotherapist, I am working on my final thesis under the guidance of my supervisor Ms Karen Bishop.

With this letter, I would like to invite you to attend an interview, which I will use for my dissertation entitled: Post-traumatic experience in the aftermath - Narratives of Mothers who lost a Child to Suicide.

I appreciate that the topic is sensitive and thank you for your consideration for participating in the study. The study aims to explore the stories of parents who lost a child to suicide. My interest focuses on the experience and how mothers make meaning of their lives (or attempt) in the aftermath of such a traumatic event.

The interview will be recorded and will take approximately one and a half hours. Following our interview, I will transcribe our conversation to analyse further the data obtained. I will ensure your confidentiality and anonymity by using pseudonyms and omitting any identifiable information from the write-up of my thesis. I will store all the data in a safe place that only my tutor and I can access. Upon finalising my dissertation in 2023, all audio recordings and transcripts will be destroyed. Upon request, I will gladly provide a finalised copy of my work for your perusal.

This research proposal has been reviewed and approved by the IFT Research Ethics Committee. However, should you feel any distress during the interview, you may opt not to answer the question or withdraw from the interview at any point in time. Should the necessity arise, I might also suggest

adequate therapeutic support. This may include therapeutic support at the Institute of Family Therapy or therapy through the Victim Support Unit, which focuses on the service for individuals who had to deal with the trauma of suicide.

I want to stress that your involvement in this study is purely voluntary, and you may choose not to participate or withdraw from the process at any point in time.

Should you have any queries do not hesitate to contact me on my mobile number or email address below.

I thank you in advance for your help

Yours truly,

Ian Farrugia
4th year student – Masters in Systemic Psychotherapy
Mobile Number:
Email:

Karen Bishop (supervisor)
Systemic Psychotherapist
Mobile Number:
Email:

Appendix 2 – Consent Form for Participants

I, the undersigned, hereby agree to participate in the study carried out by Ian Farrugia, entitled: 'Post-traumatic experience in the aftermath - Narratives of Mothers who lost a Child to Suicide' submitted in partial fulfilment of the requirement of the Masters in Systemic Family Psychotherapy with the Institute of Family Therapy, Malta.

I have read the letter of invitation with all the information about the above-entitled research and fully understand it. The research has also given me the opportunity to address any queries regarding my participation in this project with the researcher.

I understand that all my data will be kept confidential, and my anonymity will be respected and that the researcher and his supervisor will use this data for this research and that our data will be treated according to the Maltese Data Protection Act.

I also understand that the recordings and transcripts of our interview will be destroyed when this project is finalised.

Finally, I declare that the researcher informed me that my participation in this study is voluntary and that I can withdraw from the project any point in time or asked to stop if the researcher deems it necessary for my well-being. Moreover, the researcher offered the opportunity of therapeutic support if I feel overwhelmed by the situation.

I also understand that with my consent, the researcher can refer me for adequate therapeutic support should the need arise.

I therefore agree to take part in the above-mentioned study.

Participant

Date

Appendix 3 – The Semi-Structured Interview

1. What would you like me to know about you? Your family?
2. How was the relationship with your child?
3. What would you like to tell me about what happened?
4. How did you, as a parent, live this experience?
5. What sense did you make of what happened?
6. How does it impact your daily life?
7. How does it impact your relationship with other family members?
8. How does it impact your relationship with others outside of the family?
9. How did this experience change you?
10. What support did you find/do you need?