PATHS TO POST-TRAUMATIC GROWTH: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF REACTIONS AND STRATEGIES OF GRIEVED PARENTS

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Candidate of **Doctor of of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **"Paths to Post-traumatic Growth: An Interpretative Phenomenological Analysis of Reactions and Strategies of Grieved Parents"** submitted by me in partial fulfillment of PhD degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution.

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ABSTRACT

Title: Paths to Post-traumatic Growth: An Interpretative Phenomenological Analysis of Reactions and Strategies of Grieved Parents

Grief is a multi-faceted phenomenon that may lead to serious health issues and enduring psychological suffering. Compared with other stressful live events, the death of a loved one is rated as the most adverse event a person could possibly experience in live (Maercker, 2018). This study will seek to answer 'what is it like to be a grieving parent?' For this purpose, the present research aims to understand the experiences, reactions and strategies used by grieved parents, and how Post Traumatic Growth (PTG) is manifested in grieved parents, and also explored determinants of PTG. As grief is subjective experience so Interpretative Phenomenological Analysis (IPA) is best suited method for in-depth exploration of people's lived experiences and how people make sense of these experiences. For the present research 10 bereaved parents (5 mothers and 5 fathers) of children who had died were taken. As the death of a child is an emotionally and ethically sensitive topic, the study was launched about 6 months after the death. The study was carried out in three phases, the preliminary study, the pilot study, and the main study. Data for this research was collected by conducting individual, semi-structured interviews which are considered as the exemplary method for IPA. The analysis of the data revealed a variety of emergent themes, leading to the development of the ten superordinate themes that were shared which included; lived grief experiences before and after loss, personal characteristics related to grief, loss, marital relationship, coping, regret, social relationships, socio-cultural and religious influences, dreams and Post Traumatic Growth (PTG). The results of the present research establishing link with existing theories, and contributed in indigenous literature. Through the increased understanding of grieved experiences of parents, professionals can gain an insight into how best to support and strengthen this role in order to promote successful outcomes and increase the general life chances of grieving parents.

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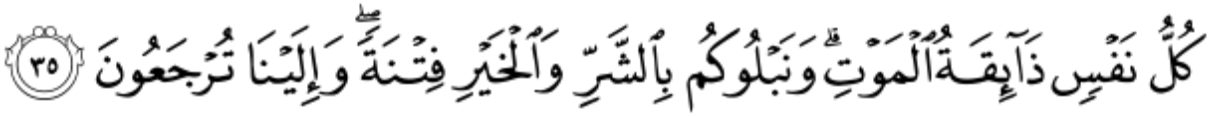
Chapter I

INTRODUCTION

Cited in Burnett (2019), everything has its destined time, and every occurrence has its allocated time. Whatever our views may be on a definite "designated time", every one of us acknowledges the intrinsic reality of the well-known Quran verses:



Surah Al-Anbya [21:35], "Every soul will taste death. And We test you with evil and with good as trial; and to Us, you will be returned".

Knowing that death is inescapable does not make our sorrow go away. "I answer the heroic question, 'Death, where is thy sting?' with "It is here in my heart, thoughts, and memories," stated poet Maya Angelou, reflecting on how death strips away the presence of loved ones, causing searing agony and inexplicable despair (Burnett, 2019).

Even though walking through the murky depths of death is by far the hardest aspect of life for the human soul to bear, many of us eventually emerge from the darkness and return to the light (Burnett, 2019).

"Whatever you do, you need courage." — Ralph Waldo Emerson

Uninvited grief enters our life as a result of the loss. You display the bravery to respect the grief by surrendering to the existence of your loss's suffering, recognizing its certainty, and being prepared to respectfully accept the loss. "Recognizing the importance of" and "supporting" are two words that come to mind

when we think about honoring someone. Although it is not natural to regard pain and a need to overtly mourn as honorable, the ability to appreciate necessitates the ability to grieve. Honoring your grief is courageous and life-giving, not self-destructive or detrimental (Wolfelt, 2016).

The agony of grief will continue to try to capture your attention unless you have the fortitude to surrender to it delicately and in moderate amounts. Trying to deny or repress your sorrow is a more painful option. If you don't acknowledge and recognize your pain, it will build up and linger. As a result, you must consider, "How would I manage this loss?" What am I going to do about this agony? Will I embrace it or turn it against me?" (Wolfelt, 2016).

There are many euphemisms for 'death' – words that serve to soften the impact and meaning of the awful reality that is death. One of the most common is 'loss' ('I'm sorry for your loss'; 'My spouse died years back'). 'Loss' is also used much more broadly than just denoting death. Losses abound in everyday life, both little and major, real and intangible, actual and symbolic. When you see your keys disappear down the drain in the road, this is a literal, tangible loss; losing a bet is more metaphorical and not quite so tangible. When for example, you lose the ability to speak (as a result of a stroke), you're abandoning something you have typically considered for granted as a way of getting around in the world. Related to that (*primary*) loss, there may be one or more *secondary* losses (such as independence, self-esteem, and even livelihood). Often, the secondary losses may reflect the *meaning* that the primary loss has for the individual; for example, for a singer, the loss of his/her voice is critical and likely to be devastating, while a footballer losing his/her voice would still be able to play the game (Gross, 2016).

While ‘grief’ is commonly associated with death, it is also used in everyday communication in a much broader context (as when a parent pleads with his/her teenage son or daughter to ‘stop giving me grief’). Also, it isn’t just a loved one’s death (i.e. *bereavement*) that causes grief: other major losses can produce essentially the same response, as when a pet dies (Packman & Carmack, 2011).

The loss of keys illustrates what Doka and Martin (2010) call *physical* loss; bereavement includes physiological loss (the dead person is no longer present physically) and *relational* loss, being deprived of the relationship with someone with whom one had an emotional tie (i.e. an *attachment*). Again, relational loss occurs when we get divorced, or separate from any partner (sexual or otherwise). If we think of bereavement as involving both a primary, physical loss, and (potentially multiple) secondary (including relational) losses, then it might be helpful to consider the impact of those secondary losses as what produces grief.

Put another way, to be able to understand (and, in turn, to support) someone’s grieving, the major loss (‘the deceased’) must be ‘segmented’ into supplementary losses; these may include physical contact with another body (and the attendant warmth, smells, and other bodily sensations), the sense of security that s/he provided, and social status (e.g. husband or wife). Secondary losses may include what Rando (1993) calls *symbolic* loss (including abandoning one’s ambitions, desires, or beliefs) (Gross, 2016).

Difference between Grief, Mourning, and Bereavement

There’s a significant distinction between grief and mourning. When someone dies, we grieve the loss, which is a collection of inner-thinking and emotions.

Mourning is when you embrace your pain and manifest it outside yourself. To put it another way, mourning is the act of grieving (Wolfelt, 2016).

Grief

By definition, grief is described in terms of a predominantly emotive as well as affective response to dealing with the death of a loved one. It is the result of our own personal loss. Grief is multidimensional, affecting religious, psychological, behavioral, societal, and physical aspects of our lives. We learn to deal with how loss has affected our lives and how our lives have altered through grief. Grieving is considered difficult, and we have to strive hard to overcome it. It is terrible to do that task, but it is necessary because grieving is accurately defined as the pain that allows optimism to emerge (Burnett, 2019). Grief isn't the same for everyone. When we lose somebody we care about and with whom we've spent a happy life, we're in a lot of grief. Even though it is excruciatingly painful, this is the purest combination of suffering to feel when someone close to us passes away, since it symbolizes the enormous importance that an individual served in our lives and the void caused by his or her loss (Burnett, 2019).

The Components of Grief

The grief process is affected by three major elements including the desire to reflect, grieve, and tend to search for what has been gone, along with the opposed desire to look ahead, uncover a new world, and discover what can be carried forward. Socio-cultural factors that regulate how drives are displayed or inhibited are thus superimposed. The intensity with which these desires differ broadly and change over time, subsequently giving rise to diverse responses (Parkes, 2013).

Concerning the ethics of grief, people mourn individually. Although many risk factors (Gamino, Sewell, & Easterling, 1998, 2000; Parkes & Weiss, 1983; Rando, 1993; Raphael, 1983) and mediating factors (Worden, 2009) influence the way people mourn, the significance and quality of the attachment to the deceased person is a principal determinant of the character and depth of grieving. Much has been written about the stages and tasks of grieving (Neimeyer & Gamino, 2003), and evolving conceptual models reify the notion that grieving is very much a personal and subjective process (Neimeyer, 1998). Some have tried to define normative styles of grieving, such as intuitive versus instrumental grievers (Martin & Doka, 1999; Martin & Wang, 2006), whereas others target pathological variations of grief such as absent, delayed, or prolonged (Boelen & Prigerson, 2007; Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Rando, 1993; Worden, 2009). From one cultural perspective, Muhammed Ayub (Muslim physician) observed, "If people do not weep now (for their loss), their organs will weep and produce disease later" (Ritter, Smith, Santibanez, Ayub, & Tayi, 2005, p. 260).

The great majority of people do not go around wailing openly for a deceased person. Bereaved people usually prefer to prevent themselves from unwanted flashbacks of their loss and repress their emotions. A negotiated settlement is thus unsued, emotions that are felt to be powerful and irrationally coming from inside are partially manifested (Parkes, 2013).

Karen Katafiasz (1993, p. 35) writes: "Your grieving is among the most sacred and the most human things you will ever do. It will plummet you into the mystery of life . . . and death . . . and resurrection. Honor it." It reminds us of our mortality. It makes us reassess the things we value and how we want to spend our lives."

Psychoanalysis tends to explain prolonged repressed grief as damaging and can lead to prolonged and misdirected grief — and there is also an indication that compulsive grief, when pursued to the expense of all else, can lead to prolonged sadness and despair. Ideally, a perfect situation is to strike a balance between denial and confronting, allowing the person to eventually accept the loss. People are unable to "let go" of their relationship bond to the deceased and continue to evaluate and modify their fundamental ideas about their world until they have moved through the painful purpose of seeking. This is known as psychosocial transformation, and it is analogous to the learning basics that occur when a person develops incapacitated or loses a bodily part (Parkes, 2013).

Typical Pathway of Grief

- Numbing
- Pinning
- Disorganization and desolation
- Reorganization

Since death is frequently accompanied by immense sorrow, it is usually rapidly denied, and in Western culture, the effect is swiftly preceded by a period of apathy that lasts for long periods. The initial phase of grief is sometimes referred to as this. The second phase, an overwhelming aching desire to long for the missing individual, is quickly followed by profound worry. These "pangs of sorrow" is the time when the bereaved individual experience severe anxiety for brief periods and manifests apathetic and anxious behavior in the daily activities of consumption of food i.e., eating, falling asleep, and performing fundamental obligations (Parkes, 2013).

All hunger cravings dissipate, losing weight takes place, the attention span deteriorates, and the grieving person gets enraged and miserable. The third phase, which includes grief, disorientation, and hopelessness, follows. People may find themself proceeding owing to the conditions following up the loss repetitively as if they can still find out what is wrong and repair it. Remembering the dead person is not too far away, and roughly half of widows reported hypnagogic hallucinatory experiences in which they reported seeing or hearing the departed person around them while they reported being somnolent or undisturbed. The conditions under which these hallucinations develop, as well as their transience – they dissipate the moment as the bereaved arouse themselves – separate them from psychotic hallucinations. A sensation of a deceased person being close by is also prevalent and can last for a long time (Parkes, 2013).

Over time the intensity and incidence of grief pangs tend to diminish, however on events like anniversaries and on other occasions these emotional experiences might resurface with increased vigor, and these bring the deceased person to memory. As a result, the stages of sorrow should not be thought of as a set of steps to be followed just once. Before getting to the last stage of restructuring, the bereaved individual moves back and forward several times between yearning and hopelessness (Parkes, 2013).

After the death of a loved one, food consumption is generally the first to reemerge after the loss. Following bereavement, usually after the 3rd and 4th months, the weight that was lost originally has typically regained, and many people have reported acquiring much weight by the 6th month. It might be that month before individuals begin to care regarding their looks and ultimately their social and sexual

desires resume. During the second year, at some point, the majority of people start to realize that they are regaining their strength (Parkes, 2013).

Types of Grief Reactions

Grieving models and forms of grief reactions have been proposed by researchers and doctors. With a focus on the features of distinct forms of disruption, research has concentrated on normal and complex sorrow while distinguishing categories of complicated grief and accessible empirical evidence. While there are different categories and stages of grieving, there is no pre-established procedure that is linear via which individuals proceed to resolve their grief, according to research. The majority of the literature tries to differentiate typical grieving and several other types of complex grief, such as prolonged grief or grieving that is lacking, prolonged, or repressed.

By analyzing existing empirical proof, bereavement studies have attempted to discover these commonalities and seek indications that these grief processes are distinct from a depressive state, anxiousness, or post-traumatic stress disorder ("Bereavement, & Coping With Loss [PDQ®]," 2020).

Anticipatory Grief

Anticipatory grieving is a type of grief that happens as a result of anticipating a loss. Anticipatory grieving is becoming more well-known as a problem that can cause misery in both clients and their societal connections. The word anticipatory grieving is most commonly associated with the families of dying people, however, dying individuals may also experience it. Many of the same signs of sadness following a loss are present in anticipatory grief. Anticipatory grieving is

characterized as “the patient’s and family’s whole collection of cognitive, emotional, sociocultural, and interpersonal responses to predicted death.”

Anticipatory grieving has been linked to increased discomfort, suffering, and medical consequences in research. People are far less likely to suffer as a result of unfavorable effects in the last part of their life when their anticipatory grieving requirements are satisfied (“Bereavement, & Coping with Loss [PDQ®],” 2020).

Usual or Common Grief

Generally, grieving reactions considered usual or common are characterized as a steady shift in the direction of loss acceptance and, despite the difficulty of everyday functioning, the ability to carry on with fundamental daily tasks. After experiencing a loss, 50 percent to 85 percent of people appear to suffer typical or usual grieving. Emotional apathy, disbelief, denial, and/or defiance are frequent emotional reactions that take place shortly after a death, particularly when the death was unexpected. The dread of being separated from a loved one causes a lot of mental discomforts, which manifest themselves in longing, seeking, obsession with the beloved one, and recurrent intruding thoughts of death.

Weeping, moaning, experiencing nightmares, fantasies, and even hallucinations of the departed, and searching out objects or situations linked with the deceased can all be signs of distress. Some grieving persons will be angry, resist the realism of their loss, and have prolonged bouts of melancholy, depression, sleeplessness, lack of appetite, exhaustion, remorse, lack of interest, and disruption in their everyday routine.

Many grief-stricken will experience grief bursts, agony, or tides, which are strenuous, time-limited moments of grief (e.g., 20–30 minutes). These pains can be triggered by memories of the departed, such as important sociocultural events, the person's death anniversary, or the distributing of personal things. The aches, on the other hand, might strike at any time.

Most grieving persons will develop feelings less often, over shorter periods, and with decreased severity with time. Although no one can agree on a set time frame for healing, many bereaved people who are going through typical grief may notice a decrease in symptoms around six months. Nevertheless, there is a major distinction between the expression of grief and grief experiences. Timeframes associated with the articulation of grief are sociologically, spiritually, or ethnically impacted (e.g., choosing to wear mourning clothing items, seated shiva, or event of dropping a flag); they are considered time-based; they originated after a loss, and they fundamentally remediate following a year or two ("Bereavement, & Coping with Loss [PDQ®]," 2020).

Identifying the Difference between a Normal Grief Reaction and Major Depressive Disorder

The behavioral expressions linked with the grieving period and depression symptoms, such as sleeplessness, remorse, obsessive thoughts, and lack of drive, have a lot in common. The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) fourth revised edition urged doctors to shun identifying serious depression in bereaved people during the first two months, a practice known as the "bereavement exclusion." Consequently, it was eliminated from the diagnosis of major depression in the fifth version of DSM (DSM-5). This adjustment was made to account for the fact

that grieving in susceptible people can quickly lead to serious depression, which can be fatal.

The following characteristics of a normal grieving process are described by DSM-5 in comparison to a major depressive episode:

- During grief, agonizing emotional states occur in cycles that diminish over time in strength and regularity and are frequently intermingled with happy recollections of the departed; whereas, in depression, the emotional state and thoughts are always unpleasant.
- The predominant consequence of grief is void; major depression is characterized by a protracted, persistently depressed emotion and an incapacity to anticipate happiness or pleasure.
- Self-esteem is frequently sustained throughout grieving; nevertheless, emotions of unworthiness and self-loathing are common during the acute depression.
- While suicidal thoughts such as a desire to die with the deceased or feelings of remorse over particular voids or failings in the connection with the deceased can arise in grieving, the symptoms are usually centered on the departed, suicidal thoughts are more probable to be targeted towards oneself in major depression.

Although depression is a common side effect of grief, the DSM-5 emphasizes that major depression must not be labeled amid a typical grieving period. It is also highlighting that when symptoms and signs of depression are present and different from a usual grieving process, major depression may and should be identified. Persistent complex bereavement disorder was also added to the DSM-5, acknowledging the existence of a protracted and difficult mourning process in susceptible people. The International Classification of Diseases and Related Health

Problems, 11th Revision (ICD-11) recognizes this complicated grieving reaction as a prolonged grief disorder ("Bereavement, & Coping with Loss [PDQ®]," 2020).

Prolonged, Persistent, or Complex Grief

Bereavement is a clinically diagnosed category in the DSM-5 and ICD-11: prolonged grief disorder (DSM-5) when heightened grief persists for 6 months post-loss; and persistent complex bereavement disorder when increased grief persists for twelve months for adults and six months for children (ICD-11). There are likely considerable concerns that the DSM-5 diagnosis of depression removes bereavement as a principle, allowing mourning to be medicated as soon as two weeks after the loss. Depression and long-term grieving, on the other hand, are two separate conditions that appear to react differently to therapy.

Not in terms of the type of grieving reactions, complicated grief differs from normal and uncomplicated grief, yet in terms of the anguish and incapacity produced by these emotions, as well as their endurance and omnipresence,

The proposed DSM-5 diagnostic criteria for persistent complex bereavement disorder, a prolonged and difficult grief reaction, are as follows:

1. Incidence: The person has had to deal with the loss of a loved one for no less than 12 months.
2. The individual feels at least one of the following symptoms often and to a clinically relevant degree in response to the death:

    - A deep sense of sorrow and mental anguish
    - A yearning or longing for someone who has passed away
    - Obsessed with the person who has passed away

- Preoccupied with death conditions

3. In response to the death, at least six of the following symptoms occur often and to a clinically significant degree:
    - Difficulty accepting death
    - Numbing or disbelief
    - Difficult to remember the departed in a favorable light
    - Anger or bitterness
    - Self-evaluations that aren't healthy and are linked to loss (e.g., blaming oneself)
    - Undue aversion to stimuli that remind you of your loss
    - A strong longing to die and be with the dead
    - Confiding in others is difficult
    - Feeling isolated or cut off from others
    - Feeling as if life is worthless or empty
    - Identity loss and confusion regarding one's role
    - Difficulty following interests or creating long-term goals.

4. Impairment: The disruption produces clinically substantial deterioration for one or perhaps more main functional areas, such as social, occupational, or other.
5. Cultural or religious standards are violated, or reactions are out of proportion to them.

While some of the diagnostic criteria for this condition change significantly between the DSM and the ICD, other essential areas match, including separation

anxiety, increased emphasis on the departed, trouble accepting death, and detachment from a time perspective that is focused on the future.

Mourning

Mourning is a public expression of our sorrow. It's the social progression of coping with loss. Ceremonies of burial and memorialization, hanging flags, temporarily shutting commercial businesses' indignity of the deceased person, and many more practices that make us feel like we're doing something to acknowledge our loss are all examples of grief.

Grief and mourning have a clear overlap, with each affecting the other; it can be difficult to discern between the two. Culturally established beliefs, social norms, and beliefs impact the public display (i.e., mourning) of emotional pain over the death of a loved one (i.e., sorrow) ("Grief, Bereavement, & Coping with Loss [PDQ®]," 2020).

Rando's (1993) Six 'Rs' Mourning Processes

According to Rando, her six Rs fall into three stages of mourning. It's vital to notice that Rando distinguishes between grief and mourning. Grief, in her perspective, is more of an automatic reaction to loss, while mourning is a continuous, proactive process of working toward acceptance. The avoidance phase, confrontation phase, and accommodation phase are the three stages of grief. Different "R" processes are achieved during each phase (Gross, 2016):

Avoidance phase

1. Understanding the loss (e.g. acknowledging and understanding the death).

Confrontation phase

2. Reactions to the parting (this entails understanding the agony, expressing emotional reactions to the loss, and recognizing and grieving collateral losses).

3. Recalling and reliving the departed, as well as the relationship (including cognitive and emotive components).

4. Let go of the overwhelming links to the departed and the old presumptive world.

Accommodation phase

5. Reorienting so that you can adapt to the new world while not remembering the old.

6. Investing in new relationships.

Bereavement

Bereavement has been defined as the time following a loss when mourning (typically for a short length of time) and grief (sometimes for a much longer amount of time) occur (Burnett, 2019). Losing a loved one is considered to be one of the most devastating events in one's life. The grieving reactions of people are based on different conditions of death, but grief is a healthy and normal reaction to loss. Bereavement can sometimes follow other losses, such as a worsening in one's or a close other's health or the end of a significant bond ("Bereavement," 2019).

Following a loss, a person may feel a vast and perplexing variety of emotions. Crying bouts, difficulty sleeping, lack of appetite, and a loss of productivity at work are all common symptoms of bereavement. It may be difficult to believe that the loss has transpired at first. Anger is another possibility. Nurses and doctors, the Exalted being, other closed ones, oneself, or even the departed person may be the targets of one's rage. The bereaved individual may feel guilty, saying things like "I should

have...", "I could just have...", or "I wished I had..." The grieving person's emotions may be quite strong, and he or she may experience mood changes. All of these are common reactions to bereavement ("Bereavement," 2019).

Healing does not occur in a defined length of time, according to the National Cancer Institute. Symptoms of natural grieving become less frequent and less intense as time goes on. Symptoms of normal grieving fade in most bereaved persons between 6 months and 2 years following the death ("Bereavement," 2019).

Factors Increasing Risk after Bereavement

- A number of fatalities (catastrophes in particular)
    - Suicidal deaths
    - Manslaughter or death by murder
- *Vulnerable individuals*
    - Low self-esteem in general
    - Lack of trust in others
    - Any mental disorder in the past
    - Suicidal threats or attempts in the past
    - Lacking or indifferent family
- Particular:
    - Indifferent relationship to the person who has died
    - Contingent or inter-dependent relationship to the departed person
    - Insecure attachment with parents (especially acquired dread and learned helplessness) (Parkes, 1998)

The Search for Meaning on Different Levels

The bereaved are frequently forced into seeking a purpose in the outcome of a life-altering loss:

- a practical level (What caused my loved one's death?);
- a relationship level (Now who am I that I'm not married?);
- a spiritual or ontological level (What was God's purpose in allowing this to happen?) (Neimeyer & Sands, 2011).

If we respond to these questions and settle or just quit asking them has an impact on how we cope with loss and who we become as a result (Neimeyer & Sands, 2011). Nevertheless, the loss does not always ruin survivors' self-narratives: many individuals take comfort in rational and mystical traditions and beliefs that have previously served them well (Attig, 2000). Only a small percentage of grieving persons report looking for meaning, especially when death is common and expected, and the lack of search like this is one predictor of a favorable outcome (Davis et al., 2000). Even in the event of common, timely loss (such as widowhood in later life), a large minority of spouses strive to find purpose in their loss over time (Bonnano et al., 2004). Those who stated a more intensive quest for meaning at 6 and eighteen months after the death had a more severe and extended grief reaction up to *four years* after the bereavement, according to similar probable longitudinal research of widows and widowers (Coleman & Neimeyer, 2010).

Klass (1999) points out that one of the most important functions of grieving parents is to jointly hold and keep alive the memories of the deceased child, allowing the continued bond to flourish (as cited in Kosminsky, & Jordan, 2016).

Broken Heart Syndrome

Grief, in general, cannot kill a human. Severe stress can injure a person's heart, even if they are otherwise healthy. Whenever a person is faced with a frightening occurrence, their bodies release a torrent of brain chemicals associated with stress. Such substances can induce a part of a person's heart to bulge and stop beating for a brief instant whereas the rest of the heart continues to beat, giving rise to an unequal flow of blood. A person may report having severe discomfort in the chest, similar to that faced after a heart attack (in contrast to a heart attack, however, the arteries are not obstructed.). The term "broken heart syndrome" refers to this transitory dysfunction ("Is broken heart syndrome real?" 2017).

As the name implies broken heart syndrome occurs after a loss, such as a relationship breakdown or a loved one's death. Symptoms, on the other hand, might arise after a positive shudder, such as hitting the lottery. Women as compared to men are more prone to get the illness ("Is broken heart syndrome real?" 2017).

The majority of persons who suffer from broken heart syndrome heal in a few weeks. Deaths from the disease are uncommon. People have a low likelihood of suffering broken heart syndrome twice since it is triggered by a stunning experience ("Is broken heart syndrome real?" 2017).

The Loss of a Child

As cited in Gross (2016), Raphael (1984) stated:

The death of a child is always traumatic since it is a loss of a part of one's self...

The death of a young child in any community appears to signify a failure of family or society, as well as a loss of hope (p. 227).

From a purely practical perspective (such as the degree of disruption to one's life), we might expect that the death of a post-adolescent child would be less stressful to the surviving parents than spousal bereavement is to the surviving husband or wife (Parkes, 2006). However: intuition and the evidence from both clinical and comparative research tell a different story. For most individuals in the West, the death of a child is the most excruciating and unpleasant cause of grief (p. 166) (Gross, 2016).

While we may assume the death of a baby or small child as being the most traumatic, Stroebe and Schut (2001) suggest that the death of an older child causes more acute and long-lasting grief reactions and feelings of depression than the death of a partner, parents, or siblings. This can be accounted for by *evolutionary theory* (e.g. Archer, 1999).

Parkes (2006) notes that women in Third World countries tend to have significantly larger family units since they presume several of their children to die; here the death of a child, especially in infancy, is *less* psychologically distressing than it is in Western countries (Scheper-Hughes, 1992). In the Western 'medically privileged world', a child's death is untimely and non-normative, and is often traumatic, sudden, and sometimes inexplicable (as in sudden infant death syndrome/SIDS) (Parkes, 2006). However, Miles (1985) found no difference in the bereavement of parents who lost their child to chronic disease and/or in an accident. Parkes cites a similar study in Turkey that found higher rates of chronic grief and persisting 'traumatic stress' in parents of sons who'd been killed in armed conflicts compared with those whose sons had died from leukemia.

The Special Case of Suicide

Suicide is when someone dies with a specific motive. To family, friends, and society, a young person dying because of immense despondency or frustration is shocking as well as catastrophic. Family, siblings, colleagues, coaches, and people from the neighborhood will be left to ponder whether anything should have been done to preclude the young person from committing suicide (Cammarata, 2020).

Suicide is a terrible tragedy that has far-reaching consequences for those left behind (Ross et al., 2020). A child who loses his/her life to suicide is considered a traumatizing incident for parents, putting them at a higher risk of psychological malaise and medical complications than other forms of death (Erlangsen, 2017).

From a perspective of meaning reconstruction, the suicidal death of a dear one provides a particularly difficult challenge to survivors' efforts to make meaning of it. According to Sands et al. (2010), the seemingly inexplicable reason for the deceased's tragic choice (i.e. suicidal death) challenges fundamental beliefs about the innate dignity of life; the autonomous motivation of the conduct confronts deeply held beliefs about the innate value of human life and the impenetrable justification for the deceased's potentially deadly choice.

Consequently, the question *Why?* develops in the survivor's self-narrative more compellingly than almost any other triggering event.

The *tripartite model of suicide bereavement* (TMSB) (Sands, 2008, 2009) is considered a meaning-making model that centers on the idiosyncratic themes facing the suicide bereaved. The model identifies three phases of the grief process, and within each one, considers how their relationships with the departed, themselves, and

others change as the bereaved face challenges to their presumptive universe. (Gross, 2016).

The three phases of grief as identified in the tripartite model of suicide bereavement (TMSB) (Sands, 2008, 2009):

Phase 1: Understanding Relationship (*Trying on the Shoes*): focuses on the difficulties of deciphering and comprehending a suicide death's self-volition A series of "why" probes are used to explore these concerns.

Phase 2: Reconstructing Relationship (*Walking in the Shoes*): Strives to make sense of the deceased's suffering during his or her life and death. This requires attempting to comprehend the deceased's perspective, particularly the grief and tragedy of his or her life and death, whether real or imagined. Significantly, the struggle to reconstruct meaning might put the grieving in the same boat as the deceased, leaving them feeling forlorn and open to suicidal thoughts.

Phase 3: Repositioning Relationships (*Taking off the Shoes*): this allows for more delicate levels of grieving to emerge, validating the deceased's suffering but rarely the method of death.

A slew of recent studies has sought to distinguish the grieving feelings linked with suicide from those connected with other unexpected traumatic deaths. Suicide bereavement, according to the developing consensus, is more comparable than distinct from other types of grief and is marked by embarrassment, humiliation, and self-blame (Begley & Quayle, 2007).

Richard Tedeschi the author of "Helping Bereaved Parents" and a clinical psychologist said that parents often engage in self-blame. Parents get tormented by this thinking that they could have prevented suicide by doing something different. The

loss also becomes more painful because with suicide death there is a likelihood of stigma being attached (Halpert, 2020).

The suffering of a person may be ended by one's suicide, but for all others who are grieving, this is a psychosocial stressor and a significant disruption (Grad, 2016). By this suicide, a large number of people may be affected. Berman (2011) for example found that in a nuclear family a total of five members, and eight friends, acquaintances, and kinfolks can be affected. It was reported by McGlothlin (2006) that worldwide each year 4.5 million individuals are affected by a loved one's suicide, which leads to complicated responses to grief (McMenamy, Jordan, & Mitchell, 2008; Melhem et al., 2004), posttraumatic stress symptoms, prolonged depression (Melhem et al., 2004), worse physical fitness (Shepherd & Barraclough, 1974), stigma (Cvinar, 2005), guilt and blame (Van Dongen, 1993; Silverman, Range, & Overholser, 1995), and intensified possibility of suicidal intention (Andriessen, 2005; Callahan, 1996) or accomplished suicide (Calhoun, Selby, & Selby, 1982; Melhem et al., 2004; Pompili et al., 2008).

The Pattern of Suicide in Pakistan

Every day, between fifteen and thirty-five people in Pakistan take their own lives. That's the equivalent of one person each hour. According to the World Health Organization (WHO), Pakistan had a suicide rate of 7.5 per 100,000 persons in 2012. In other terms, almost 13,000 persons committed suicide that year. In 2016, the projection was 2.9 per 100,000, implying that nearly 5,500 people died. Experts estimate that the death toll is likely to be somewhere between the two amounts, but the truth remains a mystery (Rehman & Haque, 2020).

On the increasing rate of suicide among Pakistani students, several professionals have given their perspectives. Concerning the increased incidence of pubescent suicides in Pakistan, a highly respected psychiatrist, Mr. Laghari, mentioned to the media that the number of suicides committed by teenagers in Pakistan has increased dramatically. Murad Musa, Head of the Department of Psychiatry, Karachi University Hospital, Aga Khan (AKUH), expressed his opinion to a journalist. According to him, adults should be specifically accused of not being able to provide their offspring with a positive, stable, and secure environment. Similarly, a psychiatrist based in Karachi, Shifa Naeem, claims that our youth are subject to various pressures that our older generation was unaware of. Our society ostracizes children with their expectations, which can be life-threatening for them. Society, neglecting its talent, imposes its desires for something they think is better for them. In its report published in 2011, the World Bank warned Pakistan of an increasing suicide tendency in the last few years. In 2008, approximately 7000 suicide cases were reported, considering various psychiatric diseases as the significant contributor (Shakeel, 2019).

A child's death is the most terrible loss a parent can endure. The anguish and sorrow of parents losing a child to suicide might be magnified. These sensations may never go away altogether (Cammarata, 2020).

Jordan (2008) states that suicide-loss survivors feel a lot of sadness and yearning for the deceased, as in all grief. Problematic grief is often encountered by those individuals deprived of natural causes of death or other forms of sudden and traumatic death, which is not often as intensely or permanently suffered. For instance, Jordan (2008) reports that feelings of loss and exclusion by the departed may be especially evident if the death was deemed accidental, or spontaneous, and occurred

in the absence of a potentially ‘probable’ cause, e.g., poor mental well-being. In contemplating their hand in death, suicide-loss-survivors often owe themselves greater degrees of responsibility, which can fuel self-reproach.

Differences in How Parents Grieve

No parent is ever ready to encounter the death of a child. Differences can be found in the parents’ way of grieving based on the daily role in the life of a child and the gender of the parents. One parent may grieve alone and require quiet time, while the other may find talking therapeutic. The grievance of parents is also affected by the role differences and cultural expectations linked with them. Men are often expected to be strong, control their emotions, and act in charge of the family. Women may openly talk about their grief and can be expected to cry openly (“Grieving the loss of a child”, 2019).

It should be known that the intensity of a parent’s loss cannot be determined by how long their child lived. Parents may realize that they also grieve for the dreams and hopes that had for their children, the incomprehension of the potential, and that they will not be able to share the experiences. If the only child is lost, it may also be felt that they have lost their identity as a parent, and the likable idea of having grandchildren. The losses and the pain caused by it will always remain a part of you. However, with time a way forward is learned by parents and once again they discover the meaning of life and experience happiness.

Bereaved parents had greater depression levels and health complications up to 35 years after their child died, according to Rogers, Floyd, Seltzer, Greenberg, and Hong (2008). According to Arnold, Gemma, and Cushman (2005), almost two-thirds of mothers’ grief persisted for up to 62 years after their children died. As a result, the

repercussions of surviving a child's death may last a parent's entire lifetime (as cited in Harper et al., 2011).

The experiences of grief of parents who lose a child to stillbirth are thoroughly recorded in academic works (Murphy, 2012). Mostly the emphasis is on *gender differences* in grieving modes. Peppers and Knapp (1980) reported that males generally tend to control their grief after a pregnancy loss or infant's death, while women express more. (This corresponds to what Doka and Martin (2010) call *instrumental* and *intuitive* grieving). This led to couple conflict, as mothers tended to think that a failure to express grief meant that their partners weren't as attached to the unborn child as they should have been. Similarly, McCreight (2008) found that fathers said their experience of grief had been marginalized by health care professionals, as well as close relatives and peers, who supported their partners; undeniably, it was anticipated that they must assist and support their partner putting aside their feelings.

In terms of the DPM (Dual-Process Model), we could conclude that men's suppression of grief reflects a *restoration orientation*, as this is the time when they seek to divert themselves from their loss; women, by contrast, soon after the loss, are *loss-oriented*. These differences reflect the more general gender roles, whereby women are expected to be the primary caregiver and may well have chosen to procure maternity leave to perform that role. The lost role of the mother impacts to a greater extent on women than the lost role of the father does on men, who are required to go back to work soon after the birth of the baby (Murphy, 2009). These 'male' economic considerations serve as a distraction from their loss and aid their 'restoration' (Gross, 2016).

Understanding Grief in the Context of Culture

While a person's way of grieving is unique, their society and culture shape this experience accordingly. There is a unique set of rituals and beliefs in every culture for dealing with death and bereavement. People's expressions and experiences of grief are affected by it.

How grief is experienced and expressed by a person may be at odds with their culture. For instance, someone may not cry out of disbelief and numbness the way she or he is expected to at a funeral. Levels of despair may be experienced by another person that may challenge their cultural beliefs and values. Every person has a right to grieve in the ways that feel best to them. How someone's culture may affect their grief should also be considered ("Grieving the loss of a child", 2019).

When it comes to the matter of grieving there is no correct way. The rituals of mourning that are considered normal in one culture may appear eccentric to another. You may find it difficult to appear sensitive to a person who is grieving and belong to a cultural background that is different from yours. As you seek to support a person belonging to a different cultural background, consider the following questions:

- Within a person's culture what behaviors and emotions are considered normal grief responses?
- Regarding death what are the beliefs of bereaved families?
- Who is expected to attend the mourning ceremonies, and how are the attendees anticipated to act and dress?
- Are flowers, gifts, or any other kind of offering expected?
- For the bereaved family what special days or dates will be considered significant?
- What form of written or verbal condolence can be expressed?

All culture has their own unique sets of concepts about how the world operates and how individuals fit into it. Religious beliefs have a huge impact on culture in civilizations where the majority of people follow the same faith. Every society has its conceptions of life's meaning and purpose, as well as what occurs after death. This has an impact on how individuals in those cultures see death. People who believe in life beyond death, for example, may find dying to be more tolerable. Some cultures claim that the soul of a deceased family member has a direct impact on surviving family members. The thought that their beloved one is looking over them provides solace to the families. In general, people's views about death's meaning allow them to make sense of it and manage its paradox ("Understanding sorrow within the cultural context," 2019).

Individuals have established expectations about life in every culture around the world and throughout history, and these beliefs impact the grieving process. As Elisabeth Kübler-Ross states in Death: The Final Stage of Growth (1975), how death is explained in a given society or subculture will have a profound influence on how its associates regard and encounter life ("Understanding Grief within a Cultural Context", 2018).

Grieving people in every culture try to make meaning of their loss. Death becomes terrifying to some when they ascribe it to a harmful intervention from the outside by someone or something else. Others believe death is a result of supernatural intervention or just the culmination of "the circle of life" for that individual. However, grieving can be an emotional combination of losses, disbelief, humiliation, despair, wrath, apathy, comfort, indignation, and/or guilt for most individuals in Western civilizations, even those who have come to think that death is a component of life.

Current Trends in Grief Theory and Research

Mourning and Melancholia, a 1917 seminal article by Sigmund Freud, is frequently credited with launching the psychological study of grieving (1957). As seen by the recent discussion over the removal of the "bereavement exclusion" from Major Depressive Disorders in the DSM-5, Freud sought to distinguish mourning from depression in his article. In grieving, Freud proposed that one must struggle through strong emotions to separate from the departed, engage in life, and heal from and reconcile the losses (Doka, 2016).

Elisabeth Kübler-Ross' work was a big impact as well. Her stage theory has dominated popular thought on how people grieve since the publication of Kübler-Ross' On Death and Dying (1969). While both Freud and Kübler-ideas Ross's had significant practical value, sparking awareness in the burgeoning subject of thanatology, or the exploration of mortality, many studies have transformed our knowledge of both the grief process and death since then (Doka, 2016).

During the last two decades, our knowledge of the grieving process has shifted dramatically. These are some of them:

- Stretching the concept of grieving beyond just a reaction to the loss of a family member to a broader view of loss that acknowledges we grieve a variety of losses. Loss of possessions, employment, animals, or relations, such as divorce, are examples. We may very well develop feelings for individuals we have never met, such as entertainers or government figures, and mourn their deaths or other losses.
- Seeing grief emotions as universal phases leads to an understanding of personal paths. – i.e., we no more perceive people going through phases as they grieve, but rather recognize that grieving reactions are as distinctive as fingerprints.

- Seeing grieving as a result of acknowledging the many and varied experiences people have to loss, such as bodily reactions, cognitive control, behavioral changes, and spiritual suffering, as well as how growth, society, gender, and theology influence grieving responses;
- In grieving, passively coping with the loss of the ability to recognize the possibilities of transformation and progress. We learn that bereavement may be a transformative experience in which people can have considerable post-traumatic development, despite the agony.
- Forfeiting connections in favor of rewriting and rejuvenating connections is, understanding that we never terminate a relationship with the entity we have lost, but rather maintain an ongoing bond;
- Considering grieving as a common transitory challenge to understanding more complex variations and the need for careful evaluation. Changes to Adjustment Disorders, Separation Anxiety Disorder, and Major Depressive Disorders in the DSM-5 recognize some of these forms. It also mentions Persistent Complex Bereavement Disorder as a disorder that should be researched further. Other types of complex grieving are likely to be introduced as the study proceeds (Doka, 2016).

Grief and Dreams

Losing a child can be such an unpleasant encounter in the lives of many people and because the feelings felt in waking life shape dreams, dreams are very significant in the grief process (Cookson, 1990). Along with other psychological trauma the dreams can be distressing in content, and the grieved can relive the trauma of death in their dreams that typically occurs straight after death (Duval & Zadra,

2010). Dreams' frequency and the magnitude of the content differ according to the seriousness of the experience, the degree of vulnerability, and the time frame since the tragedy (Duval & Zadra, 2010). Dreams can also differ in the nature of death, the dreamer's relation to the one who has died, and the symbolic representations of death. Usually, there is a feeling of loneliness when the dreamer awakens from those dreams (Garfield, 1997).

Dreams were viewed in several respects, from being a source of control to the capacity to perceive and communicate with the deceased (Sirriyeh, 2011). Often people conceive of sleep mostly as a moment to reset the body, essentially the brain is indeed much activated during sleep i.e., dreaming. Our dream experiences may be comforting or disturbing, enigmatic or supportive, practical, or surreal (Cirino, 2018).

Dreams that included the image of the dead person seem to be recalled more often than other dreams throughout an individual's life span due to their emotional effect (Barrett, 1992; Begovac & Begovac, 2012; Bulkeley, 2009; Bulkeley, Broughton, Sanchez, & Stiller, 2005; Bulkeley & Hartmann, 2011; Hendricks, 1997; Hoffman, 2009; Stevenson, 1992; Trask-Curtin, 2012; Wray & Price, 2005; Wright et al., 2013). The dreams of having the deceased in it may result in emotions that they had real contact with the deceased's spirit (Bulkeley, 2009; Garfield, 1996; Hinton et al., 2013; Hoffman, 2009; Kwilecki, 2011; Ryan, 2006). Such visitation dreams can be of great benefit in the grieving process because they can encourage a stronger belief in the afterlife (Adams, 2004, 2005; Bulkeley, 2009; Stevenson, 1992; Sormanti & August, 1997) and help find personal significance (Adams & Hyde, 2008; Ryan, 2006; Trask-Curtin, 2012).

Religiosity was thought to diverge between the two cultural contexts. In eastern cultures, Islamic adherents deem dreams exceptionally. Their significance was highlighted in the Sacred Scriptures of Islam. There are 24 verses in the Qur'an addressing dreams and dreaming, with a complete record of 7 dreams (Salem, 2010). A second component of beliefs among Muslims is that dreams are ways of getting religious messages from the Hadith (A record of Prophet Muhammad's accounts) which has a complete part about dreams and dreams (Salem, Ragab, & Razik, 2009). Moreover, the Islamic dream model postulates that there are three main types of dreams, most divinely guided (spiritual dreams), those influenced by Satan, and those prompted by the dreamer's earthly spirit (Sirriyeh, 2011). In general, dreams are regarded as either signals of great events to come, support and encouragement, or warning signs of vulnerabilities, potential harm, or terrible news (Salem, 2010, as cited in Sirriyeh, 2011).

A study in The American Journal of Hospice and Palliative Care (2014) explored the effect of dreams about grief on the family of the deceased and concluded that "dreams of the deceased often occur, can be extremely significant, and can be further healed from loss." Dreams and their themes comprised, "memories or encounters, the deceased free from disease, memories of the deceased's illness or time of death, the deceased in the hereafter looking healthy, relaxed and at ease, as well as the deceased sending a message" (Mendoza, 2019).

The author of "Dreams in Bereavement" (1996) Patricia Garfield, categorizes four of the utmost form of dreams related to grief. The foremost is the dream of visitation in which the dead person happens to come to spend some time with the grieving. Afterward is the dream message. Here in dreams, the dead seems to be giving us details, warning us of a predicament, or just telling us they adore us. The

third type the Reassurance dream is one in which the message is reassuring and affirmative. Most grief dreams are constructive. However, the trauma dream is Wray's final sort of dream categorization, and it may be distressing. These are more likely to take place when the loss is very traumatic, such as in the case of homicide or calamity (Mendoza, 2019).

These four forms of grief dreams are by no means exclusive. Most often, dreams are a mash-up of several aspects. A visitation dream, for example, might also be a reassuring dream. Dreams are divided into two groups, according to Joshua Black, a dream researcher: "before we know about the death, and after we know." Our expectation of the loss tends to be reflected in the past. The latter is distinguished by acquiring knowledge of death before being informed in waking life. The dead usually delivers the news, which is regarded as them saying farewell or conveying some other word of comfort (Black, n.d.).

Clinical psychologist Jennifer Shorter defines visitation dreams as "striking emotionally intense dreams in which a recently deceased loved one returns to provide guidance, reassurance, and/or warning." These are exclusive, profound, and even life-changing experiences (Ni, 2016).

From a *sociological perspective*, it was claimed that dream content not only reflects an individual's intrapersonal elements, but that thematic elements represent wider cultural values and mitigating factors in the dreams of specific individuals. In this respect, the inner world of people as expressed in dreams seems to reflect exogenous cultural, social, and religious standards. So many shifts in cultural views will be mirrored in related dream shifts (Nell, 2013).

In contrast to modern Western beliefs, many indigenous African and Asian cultures and civilizations perceive dreams not as being induced internally or comprising a portal providing information about the dreamers = related to the perceived world. They might also be used to communicate with some other dimension, such as the afterworld or the spirit world. Traditional ideologies can sometimes add to psychological discomfort and make parts of extreme stress more difficult to deal with. (Germain, 2013).

The Process of Recovering from Grief: Finding Meaning in Life

Grief encompasses more than just grief. It can also include feelings of remorse, longing, wrath, and regret. Emotional responses may be unexpected in their intensity or subtlety. They might be perplexing as well. One individual may be suffering at the end of a tumultuous relationship. Another person may be saddened by losing a loved one from cancer yet relieved that the individual is not suffering anymore ("Grief, Loss, & Bereavement," 2019).

As they try to make sense of their loss, people grieving often jump from one idea to the next. Thoughts might be comforting ("She had a nice life.") or distressing ("It wasn't her time.") Individuals may attribute varying levels of responsibility to themselves, ranging from "There was nothing I could have done" to "It's all my fault." Grieving habits are also diverse. Some persons find it reassuring to share their emotions with others. Others may choose to be all alone with their emotions, doing things like physically exercising or journaling ("Grief, Loss, and Bereavement," 2019).

Every person mourns in their unique way and at their own pace. Within six months, some people heal from bereavement and continue routine functions,

while they still have gloomy times. Some may recover after a year ("Grief, Loss, and Bereavement," 2019).

Without seeming to find any comfort people might grieve for years, even if it is just momentary. Other illnesses, most notably depression, can exacerbate grief. The degree of a person's reliance on the deceased might also generate issues. Many complex emotions are frequently present during the mourning process. However, throughout this difficult time, pleasure, contentment, and laughter do not have to be missed. Self-care, leisure, and social support systems can all help you get back on your feet. The fact that a person experiences elation on occasion does not mean they are no longer grieving ("Grief, Loss, & Bereavement," 2019).

The many emotions, ideas, and actions that people display during grieving may be divided into two categories: instrumental and intuitive. Most people exhibit a combination of these two grief styles:

- **Instrumental grieving** places emphasis primarily on tasks that require problem-solving skills. Controlling or reducing emotional expressiveness is part of this technique.
- **Intuitive grieving** is characterized by a strong emotional reaction. Having shared feelings, examining a sense of connectedness, and contemplating death are all part of this approach.

You must assume that you would never completely "get over" your child's loss. However, you will continue to cope with the loss and embrace it as a part of your identity. The death of your child may cause you to reconsider your values

and the value of life. This may seem difficult, yet you can rediscover pleasure and meaning in your life ("Finding meaning in life," 2019).

Every one of your offspring has a profound impact on your life. They teach you innovative ways to love, new experiences to be happy about, and fresh perspectives on the world. One of each child's legacies is that the benefits he or she offers to your family last long after he or she has passed away. The happy experiences you made with your child, as well as the affection you experienced, will carry forward and be a component of you forever ("Finding purpose in life," 2019).

Post-traumatic Growth - Growth through Grief

Definitions and Conceptualizations

Tedeschi and Calhoun (1995) coined the term "posttraumatic growth" to describe the favorable psychological changes that occur as a result of prolonged psychological trauma. The same or comparable constructions have also been referred to by a variety of different labels. Although there is some overlap across theories and terminologies, there are significant differences in growth definitions and models (Werdel et al, 2012).

The concept of posttraumatic growth is based on suffering that goes beyond ordinary pressures (Tedeschi & Calhoun, 2004), referring to the kinds of pain that might lead to a type of assumptive modification of the self. A high amount of disruption to a person's world and individual journey (Calhoun & Tedeschi, 2006) in a way that modifies a person's perception of everyday situations is required for the phenomenon of posttraumatic development to occur. A group of specialists gathered at the "American Psychological Association Science Directorate" conference (2005)

on “Positive Life Changes in the Context of Medical Illness” to sort out the discrepancies in some of the terminologies used to describe posttraumatic growth. The term *posttraumatic growth*, as well as the process connected with it, indicates a drastic restoration of a person’s life as a consequence of reconstructing preconceptions that have been destroyed by trauma, according to the group (Werdel et al, 2012).

The posttraumatic growth model proposed by Calhoun and Tedeschi was initially presented in 1995 and then renewed in 2004. It is possibly the most well-known and investigated growth model in the literature.

Stephen Joseph and Peter Linley (2004) offer a third paradigm of overcoming hardship. The phrase “adversarial growth” is used by Joseph and Linley to describe the beneficial transformations that a person goes through as a result of psychological trauma. Joseph’s paradigm is unique in that it is based on an anti-medical humanistic integral model to the concept of posttraumatic growth (Joseph, 2011). Whereas Calhoun and Tedeschi’s and Park’s models are based on functional-descriptive theories, Joseph’s (2004) model is based on Rogers’ (1964) “Organismic Value Processing Theory” and is person-centered (Joseph & Linley, 2006). Joseph and Rogers propose, that growth is a fundamental, basic human desire and inclination in a healthy social setting. Joseph’s approach aims to normalize posttraumatic stress as a self-structure collapse and disorder. A person goes closer to the experience that Rogers (1959) characterized as “fully-functioning” by breaking down their self-structure and reorganizing a new self-structure that is commensurate with the extremely traumatic event.

According to Joseph and Linley, a fully functional person is somebody who accepts themselves, attributes all facets of themselves—their resources, capabilities,

and limitations, lives in present, undergoes life as a system, seeks life meaning, values profound relationships of trust and is empathetic towards others and, can end up receiving sympathy from others, and accepts that transformation is essential and inescapable (Joseph & Linley, 2006).

Three distinct methods of cognitively reconstructing an emotionally catastrophic event, and hence three unique possible consequences, depending on a person's social-environmental setting. According to Joseph and Linley (2006), a person who has been exposed to stress or trauma may:

1. Integrate the knowledge into a pre-existing identity and so revert to a pre-trauma functional capacity, leaving the individual open to re-traumatization.
2. Integrate the knowledge in a negative way, resulting in psychopathology and the discomfort that comes with it.
3. Use the knowledge in a good way that leads to learning opportunities.

Despite having various postulated meanings and processes via which the experience is attained, the words posttraumatic growth, stress-related growth, and adversarial growth both terms are both sometimes used interchangeably in the literature. Studies using all three categories and conceptualizations have been included in meta-analyses on beneficial improvements following emotional trauma (as well as others). They all make an effort to document the previously unnoticed pleasant experiences that might arise as a result of a person going through fundamentally adverse situations. However, it is critical to identify both the commonalities and distinctions in the conceptual frameworks of growth following emotional trauma from historical, scientific, and therapeutic perspectives. For clinicians who want to learn more about the notions of growth after psychological trauma, reading source writings by the authors is quite helpful (Werdel et al, 2012).

Wolfelt (2006) stated;

"While accepting the fact of this loss is excruciatingly painful, the more I expose my heart to little dosages of truth, the more my heart opens to recovery."

There is no one approach to grieving that is better than the others. Some people are more susceptible than others, and they express their feelings more freely. Many people are harsh, and they may try to avoid thinking about an unchangeable facet of life. Everyone has varied needs when it comes to coping with loss (Wolfelt, 2006).

Luckily, you may discover that your grieving journey is causing you to develop spiritually and emotionally. We must, however, always enable the bereaved to figure out how they might evolve from loss on their own, gently helping them at times and yet never trying to take away their need–indeed, their right–to be enraged, frightened, or genuinely saddened (Wolfelt, 2006).

Growth entails a new inner equilibrium with no endpoints

As you can use mourning to reclaim some feeling of inner balance, it is a new sense of inner equilibrium. According to Wolfelt (2006), the term "growing" refers to the reality that our grief journeys never conclude.

Hardly anyone fully recovers from their grief. People who believe you can "get over sadness" are always trying to "bring it all together," yet feeling as if something is amiss (Wolfelt, 2006).

Growth entails questioning our preconceived notions about life

Grief growth is a lifetime process of examining how death forces us to reconsider our life assumptions. When someone we care about passes away, we instinctively wonder about the purpose and meaning of existence. Spiritual or religious values are also examined. We could wonder, "How could God allow this to

happen?" or "Why did this happen to me now?" We often question why we must continue to live (Wolfelt, 2006).

Seeking solutions to these issues is a time-consuming and difficult task. But, in the end, evaluating our beliefs about life following the loss of a loved one may enrich and validate those ideas. For example, we frequently gain a better knowledge of our religiosity. We might notice a transformation in our life values and a personal, calmness that we previously lacked (Wolfelt, 2006).

Growth entails making the most of our abilities

The experience of grieving reminds us of the necessity of maximizing our abilities–our abilities to openly and without shame lament our losses, to be empathetically efficacious in our interpersonal relationships, and to keep finding contentment, thriving, and caring. Loss, rather than "dragging us down," might help us grow. Death appears to release the possibilities inside. It is then up to us as individuals to accept and artistically exhibit this potential (Wolfelt, 2006).

The pathway to posttraumatic growth, according to research, begins with people's pre-trauma cognitive framework about the world and oneself. Distress occurs when individuals are confronted with a distressing incident that contradicts their preconceived beliefs about the world and themselves. When this happens, people start ruminating about the unpleasant experience and their reactions to it, both automatically and consciously (Werdel et al, 2012).

Rumination will end only when they are able to alter and/or embrace a new paradigm. Fresh insights on the self, novel principles put on bonds, or a changed reason to live are all examples of schema changes (Calhoun & Tedeschi, 2006). The idea is that the loss connected with tragedy does not have to be representative of the entire trauma experience. In reality, some people experience a sense of constructive

discovery coupled with loss, as a result of tolerating and learning from the loss. Furthermore, social ties, individual personality features, stress levels, and even some people's relationship with their idea of the divine all influence and shape the process that might improve such desirable outcomes (Werdel et al, 2012).

When describing the findings from Lichtenthal et al. (2010), it was noted that those who reported benefits (including a greater willingness to assist others) were less likely to experience maladaptive symptoms. *Post-traumatic growth* might include things like a stronger desire to serve others (PTG) (Gross, 2016).

According to Linley and Joseph (2003), various philosophies, literature, and religions have asserted that individual benefit may be found in adversity throughout history. The concept of PTG was coined by Tedeschi and Calhoun in 1996 to denote how trauma can catalyze positive changes. It sparked a lot of research, and PTG has since become the most popular subject in Positive Psychology (PP) (Seligman, 2011, as cited in Gross, 2016).

A History of Growth

Clinical psychologists Richard Tedeschi and Lawrence Calhoun of the University of North Carolina Greensboro invented the term "posttraumatic growth" (PTG) in 1995. Around the same time, additional words for a similar process started to appear in the psychology literature: stress-related development (Park, Cohen, & Murch, 1996), benefit-finding (Tennen & Affleck, 1998), and adversarial growth (Tennen & Affleck, 1998). (Joseph, 2004; Linley & Joseph, 2004). Each word has various ideas, meanings, conceptualizations, and measures, which will be discussed shortly. All of the phrases, however, encapsulate the concept that value may develop when cognitive processes reorganize as a response to stress and trauma (Joseph,

2011). Models of posttraumatic growth are based on years of psychological study and theory, as well as theological and philosophical foundations established in centuries-old encounters (Werdel et al., 2012).

From a psychological standpoint, the notion of posttraumatic growth may be traced back to Caplan's Crisis Theory (1961, 1964); Rogers' client-centered theory (1961, 1964); Existential Theory (Frankl, 1963; Yalom 1980); and the Positive Psychology movement (Tedeschi & Calhoun, 1995). Though other movements have concepts about human growth and potential as a result of significant life stress, these views appear to have the greatest links in the area. Each conceptual development will be briefly discussed, with connections to further investigation of the theoretical origins supplied (Werdel et al., 2012).

Crisis Theory

In the 1940s, Gerald Caplan (1961, 1964) created Crisis Theory while working with patients who had experienced traumatic life events. Caplan discovered that when people were confronted with a crisis, their regular coping methods were ineffective in assisting them in managing their discomfort. A person's inability to adequately cope with the situation resulted in a sense of disarray in their capacity to operate. In an attempt to alleviate internal tensions caused by a sense of disorder, a person in agony was prompted to a trial-by-error attempt to end the crisis with a fresh approach (Halpern, 1973). These trial-and-error approaches show that a crisis can lead to the discovery that one's pre-crisis collection of coping skills can be broadened beyond what one may have previously anticipated. Caplan's argument emphasizes that without a calamity, the need for new self-awareness—specifically, new strategies of coping—would not be recognized as vital. When present coping methods are no

longer enough, seeking augmentation of coping resources comes from a position of immediate urgency (Werdel et al, 2012).

Existential Psychology

The existential movement is the basis of posttraumatic growth. It is hard to precisely define existential therapy since it is impossible to encapsulate the perspective (Yalom, 1980). Existential psychology in general, analyses people's existential concerns and the dynamic struggle that occurs when they come face to face with some aspects of humanity (Yalom, 1980). Four ultimate existential issues, according to Yalom (1980), one of the movement's pioneers, culminate in intrapersonal dynamic conflict:

1. Death: The essence of our finiteness and our yearning to live

2. Liberation: The absence of an external framework and the obligation to write our own stories.

3. Alienation: Our longing for connection and our inherent sense of isolation from others.

4. Worthlessness: Our search for meaning in an environment where it may or may not exist.

While confronting inner conflict can be upsetting, Yalom's works show that confronting one or more of the four existential questions can help a person find a new purpose in life (a) when people are confronted with mortality; (b) make an irreversible decision; (c) or suffer a collapse of their meaning-making schema, they are more likely to dwell on one or more of these four ultimate concerns (Yalom, 1980). When a person becomes conscious of any of these four fundamental existential issues, as might happen in the aftermath of stress or tragedy, the effect is an unpleasant sense of

unease. People are said to progress toward good experiences of development or bad experiences of psychopathology, depending on the strength and length of their anxiety (Werdel et al, 2012).

Victor Frankl (1963), a psychiatrist and the pioneer of logotherapy, spoke about the connection between terrible life situations and developing a sense of purpose to overcome what Frankl perceives to be the inherent sorrow of the human experience. "To live is to suffer; to survive is to find meaning in the pain," he says in *"Man's Search for Meaning"* (p. 11). Frankl thought that life has no purpose unless it is given significance by a person. The essential tenet of Frankl's thesis is that a person may find value in every circumstance that is given to them, even the most terrible ones (Werdel et al, 2012).

Meaning cannot be obtained from another person, according to Frankl (1963). Rather, each person has the freedom and obligation to offer purpose in life' at each moment, since "meaning in life varies from man to man, from moment to moment" (p. 98). While suffering is an unavoidable aspect of life, discovering new meaning via engagement with terrible life situations is feasible, and possibly even the ultimate objective, as shown in the two instances of existential literature. While mortality, for example, cannot be avoided, it can be addressed, and by being conscious of the confrontation, one might just want to experience life differently, with a new reason for the existence not realized before confronting death (Werdel et al, 2012).

Rogers's Person-Centered Approach

Carl Rogers, the pioneer of the person-centered approach to therapy, is a third figure who has influenced current posttraumatic growth movements. Carl Rogers' work is founded on the notion that humans are inherently intended to grow and are driven to do so. Rogers' Organized Valuing Process Theory (1964) asserts that it is a

typical, natural propensity for a person to gravitate toward the construction of meaning, and the development of their social world encourages them to do so (Joseph & Linley, 2006). A fundamental drive for growth does not always correlate to growth driven by all persons. Anxiety and dread may be caused by a hostile culture and unpleasant circumstances, steering people away from maturation and the progression of real selves. When a person encounters genuineness, competence, and connectedness in their social context, however, their inherent propensity to grow and actualize becomes more plausible (Joseph & Linley, 2006). One may argue that people were intended to thrive, according to Rogers (Werdel et al, 2012).

Positive Psychology

Positive psychology, coined by Martin Seligman in 1998, has had a significant impact on contemporary growth concepts (Peterson, 2006). Symptomology and issues are the center of a conventional mental framework, as opposed to a positive psychological frame. "What is going wrong?" is the central question of conventional psychology. In the positive psychology movement, however, the focus is on perseverance and what traits a person possesses that enables them to not just overcome but also thrive in the face of adversity. By addressing the often-overlooked question, "What really is heading right?" positive psychology aims to claim a feeling of equilibrium (Maddux, 2002). When solely a symptomological approach is utilized, the positive psychological approach evaluates what is functioning by striving to comprehend what cannot be comprehended, and accessing what cannot be reached is impossible in the human storyline. The structure of questions establishes a limitation and a threshold within which to seek an answer. When we simply ask symptom-based inquiries, we will never comprehend what is going right and why it is doing correctly (Werdel et al, 2012).

The various approaches in which positive psychology has explored well-being is one facet of positive psychology that is important when evaluating posttraumatic development. Traditional psychology frequently investigates hedonic well-being, possibly the most well-known kind of happiness, which is focused on reducing negative affect and boosting good effects. Positive psychology has given eudaimonic well-being more attention (Werdel et al, 2012).

Aristotle used the Greek term *eudaimonia* to denote the good life or living well. To better capture the sense of psychological flourishing, this form of well-being or happiness focuses on improving purpose, meaning, personal development, genuineness, and growth. The two sorts of well-being are distinct ideologies rather than being on a spectrum. Hedonia has been proposed as a beginning point for comprehending posttraumatic growth and the benefits it provides, however, the description of well-being must be continued to expand to include the notions of thinking critically and living well (Calhoun & Tedeschi, 2006), which are more usually associated with eudaimonia. Extra emphasis on eudaimonic rather than hedonic well-being provides for a more comprehensive understanding of effort and tragedy, and hence a more full picture of human existence (Werdel et al, 2012).

Theoretical Models of Grief

Grief is unique to each individual. However, there are still global trends in how people cope with bereavement. Psychologists and others have developed several grief models. Among the most well-known theories are the five stages of grief, the four obligations of mourning, and the dual-process model ("Grief, Loss, and Bereavement," 2019).

In IPA, the analysis is said to be 'bottom-up.' This implies that instead of employing a pre-existing theory to find codes that may be applied to the data, the researcher produces codes from the data. IPA investigations, on the other hand, do not test theories but are frequently helpful to the development of current ideas.

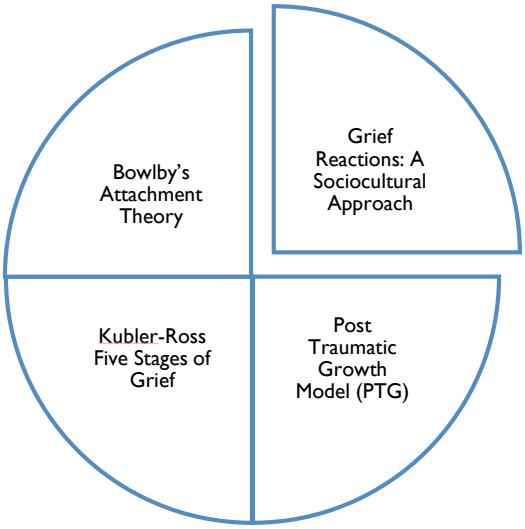


Figure 1. Existing Theories of Grief

The Rationale of the Study

It's a very sensitive topic and a topic that I consider very close to my heart. I want to share very emotional, heartwarming and heartbreaking words from the fiction novel, The Orphan's Tale:

A wife who loses a husband is called a widow.

A husband who loses a wife is called a widower.

A child who loses his parents is called an orphan.

There is no word for a parent who loses a child.

That's how awful the loss is.

– Jay Neugeboren – An Orphan's Tale – 1976

It is just like living with the presence of absence. I thought I knew what grief and loss felt like. From past experiences of death, knowledge gained, trainings and the privilege of being with others who were grieving, to date I knew I could empathize with others as they shared their thoughts and feelings. I felt confident and comfortable sitting with, listening to and accompanying clients as they journeyed their paths into, in and through their grief and loss experiences. Then one day during my post-partum period, we received a phone call from NICU which was to change my life and the lives of everyone in my family. I LOST MY SON. My view of life and the after-life changed many times as I travelled my journey through this time. I felt utterly powerless. The impact of experiencing a death has profound implications for the bereaved. I have witnessed, that losing one's child has deep and far reaching effects.

The death of one's child can be an extremely challenging loss to accommodate. Grieved parents are vulnerable to a range of physical and emotional difficulties (Rubin & Malkinson, 2001). However, despite the generally challenging nature of parental grief, there are several factors related to the individual parent and the context of the death that increase the risk of poor grief adaptation. This study will examine the relative contribution of these risk factors, in addition to sense-making, benefit-finding, prevention strategies for grief reactions, and strategies for the facilitation of healthy adaptation to loss in predicting grief severity with a group of grieved parents.

Parental grief is comprehended and addressed in various quantitative studies but the gaps in qualitative literature specifically this phenomenon i.e lived experiences

of bereaved parents need to be addressed by eliciting the experiences of parents who have lost their children of various ages, involving neonates, younger kids and adolescents. This research will aim to address several gaps in the literature regarding the use of Interpretative Phenomenological Analysis (IPA) when exploring parents' views on the impact of grief. Interpretative phenomenological analysis (IPA) is a qualitative method that aims to provide in-depth explorations of personal actual lived experiences. It creates a narrative of lived experience on its terms, rather than one imposed by pre-existing presumptions, and it emphasizes that this is an interpretative endeavor since humans are sense-makers. The aim of Interpretative Phenomenological Analysis (IPA) is to analyze how grieving parents explain their struggle to cope with either their child's tragic accidental or disease-related death to assess the adaptive and maladaptive coping mechanisms, which are typical across a wider spectrum of loss experiences. Even these studies are sparse, and there appears to be no published study aimed at gaining a comprehensive grasp of what it is like to be a grieving parent.

To obtain a better understanding of grieving parents' experiences, health practitioners and academicians must first learn how they think and feel about completing their duty. Comprehensive knowledge of the experience of grieving parents and the emotional challenges they face is pivotal to the development of counseling programs that address these concerns and take a preventive stance. Professionals can obtain insight into how to effectively assist and improve this role to ensure better outcomes and increase the overall prospects of grieving parents as a result of this greater understanding.

The Rationale for using Interpretative Phenomenological Analysis.

Even though interpretive phenomenology has an extensive history (Heidegger, 1927/1962) Interpretative Phenomenological Analysis (IPA) was regarded to link the divergence between positivist and discursive positions somewhat lately (Smith, 1996).

A distinguishing feature of IPA is the comprehensive investigation of the lived experiences of humans. IPA is phenomenological because of its emphasis on investigating elements of lived experience as they seem to individuals without alluding to earlier theoretical suppositions. IPA is interpretative in the sense it identifies that phenomenological investigation unavoidably includes interpretative activity on the part of the participants as they are creating a sense of their phenomena and interpretative activity by the researcher making sense of the participant's meaning-making. Lastly, IPA is predominantly idiographic in its emphasis that is; it freedoms the fine-detail investigation of phenomena communicated in its particular terms (Smith, Flowers, & Larkin, 2009).

Perhaps IPA's most prominent input to the body of empirical literature has been its utility in providing an explicit practical methodology to qualitative data analysis which aids a multifaceted interpretation of data set over more general scientific laws and yet not entirely rejecting the promises of understanding patterns or commonalities in a qualitative data set (Brocki & Wearden, 2006; Smith, 1996).

The geneses of phenomenology are placed with the phenomenology of Husserl, which instigates to account for things or occurrences that appear to be surrounded by our mindfulness. "Phenomenological reduction" a method described by Husserl emphasizes the significance of 'bracketing out' speculations to allow a more absorbed and unbiased awareness of a specific worldview (Smith, Flowers, & Larkin, 2009). Moreover, the psychological reduction is therefore also implemented

throughout Giorgi's (2009) qualitative method. "Psychological reduction" was retitled by Giorgi (2009) to "the human scientific reduction" or even sometimes "the scientific reduction" (p. 95). By contrast, IPA follows Heideggerian phenomenology, stressing the role of the meaning-making events that comprise the distinctive dynamics of human existence and the personified make-up of human life. This approach incorporates Husserl's philosophy only to the extent of understanding insight-based experiences but greater stress is laid on admitting and comprehending the interpretive processes encompassing the understanding of the phenomena (Moran, 2002; Smith et al., 2009). Husserlian concepts were rejected by Heideggerian phenomenology regarding the likelihood of 'bracketing out the impact of our own perceptual experiences, alternatively accentuating how phenomena are interpreted. Thereby, IPA posits the clear-cut importance of the reflexivity of the researcher as pivotal to the analytical procedures.

Situating IPA on the ontological continuum would be informative and merits appreciation because of its specific value when discussed in the mixed-methods research program milieu, particularly with real intentions. Probably, IPA holds close to a contextual constructionist epistemological perspective as it accepts impartial approachability and depiction of experiences of participants, emotions, and thinking, but still also acknowledges interpretive activities and their role in the data production context (Madill et al., 2000). Somewhat signifying a flexible approach, the IPA approach has developed into an extensively used qualitative analytical research method across a wide scope of other disciplinary perspectives comprising occupational therapy (Clarke, 2009), nursing field (Lopez & Willis, 2004), mental health care services (e.g., Huws & Jones, 2008; Knight, Wykes, & Hayward, 2003) and psychology of health (Brocki & Wearden, 2006; Smith & Osborn, 2003). The

latest review of IPA shows broad interest in interdisciplinary interest and an increase in its recognition (Smith, 2011).

Amid its strengths, IPA provides clear-cut and attainable guiding principles to carry out, analyses, and state qualitative investigation. Furthermore, IPA proclaims the likelihood of utilizing study findings to generate a preliminary generalized account of social phenomena which to a certain extent, could be more widely managed to deepen knowledge of conceptions and different theoretical principles in health psychology. Current discussion regarding the contribution of IPA also reflects its ability to encourage debate of larger concerns in qualitative research concerning epistemology, pluralism, and quality (Chamberlain, 2000; Shaw, 2011; Todorova, 2011; Willig, 2008).

Also, the core characteristics of high-quality IPA work lie first in idiographic liability to analyze each case study separately in detail and the strength of activity and rigor for each case, comparatively in IPA studies are usually evident from small sample sizes which are adequate for the capability of IPA to be realized (Bramley & Eatough, 2005; De Visser & Smith, 2006); Secondly, sufficient transparency of data so that reader can understand what was done (Smith, 2011) thirdly, a well-focused, in-depth analysis of a specific topic reflecting the strong interpretation of data which can engage readers attention and he finds it particularly enlightening (Smith, 2011). Consideration of 'reflexivity' on the part of the researcher is also another important characteristic of a good IPA study (Finlay, 2002).

Research Questions

Grief is a complex process that can result in major health symptoms and long-term psychological distress.

- How to grieving parents perceive and share their lived experiences of grief and PTG?
- How do grieving parents explain their subjective experiences related to child-loss?
- How grieving parents cope and what strategies are used by grieving parents?
- What are the personal and socio-cultural and religious determinants (personality traits, cognitive abilities, culture, religion, social support) in PTG among grieving parents?

The following supplementary research questions were developed during the pilot study phase:

- How do demographics such as age, gender, birth order, and family system affect grief and PTG?
- How do grieved parents perceive their fears and apprehensions related to loss?
- How and to what extent grief has affected their marital life and social relations?
- How do grieved parents perceive their support system?
- How do grieving parents perceive and explain the role of spiritual beliefs in their lives?
- How do grieving parents cope with the loss?
- How do grieving parents explain regrets related to their child-loss and how do they deal with them?
- How to grieving parents explain their dream experiences?

Chapter II

METHOD

The present study aimed to explore the experiences, reactions, and strategies used by grieved parents, how Post Traumatic Growth (PTG) is manifested in grieved parents, and explore determinants of PTG. The general question of this study was: How do grieving parents perceive this phenomenon and how has that experience impacted their lives? The salient components of this question were "how," "grieving parents', "perceive", grief," and "impacted".

The word "how" indicated an openness to anything whatsoever that would emerge during interviews with participants. The word "perceive and "grief" denoted the recognition of the individual nature of grief experience for the participants. The word "impacted" implied participants made self-constructed meaning from their experiences i.e., Post Traumatic Growth (PTG).

Research Design

The research design is well established when presented for a particular context and concerning philosophical, ontology, epistemological, and axiology (Scotland, 2012). According to the epistemological premise, a qualitative approach implies researchers aim to get as closer to the participants as necessary. As a result, subjective data is generated based on personal viewpoints. This is how people's individual and subjective experiences are used to get knowledge (Guest et al., 2013).

Ontology and Epistemology

The research's ontological framework is based on the relativist premise that there is no conclusive reality and that research must be an analysis of people's various perspectives of experiences (Willig, 2008). To investigate parents' bereaved experiences, a social constructionist epistemological perspective was used. According to social constructionists, individuals who witness and experience phenomena, construct reality (Gergen, 1999).

As cited in Scotland (2012), the ontological approach of interpretivism is relativism. It claims that reality is subjectively constructed and differs from one individual to another (Guba & Lincoln, 1994). Our sensations influenced our perceptions of reality. The world loses its meaning without consciousness. When consciousness interacts with phenomena or other elements that are already impregnated with meaning, reality unfolds (Crotty, 1998). The interpretive approach is aimed at gaining a better understanding of phenomena from the perspective of individuals, as well as the cultural and historic circumstances in which they exist i.e social constructivism (Creswell, 2009, p. 8).

The study adopts a subjective interpretive approach, as the fine intricacies of emotions, thinking, thought patterns, judgments, and so on are adequately obtained and comprehended by qualitative research approaches. Based on the quintessential feature of in-depth interviews, a semi-structured open-ended interview method was employed to explore the social reality of the participants.

Method

Interpretive methods provide awareness and knowledge about behaviors, analyze behaviors from the standpoint of the participants, and do not compel them. Examples of the methodology include case studies, phenomenology (the exploration of experience without the interference of preexisting assumptions), and hermeneutics (the study of underlying hidden meaning from words). Certainly, this methodology stems from hermeneutic practices which are primarily concerned with understanding deeper profound meaning in communication that is expressed by a collection of personal experiences and narratives or observable behaviors and actions (Guest et al., 2013). The present study is centered on subjectivism, which underpins interpretive epistemology, which is grounded on real-world experiences.

Qualitative research procedures, or methodology, is inductive, emergent, and formed via the adequate experience of the researcher and interpreting information. The research's philosophical foundation is depicted in Figure 2, and this determines the research method of the present study (Silverman, 2000).

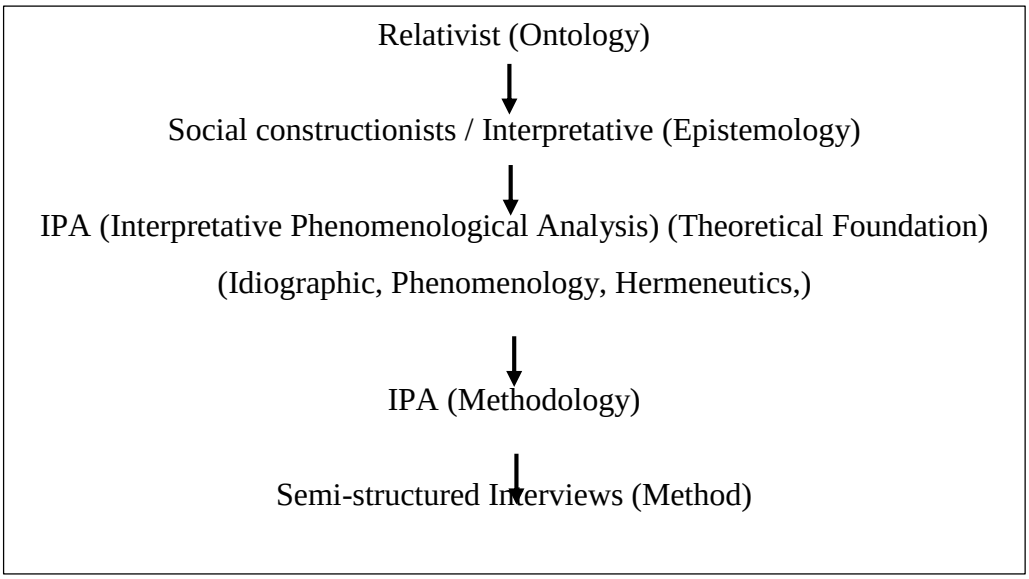


Figure 2. The Philosophical Framework of the Current Research

To achieve the objectives of the study, the study will be carried out in three phases, namely the preliminary study, the pilot study, and the main study. These phases are designed to be able to cover a wide range of studies, from the beginning to the end, to judge the feasibility of the study which is a necessary move in a qualitative inquiry

Plan of the Study

Phase I: Preliminary Study

Collecting Data

In the 1st phase of the study, informal, conversational interview methods (unstructured interviews) with no predetermined questions were asked, to remain as open and adaptable as possible to the interviewee's nature and priorities. IPA studies often use unstructured interviews that are participant-led and do not follow a standard set of questions (Clare et al., 2008).

The interviews in the preliminary study followed the "three-interview series" approach (Seidman, 1998). Seidman validates this method by stating: "people's behaviors become meaningful and understandable when placed in the context of their lives and the lives of those around them" (1998, p. 11). Patton (1990) concurs that without context there is little possibility of exploring the meaning of the experience under investigation.

The first interview of the preliminary study focused on the participant's life history and allowed the interviewer to put the experience in context. Participants were asked to tell as much as possible about themselves about the topic.

The second interview focused on the details of the experience. Its purpose was to concentrate on the details of the participant's present experience and to reconstruct the details.

The third interview asked the participant to reflect upon the meaning of his experience. Questions addressed the emotional connections between the participant's grief experiences. "Making sense or meaning," clarifies Seidman, requires that the participants look at how the factors in their lives interacted to bring them to their present situation. It also requires that they look at their present experience in detail and within the context in which it occurs (1998, p. 12).

A preliminary study was part of the pilot study and it was done to develop different aspects of the trial procedures and to collect data to facilitate the planning and construction of the interview protocol.

Phase II: Conducting Pilot Study

In the 2nd phase, a semi-structured interview was developed as a standard tool, which provided a structure for the interview.

The Interview protocol used for the present research was validated through the four-phase process of the Interview Protocol Refinement (IPR) Framework:

1. Ensure that the interview questions are in line with the research questions.
2. Generating inquiry-based questions/discussion
3. Feedback on the Interview Protocol
4. Conducting piloting on Interview Protocol

The IPR approach may help to improve the quality of data acquired from qualitative research interviews by enhancing the consistency of interview protocols used in qualitative research (Castillo-Montoya, 2016)

At this stage attempt to conduct a pilot test of the interview protocol was done before conducting the planned study. Besides focusing on the interview questions, the pilot study allows the researcher to find out how long the interview will last, whether the interviews will flow logically and coherently, whether any questions need to be changed, and determine the type of data that will be obtained from the questions.

The hermeneutic circle, as described by Heidegger, provides a framework for understanding the importance of pilot studies; it suggests that a person must have a practical sense of the domain within which a phenomenon is situated to develop an understanding (Kezar, 2000). The pilot study is generally used to evaluate the research questions and identify any potential researcher bias.

The pilot study provides face validity for the interview questions which were completed with three experts in the field of phenomenological research. By piloting, the researcher confirmed that the assessment methodology was appropriate for IPA. Following the pilot study, the researcher found that the semi-structured interview schedule had enabled a thorough investigation of the participants' bereaved experiences during the interview and that the participants of this study had comprehended it accurately. The observations on how the interviews can be executed more efficiently, such as permitting longer pauses or fostering clarifications or elaboration on areas of concern, led to minor adjustments in the order of questions following the pilot interview.

For pilot interviews, a couple was recruited using the convenience sampling technique. The couple has only one male child (24 years old), who was shot by one of his friends. All the necessary details were explained to the couple. Consent was taken and issues of confidentiality were discussed in detail.

Pilot interviews were conducted with a couple to check the accuracy of the designed set of interview questions and to increase familiarity with the interview protocol content. However, in addition to the interview questions, the researcher asked pilot study participants if they understood the questions, if any questions should be added, or if any questions should be deleted. Interviews with the couple were conducted at appropriate places according to the comfy of the participants and without interruptions from other people. Confidentiality was maintained with their data throughout the present research.

Eventually piloting led to the elimination of some questions, rephrasing of some questions, and a few additions of some items. The layout of the interview schedule also improved as a consequence of the piloting process.

The results of the pilot study detected probable problems with the item sequence, with item repetition as a foremost error when conducting a pilot study. Item numbers 1 (Can you tell me when the loss occurred? What happened that day? Please tell me your story of loss. Where were you when you found out about the death?), 2 (What is grief according to you? What was your grief experience like?), and 3 (How do you negotiate the absent body?) were combined as Item 1. Few words in items were replaced due to their stringent terminology and emotionally loaded nature. For example, the word 'absent body' in Item 3 was replaced with the 'absence of your beloved'. Items were rephrased because of their ambiguity. For example, item 4, (what changes do you feel *inside you* in time of grief?) was restructured to 'what changes do you feel in your *emotions and physiological changes* in time of grief? Distinct questions on social experiences and marital relationships (for example Item 11; After you lost your child, how do you feel your family influenced you in various aspects, including favorable or unfavorable aspects? and Item 12; How and to what

extent grief has affected your marital life and social relations? were included. From the data of the pilot study, a few themes emerged such as religious beliefs, the impact of an evil eye, and religious and faith healing, which help us in including items on *cultural, religious, and spiritual beliefs* during grief and *exploration of dreams and their symbols* following grief.

Subject matter experts (SMEs) were contacted and requested to review the formal homogeneity of the language, such as tenses grammatical structure, linguistic competence, the length of interview protocol questions, an acceptable degree of complexity, and their relevance to the social-cultural environment. The committee experts analyzed each item and chose the translation that best reflected the item's meaning. The committee experts make sure that the items were all translated most straightforwardly so that respondents could grasp the terminology. After that, the scale was typed and proofread several times before printing it.

The questions finalized in the interview schedule were designed to be flexible, impartial, and non-directive by using the funneling approach (Smith & Osborn, 2008). Suitable prompts were utilized with initial questions, to entice participants to go into further depth on the intricacies.

As a phenomenological researcher, the emphasis was on understanding the entire experience and permitting the interview to mirror the nature and pith of the participant's encounters. Given encounters from the pilot study, the items for the interview were attuned regarding phrasing and rephrasing so they would be expansive enough for the participant to portray their encounters. The changes were done in probable final interview protocol so that the emergent issues from the pilot study can be addressed before the large-scale study is undertaken.

Following the pilot study, the researcher decided to exclude an extract of a male participant from the research. The participant was seen having difficulty responding to some of the questions and providing very little detail in his answers, resulting in the interview lasting only 15 minutes. As a result, the employment of an IPA technique with his transcript was deemed unethical due to the in-depth interpretation necessary throughout the study. This judgment was based on the ethical concern of not using his interview, even though this interview accurately reflected the participant's experiences.

The most significant advantage of performing a pilot study is that it allows the researcher to make changes and updates to the actual study (Kim, 2010). The analyst can assess the viability of the sample-recruitment strategy, as well as the viability of the proposed research process, including its cultural and local political context, by testing: a research protocol, i.e. data-collection method (for example survey or qualitative interview guide), the viability of the sample-recruitment strategic plan, and the viability of the proposed research process, including its cultural and local political context (Hundley and van Teijlingen, 2002).

Phase III: Main Study

The main study comprises of qualitative analysis of lived experiences of grieved parents. Interpretative Phenomenological Analysis (IPA) is done in Phase III of the study. It is an in-depth qualitative study to learn about the participant's lived phenomenological world through the exploration of the experiences, reactions, and strategies of grieved parents, and how Post Traumatic Growth (PTG) is manifested in grieving parents.

All interviews were audiotaped, transcribed, and edited for accuracy. The transcribed narratives will be the data for the study.

Research Process

The following section describes the techniques used to achieve the Interpretative Phenomenological Analysis (IPA) methodology. The section consists of objectives, sample, data collection measures, and data analysis.

Objectives

1. The present study will aim to understand the psychological processes, thinking, and feelings of grieving parents' (mothers and fathers) in the form of grief experiences
2. To describe Post Traumatic Growth (PTG) and its manifestation in grieving parents.
3. To explore determinants of PTG

Sample

A saturation point is used in qualitative studies to determine the required sample size (Morse, 2015). Based on guidelines postulated by Smith, Flowers, and Larkin (2009), a homogenous purposive sample (N=10) of bereaved parents (5 mothers and 5 fathers) was selected from Rawalpindi, Islamabad, Taxila, and Lahore (Pakistan). Following the theoretical groundwork of IPA, participants were chosen purposefully. In the present study, although the sample may appear small, it conforms to the recommended sample size for IPA work i.e., three to six participants were enough (Smith et al., 1999). Smith et al. (2009) advised that the primary concern of "IPA is a detailed account of individual experience. The issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit

from a concentrated focus on a small number of cases" (p. 51) (Alase, 2017). Polkinghorne (2005) recommended interviewing 4 to 25 participants for phenomenological research.

The participants were recruited using a purposive, and snowball sampling technique. Smith et al. (2009) stated that "samples are selected purposively (rather than through probability methods) because they can offer a research project insight into a particular experience" (p. 48). Additionally, because of the homogeneity of the research participants and the size of the sample pool, it is anticipated that IPA research studies will be rich and descriptively deep in their analytical process.

The age of the parents participating in this study ranged from 20 to 49 years. All participants were Muslims. Although all of the fathers worked full-time, the employment status among mothers was the same (i.e., working inside the home). The parents were not linked in any way. All parents had one other surviving child (range in the number of surviving children: 1–7). Pseudonyms have been assigned to quoting the participant's experiences to maintain the confidentiality of the participant's data.

The age of deceased children ranged from 5 days to 20 years. All the deceased children were males. Four of the children died of illness including; heart attack, choking, and meconium case, while the other died by suicide.

As part of the process of selecting participants for a phenomenological research study, Creswell (2013) stated that it is "important [that phenomenological research study endeavor] to obtain participants' written permission" (p. 154). In addition to the fact that the IPA researcher should seek the written approval of the participant, Creswell (2012) also stated that in any qualitative research study, it is important that "you select people or site that can best help you understand the central phenomenon" (p. 206).

Informed consent, according to Mandel and Parija (2014), is the sense of trust between the researcher and the respondents. It is the most critical feature of any effective research since it ensures that the respondents' well-being is maintained and that they have control over whether or not they participate in the study.

As an imperative, the present study seeks and obtains the approved 'informed consent' from the participants. This study's interview phase was terminated when the data provided in the recent interview substantially repeated information that has already been collected in previous interviews.

Inclusion and Exclusion Criterion

Catering to the major objective of research i.e. to explore determinants of Post Traumatic Growth (PTG), which Dr.Marianne Trent says that PTG is a process occurring after 6 months, when the individual who experienced trauma is able to integrate their experience into their lives. Therefore as the death of a child is an emotionally and ethically sensitive topic, the study was launched about 6 months after the death.

Inclusion Criteria

According to the present working definition, grief is defined as an emotional reaction to the loss of their offspring. An inclusion criterion of the study is limited to the following. The age of a deceased child ranged from Infancy to Early Adulthood (birth to 34 years) (Newman & Newman, 2012). The deceased children were all male. The cause of death is inclusive of the normative and non-normative samples. Normative life events can be expected and predictable stressful occurrences that occur in all families at some point during their lives (Boss, 1980). Non-normative life changes are substantial, unanticipated, and unusual occurrences that occur in the

course of a person's life and do not follow a predetermined developmental pattern (Koulenti, 2011). Natural calamities, the death of a loved one, and war are all examples of non-normative life events. Even though death or disease are empirically regarded as normative at various ages, they are typically non-normative. They are indeed unwanted and unexpected events with serious consequences (Lavee et al., 1987). The time since the death of a child ranged from 2 to 5 years. The duration of marriage of the sample parents was between 7 years to 55 years. The family system considered for the present research was both joint and nuclear family systems.

Exclusion Criteria

For the present research, people with persistent form of bereavement (severe or complicated grief) was excluded. The chronic type of grief lasts for a year or longer, and the symptoms do not improve. Due to this, the particular sample was excluded because parents who were still in mourning for a long time are in a state of prolonged grief. They may still be shocked or disoriented by their loss, find it difficult to accept, and become fixated on the meaning of the loss, its reasons, or its repercussions.

Data Collection and Instruments

Qualitative data is primarily obtained through the use of spoken or written words rather than numbers (Polkinghorne, 2005). A qualitative research interview is typically described as "a conversation with a purpose," Smith et al. (2009) effectively noted. This goal is guided, at least indirectly, by a research question. IPA interviews are designed to open up and create a relationship with participants so that their "living

experiences" can be investigated and analyzed as a "conversational" and interpretative data-gathering tool.

Smith et al. (2009) asserted that "the aim of an [IPA] interview is largely to facilitate an interaction which permits participants to tell their own stories, in their own words" (p. 57).

Data for this study was collected by conducting individual, semi-structured interviews which are considered the exemplary method for IPA. Before starting to interview the participants, the opinions of three experts were solicited for the semi-structured interview form. After all of the questions on the personal information, the interview protocol form was then used. The participants were then asked, "Can you share with us what you felt after you lost your child?" Subquestions were concurrently asked to enable the participants to relate their experiences and to provide encouragement. An example of these subquestions is, "Can you tell us about your feelings and emotions regarding this sad experience?"

In a phenomenological approach, the only time that a researcher has to bracket or keep his/her preconception out of the process is during interviews of participants and the collection of research data. Smith et al. (2009) argued that "The IPA approach to data collection is committed to a degree of open-mindedness, so you will have to try to suspend (or bracket off) your preconceptions when it comes to designing and conducting interviews or other data collection events" (p. 42). The reason for bracketing one's preconception during interviews, according to Smith et al. (2009), is to "enable participants to express their concerns and make their claims on their terms" (p. 42). The bracketing principle was adopted upon commencing the research proposal and then in data collection and throughout the data analysis process.

Personal preconceptions were accepted and bracketed off to minimize their impact on the research.

Securing and managing the data collected in a qualitative research study cannot be over-emphasized. As the manager of the research database, it is the responsibility of the researcher to provide adequate security for the safekeeping of the data that was collected. Alase (2016) suggested the following measures for securing and safeguarding the research data from outsiders. He stated that "As an added protection, an IPA research study should destroy through deletion of any video, audio and/or taped recorded information after it has been transcribed for the safety and protection of the participants. Additionally, the IPA study should also provide a safe and sturdy storage system for the safekeeping and management of the research data. Rubin and Rubin (2012) advised that researchers should have a sturdy safety system that protects the data collected from the hands of an outsider, i.e., providing a protected password system for the filing and storing of research data" (p. 85) (Alase, 2017). The qualitative data of the present research was in the form of field notes, audio recordings, interview transcripts, memoranda notes, reflective journals, and interpretations. The recorded data was secured in a password-protected file on the computer and hard copies of recorded data were kept in lock and key ensuring the confidentiality of the collected information. The backup of audio files was maintained in Google drive.

A semi-structured interview protocol was used to collect the data. Albeit various stratagems for data collection have been utilized, IPA envisages, however, the most common method of data collection i.e., semi-structured interviews (Smith, Flowers, & Larkin, 2009). The rationale of forming an interview schedule is to

facilitate a comfortable interaction with the participant which will, in turn, allow them to provide an exhaustive narrative of the experience under investigation.

Most IPA work is conducted using in-depth interviews. The interviews facilitate the participant to provide a full, rich account while allowing the researcher the flexibility to probe interesting areas that emerge. Questions in the interview guide should be prepared openly and expansively.

The participants of the research were encouraged to talk at length. Oral input from the researcher was kept minimum. While using a semi-structured interview, research participants were given empathetic attention, and rapport was built with the participant based on non-judgmental acceptance and openness.

The first thing the researcher wants to do in an interview session is to follow the advice that Smith et al. (2009) suggested "the most important thing at the beginning of the interview is to establish a rapport with the participant. They need to be comfortable with you, know what you want, and trust you. Unless you succeed in establishing this rapport, you are unlikely to obtain good data from your participant". (p. 64)

In addition to the above advice, Smith et al. (2009) also argued that "good research interviewing requires us to accept, and indeed relish, the fact that the course and content of an interview cannot be laid down in advance" (p. 65). Therefore, the bottom line is that in an IPA interview process, the researchers have to learn how to put the participants at ease by asking them about their lived experiences.

An interview protocol (see Annexure A1, A2) was constructed according to guidelines set out by Smith, Flowers, and Larkin (2009, pp, 57- 71). Considering the research questions, a conceptual framework (see Fig 2) was drawn, and then an interview protocol was prepared covering key areas of work. An interview protocol

consisting of 22 questions with some prompts was used to explore the experiences of grieved parents. The interview guide was prepared in both English and Urdu language. Items were first developed in the English language and then translated into the Urdu language.

A total of ten participants had given the in-depth interviews in the native Urdu language while two participants had given the interviews in the English language. Questions were vigilantly worded and various drafts of these questions were prepared, reworked, and rechecked by three experts in the field of phenomenological research, and subject matter experts, until an agreement was reached for final, clear, concise, and exploratory items.

Questions were regarding subjective grief experiences, coping strategies used by grieved parents, and personal and socio-cultural and religious determinants (personality traits, culture, religion, social support) in PTG among grieving parents (e.g. What is grief according to you? What was your experience with grief? How do you negotiate the absence of your beloved? What changes do you feel in your emotions and physiological responses in times of grief? Tell me about your life now, as compared to before. After you lost your child, how do you feel your family influenced you in various aspects, including favorable or unfavorable aspects? What is your position around cultural assumptions of getting over and moving on from loss?). The interview schedule was used as a flexible guide not as a rigid structure so the number of questions was increased according to situational requirements.

Interviews were audio-recorded and transcribed verbatim, with any significant non-verbal behavior duly noted. Importantly, interviews of the participants were anonymized through the use of pseudonyms. The transcripts are then subjected to

detailed qualitative analysis aimed at eliciting the key experiential themes in the participant's talk.

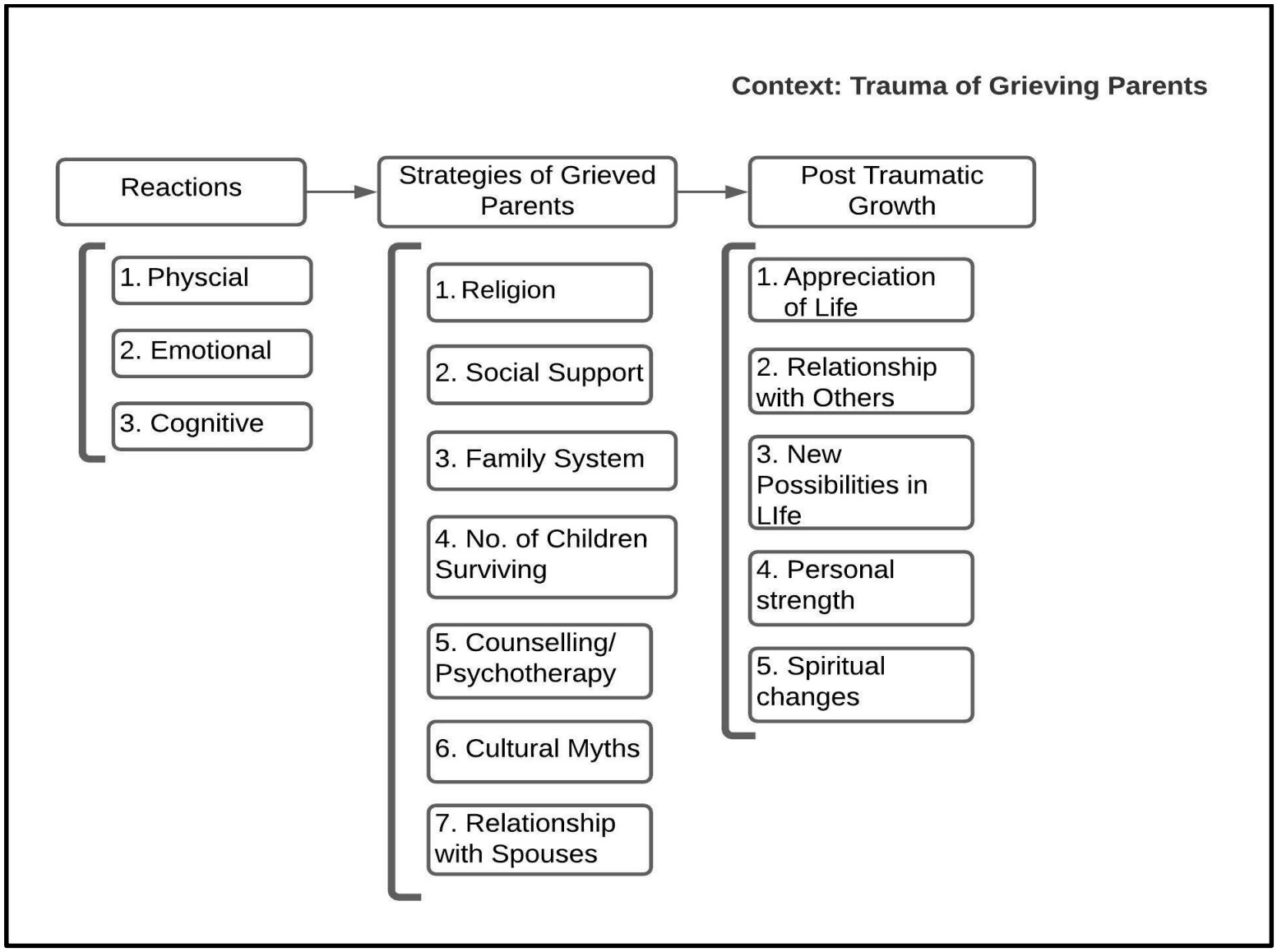


Figure 3. The Conceptual Framework of Main Study

Table 1. Demographics of the Participants (N =10)

Pseudonyms	**Age**	**Education**	**Duration of Marriage**	**Family System**	**No. of Surviving Children**	**Time Since the Child's Death (in Years)**
M1 / F1	43 / 40	B.Sc / Mphil	13 years	Joint	2	5
M2 / F2	49 / 45	Matric / Matric	55 years	Joint	7	4
M3 / F3	27 / 24	B.S Engr / B.S Engr	7 years	Nuclear	2	3
M4 / F4	44 / 39	B.A / B.Sc	25 years	Nuclear	1	4
M5 / F5	46 / 40	MBA / F.A	30 years	Nuclear	2	2

Note: M = Male ; F = Female

Table 2. Demographics of the Lost Child (N= 5)

Pseudonyms	**Age (in Days / Years / Months)**	**Gender**	**Cause of Death**
1C	5 Days	M	Meconium
2C	20 Years	M	Heart Attack
3C	3 Months	M	Choking
4C	2 Months	M	Cardiac Arrest
5C	19 Years	M	Suicide

Note: C = Child

Measures

Participants in the study completed a compendium that included the following: Consent form, code sheet, and demographics sheet.

Consent form. The consent form indicated that the participants' responses were confidential, their participation was voluntary, and they were able to withdraw at any time (see Appendix A3).

Code sheet. The code sheet involved the participant making up code to ensure their anonymity. The code included the alphanumeric, with a number indicating the participant number and an alphabet designated with the gender of the participant. For example for the first couple, M1 for (1^{st} male) and F1 (1^{st} female). Similarly, the name of the deceased child was also coded for anonymity and was coded as C denoting child e.g. C1 to address the child of 1^{st} couple. This code was placed on the demographic sheet and transcription of interview data.

Demographics. The demographics sheet included information about the participants' age, gender, education (see Appendix A4).

Procedure and Ethical Considerations

After all ethical considerations, approval to execute the study was obtained from BASAR (Board of Advanced Studies and Research) (see Annexure B1). Participants were contacted personally and then telephonically to set the interview date, place, and schedule. Informed consent was first obtained telephonically, personally, or via SMS, and later on, on the day of the interview verbal and written informed consent were taken from all the ten participants, keeping in view the guidelines of informed consent given in the

publication manual of the (American Psychological Association, p.12, 13). Research participants were informed about the aim and purposes of the research and that the current study will look at the way they perceive, feel, and experience their lived world. What meanings do they assign to their illness?

No information was withheld from the research participants regarding this study. All areas going to be explored in the study were briefed to them before the interview and were allowed that they could have a look at the interview schedule if they desired. They were also told about their right to withdraw from the research at any time if they wished so. Participants were completely assured about the confidentiality of their data and no deception was used. They were completely informed about the procedures of the study such as audio interview recording of their data in mobile or voice recorder, the anonymity of their data through the use of pseudonyms, transcription of verbatim, interpretation, and analysis of their data.

They were told that they have the full right to know the findings of the study and would be provided to them if they wished. Research participants were also told that the findings of the study will help generate interesting results and analysis would be further helpful in designing some intervention plans for the psychological well-being of grieved ones.

They were assured that data for the present study would be treated with full honesty; recorded data would be deleted after the participant verbatim has been transcribed fully and anonymity would be maintained in the reports by changing the participant's actual name. Nobody had access to the participant data except the principal investigator. Participant data was utilized for the sole purpose of the present study.

Only those grieved parents were included in the study who willingly participated in the study and those who met the inclusion criteria of the study. There was a possible risk that the participant might feel distressed due to the nature of the topic under research so they were made comfortable and relaxed before the commencement of the interview and rapport was built up with them and were told that interview will be discontinued if they get distressed at any point during the interview. Mothers underwent emotional outbursts as compared to a male sample of the research. They were more anxious and showed uneasiness during the interviews. Being trained in clinical psychology, the researcher provided free counseling sessions.

They also seemed to be immersed in sharing their lived world and talked at length and in detail in sharing their major concerns. Participants were given as much time as they needed to unburden their selves and to talk as much as they liked. This also fulfilled the commitment of IPA by allowing them to talk in-depth and at length and to raise their voices (Noon, 2018).

Participants were allowed to give an interview either in Urdu or English language. The majority of the participants shared their grief experiences in the Urdu language while two participants gave the interview in the English language. The duration of all the interviews went quite long approximately (3 to 4 hours), due to the nature of the topic under study, as the participants felt this opportunity beneficial for their disclosure of feelings and for unburdening themselves which they otherwise cannot do in their lives. All interviews were completed in one session except the ones where additional information was required, follow-up interviews were done then. 6-7 follow up sessions were conducted with each participant. During the interview, participants were given the

maximum opportunity to speak as much as they like and to share their lived world in their ways. The researcher listened to them by adopting the phenomenological attitude and empathetically by fulfilling the hermeneutics of empathy.

As cited in Alase (2017), Smith (2009) stated that the data collection procedures for an IPA study constitute that the majority of IPA interviews last an hour or more (Pietkiewicz & Smith, 2014). The present research limits the number of interviews per respondent to one. The researcher only contacts the respondents for additional interviews if a follow-up interview is required. Participants were commended for their cooperation and participation in the study after the interviews.

Transcription of Data

Although several computational software packages are available for use in qualitative research, most of the steps described have been done manually, because software packages are not well adapted to IPA so using a hard copy of the transcript is considered the best way to perform analysis (Smith et al., 2009). The explanation for this is that the measures outlined below are not easily handled within a statistical program as the analysis moves from the initial transcripts to a separate table of themes from the transcripts themselves, and eventually to a table of super-ordinate themes for the data set as a whole. Hence it's much more convenient to use a word processor to handle the collected data.

How this research project was conducted in line with the steps outlined by Smith et al., (2009) is discussed below.

Reading and Re-reading

The first step in IPA analysis is to immerse oneself in the data which is accomplished by reading the transcript many times to get to know its content. As suggested by Smith (2009), the researcher listened to the recording of the interview during the first reading, this required attention to be paid to gaps and voice tones that are not noticeable in transcripts.

While reading the transcript or other text, the researcher takes observations on any insights, thoughts, or reflections that come to mind. I chose to listen to audio recordings of the interview along with reading the transcripts, my objective was to get as relatively close to the information as possible. Any repeating phrases, their feelings, and observations of or notes on the language used are likely to be included in such notes. The researcher then goes on to reread the manuscript and identify key themes that best reflect the important characteristics of that particular interview. It was vital to see beyond basic description; so I evaluated not just what was spoken, but also how it was conveyed, and what this indicates to me about the experiences - this was crucial to developing a richer, interpretative analysis. As cited in Biggerstaff et al., (2008), Carla Willig stated that psychological notions and terminology are frequently employed in IPA analyses here (Willig, 2001). The researcher frequently looks for plausible or likely links between themes when identifying themes from each portion of the transcript.

Initial Noting

During the analysis stage, the first level is perhaps the most time-consuming and thorough because it requires the review of a very exploratory level of semantic content

and language usage. According to Smith et al (2009), open-mindedness and noting anything significant about the transcript are important at this point. Smith et al. (2009) describe three types of initial noting: descriptive comments (that focus on explaining the subject matter of what the participant has said), lingual comments (that investigate the individual's particular language use), and conceptual comments (that investigates the participant's specific use of language) (focusing on engrossing at a more integrated and conceptual level). It's crucial to merge these varied notes in one transcript when completing the first and most extensive level of analysis since the links between them are crucial when seeking to immerse oneself in the participants' lived reality. This step of the analysis was carried out in tandem with the reading and re-reading process. Each transcript was examined one at a time, with descriptive, linguistic, and conceptual comments written in the left-hand column. Each transcript from the first interviews was examined separately using bracketing, with notes from prior transcripts having no bearing on the interpretation of subsequent ones. Before going on to the transcripts from the second interview, each of the transcripts from the first interview was evaluated, as was the case with the prior stage of analysis.

Emergent Themes Development

According to Smith et al (2009), completing the first two phases will provide the researcher with a great number of exploratory annotations. Moving away from the transcripts and using this larger data set to form emergent themes is the next step in the analysis process. The themes that emerge from the initial data set should be accurate to the original transcripts, which will include both descriptive and interpretative comments. This is consistent with the constructivist paradigm, as the researcher's dialectical

exchange with the participants means that the emergent themes are collaborative, as the researcher seeks to make sense of the participants' experiences (Smith et al., 2009; Gubba & Lincoln, 1994).

Like the previous stages, the development of emergent themes was approached in a fairly systematic way, by going through each of the 10 transcripts in its own right and arranging the initial notes into groups. These groups contained items that both complemented and contradicted one another. The name of each emergent theme was based solely on the content of the notes which contributed to it. Therefore, although the transcripts were not strictly used in the development of emergent themes, keeping themes closely related to the content of the notes that made them, ensuring that the participant still had a voice in theme development. Some emerging themes were eliminated due to their lack of relevance or cohesion with the other preliminary themes. Once emergent themes had been developed for all of the transcripts, a table was created for each one that included all of the emergent themes for that particular transcript. The names of themes were discussed with the supervisor and were refined on several occasions before agreeing on the final names presented within this thesis.

Searching for Connections across Emergent Themes and Superordinate Themes

This stage of analysis involved taking the chronological list of emergent themes and grouping them to form super-ordinate themes. On a paper, the emerging themes are noted, and links between them are sought. As a result, the order specified in the initial list is chronological that is, it is based on the order in which they appeared in the transcript. The next phase covers more analytical or conceptual organizing, as the researcher

attempts to make sense of the interconnections among themes that are developing. Several of the themes will converge, whilst others emerge as superordinate themes.

According to Smith et al. (2009), there are two basic ways of uncovering themes. The first way entails using a word processor to enter a chronological list of themes and then shifting and putting objects together. The second way entails printing the matrices and cutting each item up, laying them out on the ground or a desk, and moving each item around until piles of similar emerging themes form. For this particular study, the latter method was used because in any case, the purpose is to continue to comprehend the depth and intricacy of those meanings rather than to count how often they occur. This entails the researcher interacting with the transcript in an interpretative manner.

Smith et al (2009) explain various possible approaches for sorting objects into piles, but just those that were employed in this investigation will be discussed. Abstraction and subsumption were utilized to cluster similar themes together. Abstraction involves identifying patterns between similar emergent themes that can be grouped under a new super-ordinate theme that may invoke additional psychological terminology. For example, 'feeling sad', 'hopelessness', 'fear', 'experiencing loneliness', 'disappointment', 'blame', and 'avoidance' were grouped as a new superordinate theme called 'psychological impact of grief'.

Subsumption is when an emergent theme itself becomes a superordinate theme, as a series of related themes are subsumed and merged into the larger superordinate theme. For example, the themes 'acceptance of changed world', 'recognition of strengths / resources / possibilities', 'sense of optimism', 'an ongoing sense of personal worth', 'celebrating life', 'a renewed appreciation of life', and 'valuing family and culture', were

all subsumed into the theme ‘post-traumatic growth’ to create the superordinate theme of the same name’. Once the emergent themes had been grouped into superordinate themes, a table was created for each participant. This table detailed each superordinate theme, and any of their sub-themes that emerged in that participant’s interview, along with a relevant extract from the transcript (see Annexure A5).

Continuing with the Next Case

Because most studies include multiple participants, the next step is to simply move on to the next transcript and repeat the steps from the previous stage. As previously noted, one of the essential elements of IPA analysis is bracketing, which involves putting aside expectations about the data based on previous experience or previous transcripts within the dataset. The researchers made a conscious effort not to let the analysis of previous transcripts influence the analysis of subsequent ones. As a result, the analysis chapters present several sub-themes, including those that emerged from only a few transcripts as well as those that were discussed more frequently.

Searching for patterns in different cases

The next step in the research is to look for patterns across the spectrum. While doing so, concentrate on the connections between cases to see how themes in one case illuminate themes in another and which themes are most intriguing. The end product might be presented as a table of themes for the group, indicating how themes are embedded with superordinate themes and illustrating each participant's theme (Smith et al., 2009).

Transcription of interviews

The interviews were analyzed in-depth following IPA guidelines (Smith et al., 2009). This methodology was selected as it is a hermeneutic phenomenological approach that suits with present study's methodological concerns and is suitable for the phenomenon under investigation which is "experiences of grieved parents and determinants of post-traumatic growth". IPA offers a structured, yet flexible method and was developed specifically for psychology (Smith et al., 2009). The analytic process followed was that outlined in (Smith et al., 2009). Every individual case was taken ideographically. First, the transcripts were read several times before initial notes were made. Smith, et al. (2009) proposed that these include descriptive, linguistic, and conceptual comments. These are informed by the researcher's cultural contexts.

The qualitative data collected in interviews from the ten participants were fully transcribed by the researcher (see Table 3). It took about five months to fully transcribe all the data since the interviews of the grieved parents were quite lengthy. During the transcription process, verbal and non-verbal cues and non-behavioral communication were fully observed. The audio-recorded data of the participants were listened to twice and sometimes thrice through the iterative process of IPA.

Keeping in view the traditional style of interview transcription, a transcript template was specially designed in Microsoft word (2010) with line and page numbers (see Table 3). The central column of the template contained the transcribed text of the interview, including both the interviewer's and interviewee's conversations. Right-hand margins were designed for the exploratory comments and annotation by the researcher and left-side margins were for the emergent themes. The transcript should have wide

margins for ease of analytical coding of the data. A header section at the top of the template was added so that main headings about the interview could be entered for reference, for example, the central wide column was given the caption “original transcript” the right side margin was titled as exploratory comments, and left side margins were named as emergent themes.

The themes were interrogated to make connections between them in the form of clustering the data. This higher level of abstraction resulted in a table of superordinate themes for the initial case within which were nested the subordinate themes with pin-down information that is, where the examples supporting the theme can be found inside the interview transcript with page numbers and line numbers. This procedure is repeated for each case study and individual tables representing superordinate themes, subordinate themes, and emergent themes were developed with page no, line no and extracts to trace the transparency of data. After an analysis has been executed on each case, patterns were established for cross-case analysis, and a master table of themes for the group was produced (see Table 4).

To adhere to guidelines set down by Elliot, Fischer, and Rennie (1999) analysis of this type is often conducted by more than one researcher for credibility checks. The analysis was commenced by the first researcher and reviewed by another IPA expert analyst and differences in opinion regarding interpretations were discussed until both researchers reached the point of agreement. Themes were also reviewed and examined by the second analyst to make sure that they were grounded and well-represented in the transcripts. The master table was then converted into a narrative account which is supported by verbatim extracts from every single case of the study.

Reflexivity

"Reflexivity is an important component of the analytic process and qualitative research and has been described as a way of being transparent about the influence of the researcher on how data are interpreted" (Finlay, 2002). Hermeneutic phenomenology and indeed all interpretive approaches frequently emphasize reflexivity. This is when a researcher employs empathy or prior experience to help with data analysis and/or meaning interpretation (Sloan & Bowe, 2014). According to Holloway and Jefferson (2005), it will be possible to make some notes after the interview, as a way of reflecting upon your impressions of your communication with the participant.

Qualitative researchers can practice reflexivity by (1) taking notes during the interview regarding participants' comments and the researcher's views, (2) memoing as quickly as practicable after the interview, and (3) formulating and constantly modifying the researcher's subjectivity statement (Patton, 2014).

As mentioned in rationale that researcher underwent the similar experience, therefore from the beginning, it was aimed to maintain reflexivity at every step of the research through a continuing process of critical, emphatic, and embodied reflexivity. The researcher approaches this by journal-keeping and self-questioning, but it was realized that this is a never-ending task and there will still be areas that need more exploration. Being a female researcher with the same experiences, it was a challenge for the researcher to collect data on such a sensitive issue, especially due to the emotions attached to the issue under observation. To control researcher bias, interpretation of interview transcription was validated through different experts, so that personal biases

may be eliminated. Along with its sensitivity, it was difficult to convince grieved parents to the interview recording for data collection.

Researchers, not only participants, clearly require emotional support. Debriefing is the most commonly used form of assistance for researchers advocated by reflections (Melville & Hincks, 2016).

Throughout the research process, the researcher maintained a reflective journal to record specific observations of bodily responses of the participants and the way they used their bodies and nonverbal cues to indicate what is important, for instance, they are distressed and they are in pain. "In psychotherapy, we draw on our felt sense and elusive bodily responses to clients to give us insight into their experience. Our bodies act and re-act like a kind of somatic compass" (Milloy, 2010). Finlay (2009) further elaborated that "researchers can focus likewise on embodiment in the research arena.

The goal of emotional regulation is not to learn how to prevent emotional experiences, but rather to learn how to recognize and use them efficiently throughout the research. Despite all hurdles, the researcher is very thankful and appreciative to all the participants of the study for their cooperation and for giving informed consent to collect data on their lived experiences of grief. As there are no studies so far in the indigenous context that have focused on the detailed in-depth experiences of parents living with grief, the current research claimed to be the first step in this arena.

An analysis of the accounts of the participants was aimed to sustain the rigor, resonance, relevance, or reflexivity of the data which are the vital dimensions of researching Interpretative phenomenological analysis. Thinking about the participants of the study, the researcher believed that they were brave for allowing her to enter their

lived world and for telling stories of their phenomenological world with good intentions. The researcher heard their voices with honest concern and felt their pain and did justice to the best possible human limits in interpreting their data. It could be that our interview participants were 'using' researchers to relieve themselves by intentionally disclosing their feelings and emotions and their grief experiences. The researcher believed that participants come to research for a variety of reasons, some of which were self-serving- to talk, to listen, to gain sympathy, to be heard, and for disclosure to unburden them or to think about something deeply.

Dealing with susceptible participants on sensitive issues can be an emotionally draining encounter for researchers, who must also be trained to cope with their own emotions as well as the emotional reactions of the participants. Researchers must be able to communicate effectively with participants and build a trusting relationship with them. To handle the emotionality of the research experience, a self-reflexive strategy might be useful. In this context, emotionally perceived knowledge, or "knowledge sensed by or by emotion," could be crucial to researchers' interpretation of the phenomena under investigation. Indeed, acknowledging emotions could help researchers better comprehend potentially controversial topics from the perspective of vulnerable communities.

Throughout the present study, the researcher acknowledged her role as a researcher with self-awareness and openness about the research process. Participants of the current study affianced well in the interviews imparted pertinent, lucid, and in-depth experiential accounts of their life-world of grief phenomena. A few of the participants seem hesitant about the recording of their data due to the familial settings but they were again explained and assured about the confidentiality and anonymity of their data and

they were made relaxed and convinced that the present study is for their psychological well-being so eventually they agreed for providing rich data about their self and illness-related experiences. Autonomy is maintained (respect for the rights of individuals and their right to determine their lives). This means that respondents must be notified about the research's set targets and that their inclusion must be voluntary and thus can be withdrawn at any time during the research process.

As cited in Melville and Hincks (2016), rapport could be used to secure accessibility to a study setting or to motivate participants to cooperate in an interview (Agar 1996).

Reflective notes on participants of the current study.

Transcript 1.

M1.

M1 is 43 at the time of the interview. He happily gave consent to be a participant in the present study. We settled the interview date, time, and place via a telephone call. He was interviewed in June 2020. The interview lasted approximately 3 hours. M1 [Name] is the husband of F1 [Name]. They were living in a joint family system. They both enjoyed a good relationship with each other. His formal permission was sought to start the interview. He was briefed about the purpose of the study and the ethical considerations of the research before moving ahead in the interview.

The overall appearance of the participant was good. His apparent weight, height, manner of dressing, and grooming were normal but he appeared anxious during the interview.

M1 is a businessman by profession. He seems to be hardworking, and responsible. He has no financial issues and was supporting his family well. He reported that he was living a normal life before the death of his child. He seemed to be unable to cope with that situation (loss). His sleep was disturbed. He reported he got much more worried and irritable with every passing day and because of this incident he suffered a heart attack. He seemed to be apprehensive once the researcher started narrating the purpose of the study. He was asked about his uneasiness and was relaxed at the start of the session. During the session, he showed persistent worry and irritability. Sometimes he felt that his heart was pounding and also he felt like choking.

He seemed to be a pleasant person with a smiling face. But after a few minutes of transferring information during the interview, he got tense. He started roaming here and there in his sitting area. He went to the bathroom thrice during the interview. The researcher tried to make him feel relaxed though rapport was developed effortlessly throughout the interview session.

Though through his appearance, his overall health seemed generally good, he reported a variety of somatic complaints, including headaches, gastrointestinal disturbance, and muscular aches and pains during the session with no clear cause when probed in detail. And this was all observable in his nonverbal gestures.

During the interview, he tried not to speak at length but responded with very short answers. He was continually seeing his behind as if he is quite apprehensive or fearful. The researcher had to work hard to maintain the flow of conversation. He tried to hide his emotional pain by concealing his tears, he pretended to be smiling. And there were no

emotional outbursts of his emotions. He was thanked for his cooperation and for participating in the present study.

Transcript 2.

F1.

F1 is a 40-year-old lady who is residing in Rawalpindi. She was interviewed in June 2020, in person. The interview lasted approximately 3.30 hours.

She was interviewed as the first participant in the present study. From her appearance, she seemed to be very polite and considerate. She was an educated lady who exhibited very placid gestures during the session. Along with these she possessed good communication skills. She was informed about the purpose of the study and consent was taken verbally and in writing. She signed the consent form and fax back. We settled on the date and time of the interview. She was qualified and so she gave her an interview in English and Urdu language. On the day of the interview, we greeted each other in a very humble manner. Her body language showed that she seemed to be quite receptive and was mentally prepared for the interview. She did not show any hesitance throughout the interview. She was quite assertive and showed very kind gestures at the beginning of the interview. The researcher adopted a pure phenomenological attitude.

The participant was briefed about the purpose of the study and the ethical procedures of research according to the ethical guidelines of the publication manual of the American Psychological Association (APA, 2017). Afterward, we started the interview in a very calm environment, free of external intrusions. Rapport was developed

at the start, and she was assured about the confidentiality of the information shared during the session.

She talked about his son and other experiences associated with his death in a very calm manner. But later in the session, she seemed to be disturbed whereby she stopped saying anything to which she was informed once again that the session can be discontinued to which she replied that she will continue with the session.

She shared a bit of detail about her phenomenal world of grief. She was quite expressive. She reported that she felt light talking and sharing every experience with the researcher. She was emotionally quite open. Her nonverbal cues indicated that she was angry when she shared how she lost his son narrating many family politics. She was provided with counseling and later she was relaxed. She shared minute experiences with his son; when he was alive and later when he died. The way she lived and survived that she shared that all. She had control over her emotions though she sobbed during the session. The researcher tried to take little breaks from time to time to make her feel relaxed. She even shared her dreams following the death of her son. She also reported that she lost appetite and sleep and worried persistently. Her symptoms became noticeably problematic over the last several months followed by C1 [Name] death (during the first year).

Very rich data for the interview was given by her since she talked for around 3.30 hrs and the researcher listened to her life stories with patience, great interest, and with empathy and did not interrupt her in between when she was talking about her lived world. The researcher being a phenomenologist remained active and vigilant during the whole

interview like an alarm bell fixed in her mind and noticed every gesture of the participant and makes mental notes during the interview which afterward were noted down in a reflective journal immediately after completing the interview. The researcher was also careful about her behavior during the whole interview and bracketed off her presuppositions if they arose at any point during or before the interview. She was thanked and appreciated at the end of the interview for giving the interview data for the current research.

Transcript 3.

M2.

M2, age 49, is another participant of the present study, living in a joint family system. He was very calm and relaxed throughout the session. He was interviewed in Taxila at his home.

His verbal and written consent was taken at the start of the interview. He willingly signed the form, the researcher briefed him about the purpose and ethical considerations of the current research. He seemed to be ready to proceed. It was observed that he was constantly relaxed and was enjoying the session, laughing in between the whole interview while answering the questions of the research protocol. He seemed to be in pain as reflected by his unusual gloomy laugh.

He was told by the researcher that if he felt distressed at any point, the interview could be stopped but he said he is fine with giving the interview about his lived phenomenological world. He constantly demonstrated guarded behavior and tried hard to conceal his feelings and emotions by masking his emotions and neutralizing them with his comment that this happens to many. Whenever he felt tense he quoted this sentence,

which showed his denial of emotional experiences. The flow of conversation was fine but sometimes his answer seemed to be very shallow, not thoughtful. Despite disclosing his painful experiences in his lived world, he faced the interview situation with courage and confidence.

The researcher had difficulty probing in-depth as he answered unnecessary details, showing derailment when narrating important lived experiences. Using effective probing questions helped bridge the gap and encourage participants to respond more openly and in detail. Probing questions used were mostly open-ended, implying that there is more than one possible response. A further technique of clarification is specifically used to reassure participants that the researcher is listening actively and genuinely interested in understanding what the participants are saying.

His interview lasted 1.30 hours. The participant was thanked at the end of the interview for his participation in the present study.

Transcript 4.

F2.

F2 was 45 years old at the time of the interview. She consented without any hesitation. She was interviewed at her home in Taxila. A similar procedure was repeated with her. Her verbal and written consent was taken on the consent form. Her formal permission was sought to start the interview. She was briefed about the purpose of the present study and the ethical considerations of the research before moving ahead in the interview. She seemed to be mentally ready for the interview. She was quite an active, energetic lady, dressed up in a very decent way. She had a pleasant personality. She

seemed to be quite optimistic but later as questions were posed she presented herself as a contemptuous, depressed, and hopeless mother.

Despite all this, she was very straightforward in her conversation and remained very confident throughout the interview. Her body language was very positive, though there were signs of tension and uneasiness while sharing her lived experience. She discussed her relationship with her husband as not good following his son's death.

The interview lasted approximately 3:00 hrs. She was thanked at the end for participating in the study and for providing pertinent personal data for the present research.

Transcript 5.

M3.

[Name], aged 46, another participant in the present study seemed very calm and relaxed. He was interviewed at his home (Rawalpindi). His verbal and written consent was taken to start the interview formally. He was briefed about the purpose and ethical considerations of the current research. He was very straightforward in his conversation and remained very confident and optimistic throughout the interview. The interview lasted 1:30 hours.

But while discussing his son's suicide, he seemed to be in pain as reflected by his unusual mirthless laugh, he was told by the researcher that if he felt distressed at any point, the interview could be stopped but he was willing to share his lived phenomenological world.

Transcript 6.

F3.

F3 resides in Taxila. She is living in a nuclear family system. Initially, she didn't consent to the interview but her husband was interviewed initially so afterward she showed her willingness to give an interview. She was interviewed on the same day as her husband.

She is 40 years old lady, interviewed at her home. During the interview, she showed guarded behavior and was careful not to answer at great length but after the rapport was built she was energetic in answering all the interview questions at length. She seemed very conscious about giving too much information about her lived world, but this too was handled quite carefully. The researcher made her feel relaxed and comfortable by ensuring the confidentiality of her data. The flow of conversation was fine but sometimes her answer seemed to be very shallow, not thoughtful. Underlying anxiety and sadness manifested themselves in the form of uneasy abrupt laughter. The impact of the depression was manifested in her sense of self by her unusual laughter from time to time yet she tried hard to control herself and her emotions and remained persistent in answering the interview questions. As the interview progressed she became more relaxed and began to provide answers which had greater emotional valence.

She reported disturbed marital relationships and accused her husband of his son's suicide. She even regretted it during the interview about her marriage.

During the interview, she reported again regarding her disturbed sleep which was markedly affected by his son's incidence. She further reported that she frequently wakes up during sleep and feels much disturbed in the middle of the night. She reported having

recurrent dreams about his son. She reported she misses him a lot. She had a lot of expectations regarding the future of his son, his education, his career, and his marriage. This situation continued for around six months but later she reported these symptoms elevated.

Her interview lasted 3.30 hours. The participant was thanked at the end of the interview for her participation in the present study and for providing pertinent personal data for the present research.

Transcript 7.

M4

M4 is 44 years old and lives with his father, wife, and children. He had good interaction with his family. The relationship as revealed in the interview was quite warm and encouraging. He belongs to an upper-middle-class family. He possessed a positive attitude with good emotional strength. He had good interaction with his friends, family, and colleagues, and had no predisposition to depression, anxiety, or obsessive thoughts. During his interview, he shared that he possessed tolerance for stressful situations, but after his son's death, he became quite anxious, especially in health-related matters for his kids. His appetite decreased, and he lost weight a lot following his son's death. But he was motivated and willing to take measures to overcome his over-anxious feelings and concerns. His interview lasted 1.30 hours.

Transcript 8

F4

F4 is 39 years old, and a housewife. She was well-dressed and active throughout the interview. Her speech was coherent. She was cooperative, and rapport was built quite easily. She maintained good eye contact but showed signs of low mood during the

interview. She reported having a good relationship with her husband and considers him a source of encouragement in her life. She also reported having upright relationship with her father-in-law who happens to be a doctor. According to her, he has a profound influence on their family. She appeared calm throughout the interview. Her home environment is healthy and supportive which can help to significantly improve her grief. Her interview lasted 2.30 hours.

Transcript 9.

M5.

M5 was 27 years old at the time of the interview. He was interviewed in August 2020. He was interviewed at his home in Taxila. Formal consent was obtained telephonically. He asked a few questions before giving consent about the nature and purpose of the study and the recording of the interview. All his queries were answered regarding the confidentiality and anonymity of his data to his satisfaction. When he got satisfied then he was requested the date, time, and venue for the interview. The researcher reached in time to his place. He was there in the home waiting and seemed to be mentally ready for the interview. He was briefed again about the nature and purpose of the current research. The researcher told him that he has the right to withdraw at any point during the interview if he gets distressed or feels any emotional pain etc. The researcher talked to him purposefully to make him feel relaxed before the commencement of the interview. He was asked if he would like to read the interview protocol he could read it. He took the interview schedule, read it, and returned it. Before the commencement of the interview, he asked how much data the researcher required from him. He was requested to provide rich data so he talked at length and in-depth about his phenomenal world of grief, and

provided pertinent, relevant, and rich information. His interview was the second-longest interview in the present study. It took almost 3 hours and 40 minutes to complete his interview. The researcher listened to him patiently and empathetically adopting a phenomenological attitude at every step of the interview.

He was a shy man but he seemed to possess a brave attitude throughout the interview. Like other participants of the study, he seemed a bit nervous inside, holding a pen in his hand and clicking it from time to time during his interview which reflected his nervousness.

He reported he is not happy and satisfied with his marriage. He reported having disturbed relationships with his wife. His body language was bold and it was quite obvious that he had learned to live with what has happened to him despite having a turbulent relationship with his wife.

He was thanked by the researcher at the end of the interview for being a participant in the current study and for providing important personal data for the research purpose. He was interested in knowing the findings of the study. The researcher assured him that the present study findings would be shared with him once the study gets completed.

Transcript 10.

F5.

F5 is a young female, 24 years old at the time of the interview. The researcher contacted her on mobile and requested her an interview. She had some reservations regarding the confidentiality of her data. She was assured by the researcher about the

confidentiality of her data and was briefed about the purpose of the study. Her interview lasted about 3 hours. She was interviewed on July 5, 2020.

On the day of the interview, she was well-dressed. Her speech was high pitched which showed her anxious and hyper attitude. From her appearance, she seemed to be quite critical. Though she was educated, she seemed quite impolite in the way she narrated her life events. In the initial phase of the interview, the researcher noticed her disturbed relationship with her husband because she was quite harsh towards him even in presence of the researcher.

She reported that she preferred to stick to her routine and habits. She said that she does not like it when her family members including her parents and her husband interfere in her domestic work.

Still, she remained cooperative throughout the interview in providing rich data and was very much concerned about societal demands regarding having kids and even losing kids. She blamed family and culture to impact so negatively on her life.

During the interview, it was observed that she tended to experience unpleasant emotions easily, such as hyper mood, anger, and anxiety while sharing her lived experiences. She constantly moved her legs when she talked about his lost son. She cried during the session remembering her son.

She complained during the interview that she experiences unusual fatigue and found it difficult to fall asleep following the death of her son. During the session, she complained that her husband is vigilant toward her behavior and emotion. She reported that her husband ignored her intentionally. She felt depleted and stressed all the time.

She started drinking coffee and tea, a maximum of 15 to 20 cups daily, and stay awake throughout the night and sleeping throughout the day. She also reported that because of her husband's attitude she has lost interest in sexual activities.

She was thanked by the researcher at the end of the interview for being a participant in the current study and for providing important personal data for the research purpose.

Participant's Overall Experience of Research

The participants were mostly surprised initially when they were contacted for an interview, as according to them no one tried to talk and contact them. It's worth noting that every respondent indicated they were grateful they participated and found the interview to be a therapeutic experience, with several saying it was the first time they'd been allowed to talk about their thoughts and feelings in such depth. They hoped that the results of the current study might be able to help and assist parents who are grieving. It seemed that it was a good opportunity for them to unburden themselves through disclosure and reflect on their experiences and speak openly and be useful. (Kvale, 1996). And this they reported off and on that they felt very light after sharing their lived experiences.

We acknowledge that the reported results have been gathered from interviews with both mothers and fathers. The views of parents and their reactions and strategies following grief would add to the understanding of parental bereavement. The data of all participants revealed unique and shared experiences, which are given in the individual tables of participants' data (see Table 3).

Table 3. Individual Tables of Participants' Data

Table 1

Superordinate, Subordinate, and Emergent Themes of the First Participant (M1)

Superordinate, and Subordinate Themes	Emergent Themes	Page / Line #	Extracts
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	2.1	"I asked them if everything is okay that you are asking for an injection in such an emergency."
		2.4	"I said is everything okay that you have used this injection."
		6.10	"This is what the doctor used to say every day that his [son] survival is difficult. Medicines are not working."
Psychological disturbances	Expressing sorrow	2.8	"I sat on the bench after coming out…crying."
		2.8	"Anyways that time I came out with a tear in my eyes."

	Hopeful	3.2	"They told me to bring child's clothes. I said is everything okay? Are you going to discharge him?
Psychological coping before loss	Distraction	2.15	"There was a man sitting beside me who was listening to some Islamic program, I started listening to that too."
	Religious coping	2.21	"I offered prayers and then I prayed a lot, I begged ***Allah*** (God), to give health to my son."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Health condition	5.18	"A whole year later I had a heart attack. I believe I was mentally too stressed."
Lived Experience after Loss ***(Psychological Disturbances)***			
	Apprehensive	3.21	"I felt fearful as to how to share this news with my wife."
	Emotional disturbance	3.4	"I did not have the courage to go inside the hospital. I felt shattered and weak."

		4.26 4.27	"I believe remembering these events makes you emotionally weak, not strong." "My father addressed me angrily for not crying like females and to come out and look after the seating arrangement of guests who were coming for the funeral. Actually in our society men do not cry easily and if they do want to then they can cry in isolation."
	Grief	5.2 5.17	"When someone close to you dies, man cannot forget it. Whenever I remember, I cry." "When there was sorrow, there was much sorrow."
Loss			
Loss of child	Description of the dead body	9.16	"When the doctors handed over the dead body, it was like a soft cotton ball, could not forget that feeling."
	Feeling of loss	10.17	"Sadness is the sorrow of the loss of your loved one. Man has made many plans, he has thought

		11.5	many things but the day the child was taken all plans were shattered." "When something is taken away then obviously it feels bad, and that feeling is changed into grief and sorrow. Life seems to be incomplete, like a circle of life is left with a void. Whomsoever spaces are filled they forget their life's traumas whether they suffer from single or multiple traumas, and those whose spaces are not filled then a single trauma will make a huge difference in their lives."
	Physical connection with the dead body	9.15	"It's hard to forget if someone came into the world and breathed, his touch will not be forgotten by parents. I cannot forget his touch, when I took him into my arms, offered prayer in his ear, then took him in my arms who at that time was like a cotton ball and admitted him to NICU."
Marital Relationship			

Supportive relationship	Care for spouse	6.25	"I was most worried about my wife at that time. I do not want to see her in pain, I love her so much."
	Physical relationship post loss	8.19	"Whenever I tried to soothe my wife during grief experience, it always ends up cuddling, kissing, and sexual intimacy. I believe this is lust because temporarily we are relieved from grief experience but ultimately it all ends up in sex, which is also temporary relief from trauma."
Coping			
Constructive coping	Recreational activity	10.7	"We use to go for an outing to alleviate our pain."
	Seeking control over grief	5.6 10.10	"I have moved on else I would cry every day." "Everyone said to plan for a new child so you can better be able to cope with the loss."
	Time as a healer *(Time heals emotional wounds)*	5.8 11.12	"As time goes by, man forgets. Time heals. Man recovers." "The space in life will be filled with time."

Religion and spirituality	Faith and spiritual belief	4.3	"Everyone said it is the will of Allah."
		6.2	"Everyone has to leave this is what I believe. This world is mortal."
		7.18	"Whoever visited during that time, they said it was the will of Almighty, these are the only three-four sentences people share during that time."
		7.20	"There can be no such thing in the world, neither wife nor mother nor daughter nor father nor any other relative who can bring comfort or peace in your heart. Only Allah does, no one has the capacity to do this."
		10.13	"The most powerful weapon to eradicate these thoughts is our religion. Religion has given us such strong teaching to be patient. We read about patience so often that ultimately we accept the loss."
		12.2	"This is what religion has taught us. Pray and be patient over the loss."

Defense mechanism	Distraction	5.14	"One must try to forget but distract oneself. One must keep himself busy."
	Rationalization	4.21	"When a man has forgotten, he is busy in his work then he [son] is not remembered. Time passes, or has passed."
	Avoidance	4.13 4.17 4.19	"I have been avoiding this for quite a long. I do not discuss this topic." "I never shared my feelings, I do not want to remember." "Since I have forgotten him, I believe this is better."
	Unhelpful coping	5.2	"Why to overcome? It's all over when time passes."
Social relationships			
Psychosocial support during the time of grief	The significance of contact with other family members / staying connected	7.4	"During grief, I have felt everyone around me was very much supportive."

Socio-Cultural Influences			
Cultural impact and practices	Cultural influences regarding the death	7.10 9.1	"Soon after the death, no one discuss this event with me, no one asked how I felt. I believe this is part of our culture. As a Muslim, people avoid discussing these experiences again and again, as grief refreshes by discussing it again and again, secondly by discussing this man goes toward evil so in our culture usually death experiences are not discussed." "Allah gave us a male offspring and he took it back. There are a lot of people who want to have a boy who would later be their heir, I know girls can be their heir too. But if I think from a societal perspective then I indulge in this thinking most often that life ahead would be more difficult. What a person thinks about himself is nothing like what culture imposes on our thinking. I believe not having a son becomes a taunt from a cultural point of view."

	Cultural pressure of losing a male child	9.8 9.10	"I feel pressurize for not having a male child, and when I was given one he was also taken back." "People say who is going to be your heir in the future, you have only daughters. And this impacted me a lot."
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance of death overtime)*	12.11	"We must be patient. Allah loves those who are patient. Allah befriends those who are patient. I believe this is all the will of Allah. A man comes into the world by the will of Allah and goes by the will of Allah. Every human being has a fixed time. When I think of this that he was also taken back because it was his appointed time then I become alright. No one can fight Almighty. Neither mother nor father can fight Almighty. When it is part of faith, as taught by religion, then man automatically comes to peace. This is what is called patience."

Table 2

Superordinate, Subordinate, and Emergent Themes of the Second Participant (F1)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	1.12	"I was awakened by my husband's call, there was some anxiety and fear and I anticipated that the call must be about hospital matters, like what news will be broken, what my husband will say."
		2.7	"The phone rang and I started crying already, I ask my husband to immediately receive the call."
		2.12	"I thought something would happen now, now my son will not survive. There were a lot of questions that were crossing my mind but they added to my distress making me more anxious. I had so many questions but I do not have any answer, I was so hopeless at that time."

		3.20 3.26	"My father-in-law's voice was so loud as if there is some emergency I thought something had happened." "I started observing my sister's and cousins' facial expressions. Like everyone was suspicious. I thought they were hiding something. I am not a child." "Everyone inside my room was staring at each other. I already started crying. My mother said cry as much you can, he has gone to Allah with tears in her eyes."
Belief about future	Wishful thinking	1.4	"The time until the baby was born was very pleasant, I was glad because in the fifth and I guess the sixth month I found out I was pregnant with a baby boy. There was just this wish in my heart that if Allah gives the boy then my family will be completed."
Lived Experience before Loss ***(Physiological Consequences)***			

Deteriorated health	Health condition	3.14 3.16	"I felt strange sensations inside my stomach." "I just felt like something was pulled from inside. Something was going wrong. As if there is some emptiness. It seems so strange to me, and I think this is the reason I do not want the light in the room, I wanted darkness."
Lived Experience after Loss ***(Psychological Disturbances)***			
	Apprehensive	3.8	"It was some weird day. I tell you that I believe there is a special bonding between mother and child. And this bonding and connection signal us many things."
	Depressive episode	3.4	"I woke up in the morning and had difficulty doing breakfast. Did not want to eat but ate breakfast forcefully. Then I turned off all lights, lay in a darkened room from morning till afternoon."
	Feeling sorrow	2.19	"I just kept crying until my husband went to the hospital, I was apprehensive."

	Helplessness	1.18 2.21	"Man has no idea of his strength, but perhaps he knows it only when there is trouble, and at that time humans cannot do anything but have to endure." "Because I had a c-section, and have stitches due to which I cannot go to the hospital to see my son. I wish to fly directly to my son, wanted to hold him in my arms, and did not want to let him go but I was helpless. I couldn't handle anything. How helpless a man is as if both arms and legs are banded. Even if you want to do something, you cannot."
	Wishful thinking	1.13	"I have spent these six days of my life in ruminative thinking like I will receive a call from the hospital that your child is perfectly fine now and doctors are discharging him [son]."
Lived Experience after Loss ***(Physiological Consequences)***			

Deteriorated health	Health condition	4.20	"Physically, I was weak because I was anemic and had an operation, due to which I was not well."
Lived Experience after Loss ***(Psychological Disturbances)***			
	Anger	4.25	"However, I became very angry after the death of my child. I get angry over petty issues and sometimes without any reason."
		5.11	"My anger was out of my control due to this sorrow. I tried hard to overcome anger, sometimes reading and getting help from the internet, other times sharing with my husband and getting useful tips and suggestions from him. I controlled my anger to a greater extent. There came a time when I had to use homeopathic medicine to overcome anger. But thank God I am much better now."
		5.19	"When family members tried to comfort me, I just wanted to push everyone out of my house."

	Bargaining	4.23	"I used to ask everyone why this happened to me. Why Allah took my son? He should not have taken my son. Why did this happen to me? Someone else would have died."
		4.25	"Would such begging do anything? Nothing."
	Emotional disturbance	1.4	"I was at home when this heavy news was broken to me."
		2.2	"And the word tolerance seems so overwhelming to me that I can't say it."
		2.4	"There is a burden on my heart, it seems my heart will explode any time."
		4.14	"I felt so bad. I cried and wondered what has happened to me. Why did it happen?"
		4.10	"And then I screamed a lot. I thought my life was over. I screamed loudly. I thought it was all over. There is nothing left. Now life will stop."
	Expressing sorrow	4.23	"I cried all the time."

	Feeling despair *(longing for son)*	5.24	"I did not want this to happen, I wished my baby would come back but he could not."
	Grief	5.4	"Sometimes it feels like the sorrow is still fresh. But it is no longer what it used to be, I cry, I remember him because I cannot forget him. But its intensity did not remain the same."
		7.11	"The pain is great and does not subside it comes in waves. Sometimes it felt like nothing has happened and sometimes I felt like I am in great pain as if the sorrow has become very fresh. Many a time a phase comes when it felt like there is no sorrow or pain but then it becomes so fresh."
	Helplessness	4.25	"But man is helpless."
		5.24	"During this grief period, I realized that man is helpless, he is nothing before the judgments of Allah."

		8.1	"I just wanted my son to come back. He should not have gone, nothing like that would have happened."
	Mental deterioration	4.21	"Mentally I felt everything was over, I felt mentally weak, like you are broken from inside."
	Restlessness condition	6.1	"There is some strange condition… I mean it's a kind of restlessness. And I believe it will remain with me. There may be some improvement with time, but there is no hope yet."
	Symbolic attachment	7.16 7.18	"Sadness diminishes with time but there is an increase in emotional pain whenever I pass by that hospital. Initially, I do not use to look in the hospital's direction especially when I am passing that area. I do not feel good that time." "I have still kept his bag in which his clothes are placed. Sometimes I see them and I cry. I have hanged pictures of him in the room, on my mobile, laptop, email, and everywhere."

	Suicidal ideation	4.23	"My heart wanted to die. I just wanted to end my life."
Personal Characteristics			
	Pre and post-perceptual attitude towards a child funeral *(Pre and post-death impact)*	4.18	"We get to know our value as a human when we suffer."
	Self-blame	2.14	"It is all my fault that I did not pray whole-heartedly to Allah, maybe I have not prayed from the heart. If I had relied on Allah, my son would have been fine. Allah would have fixed this."
Marital Relationship			
Disturbing relationship before loss	Complaining attitude toward the husband	2.26	"My husband deceived me from the beginning, saying daily that the child is fine and better, not sharing the real health condition of my son. That's why I could not get over it at all, and when the news came, it was a shock for me."

Caring relationship after loss	Supportive husband	7.6	"I became closer to my husband after this incident. I use to stay sad and he was also grieved. He use to comfort me, hugged me but I felt temporary relief from the loss and then the same condition."
Coping			
Constructive coping	Social media	7.22	"I joined many Facebook pages that were on grief. I used to read posts and sometimes I use to write something and share posts too. I use to spend time on the internet, used to read motivational quotes."
Defense mechanism	Distraction	7.24	"It is all about distracting oneself when engaged in online activities or reading quotes and Islamic quotations."
Ineffective coping	Unhelpful coping	5.1	"I started using abusive language. There was a strange feeling of calm in using abusive language, but I tried to overcome this too."
Religion and spirituality	Faith and spiritual belief	1.15	"In these days I kept on thinking that Almighty will give only that much stress that humans can bear, I have heard this from our religious

			perspective that Allah will not burden any human beyond his strength. But at that time this was known that Allah has chosen me for this grief."
		2.17	"The appointed time that has been fixed by Allah no one can outlive that."
		5.17	"People comforted me by saying he belonged to Allah and He took it."
		7.23	"I started reciting Quran with translation."
Regret			
Regret	Regret	8.4	"There is a lot of remorse and till today I regret it. Like I should have gone to another better hospital, I should have undergone C-section at a better hospital. Here nurses and doctors were not competent."
Social relationships			
Psychosocial support during the time of grief	The significance of contact with other	6.3	"My family is very cooperative, including my parents, sisters, and cousins also. Everyone was very supportive emotionally. Until a few days

	family members / Emotional support	6.8	after the baby's death, my mother, sisters, and cousins would come daily so I may feel comforted, not alone and that I might not take tension." "My family supported me during that time. They stayed with me for whatever reason. My in-laws were cooperative too but they seem to be a sycophant and their support seems to be at a superficial level. Probably everyone will be happy from the inside."
Lack of social support	Complains towards society	5.19	"I probably did not need consolation that time. The problem is that family members do not understand. Whoever came just delivered a lecture and went away. I use to think who asks you for your advice and if any of your children would die then I will ask how to be patient and how not to be patient."
Socio-Cultural Influences			
Spiritual beliefs	Impact of Evil eye / Jealousy	6.12	"I thought everyone was jealous as to why I was bestowed a male child."

		6.14	"It is Allah who gives children, but human beings have the capacity to be jealous and have an evil eye on other's happiness. And few events have happened before the birth of my son, that forces me to think that this all happened due to evil eye or some curse."
		6.20	"My elder sister-in-law cursed before the birth of my child that whoever is pregnant may their child die or a dead child is born to them."
		7.2	"I have learned that people are jealous. This is the jealousy that is mentioned in the Qur'an[1]. You are jealous because of the happiness of others. And this is what happened someone cursed and it falls upon my son. Whatever was cursed it becomes true."
Dreams			

[1] Muslims Holy Book

Dream content	Disturbed dreams *(feeling distressed after dreams)*	9.7	"Although after the death of my son, I use to have very disturbing dreams, I become worried in dreams, I see myself crying in dreams as if something is lost and I am searching for that."
	Pleasant dreams	9.9 9.15	"Then after almost 2 to 3 years, I dreamt of my son. He was sitting on some top area, I was looking at him, he was all dressed in white, and he was literally shining. And he was enjoying and playing with many other kids and adults. That dream was really a turning point. I felt a lot and much better." "Due to these satisfying dreams, all the confusion in my heart was cleared. I had seen him in the dreams and now I was at peace. I thought about the above dream off and on and I felt good feelings afterward like pleasant feelings no more stressed."
PTG			
Spiritual development	Readjust spiritual beliefs to	8.17	"Religion is the reason for what I am today, like my normal position in society. The more you are

	encompass trauma *(Acceptance through fate)*	8.23	close to religion the more peaceful and calm at heart you are. Our religion teaches us to be patient because Allah is with those who are patient. I believe that patience can be attained but one has to struggle like one has to offer prayers, whatever is in the heart, it must be shared with Almighty Allah." "I use to share my feelings with Allah. At the start, I complained a lot to Allah but later at this stage I believe I have shared each and everything with Allah. Whenever I felt sad I cried, in fact, I cried in front of Allah and raised my hands in prayers. There's patience and serenity in praying. Someone said to me that your son is the source of heaven for you. Only this hits my heart. Maybe because of this feeling that one day Allah will bestow my son, I felt peaceful. Whenever I get too much upset, I think of this then I feel better."
Personal strength	Facing fear *(Moving forward*	10.2	"Always face and fight your fears. Share them with others. Discuss your feelings and mood

	with strength gained from prior adversity)		with others around you. Move forward with your head high, with great aspirations, and with strong faith.”

Table 3

Superordinate, Subordinate, and Emergent Themes of the Third Participant (M2)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	3.9	"Someone was saying on the way that he will be better. I told him not to talk, I knew my child is not well."
	Helplessness	3.19	"I keep thinking now and then that if I would have deliberately taken him (to the hospital), maybe he could have survived. I was unable to do anything."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Experiencing the loss of strength	3.8	"I do not have any vigor, I felt powerless."
	Feeling physical hurt	4.19 8.18	"There is a lot of heartache that does not end." "Physiologically feel weakness."

Lived Experience after Loss ***(Psychological Disturbances)***			
	Anxiety	4.23	"Whenever I think of my son, my heart is burdened."
	Anxiety seeing dead	5.20	"Feel anxious seeing corpses."
	Burden of responsibility	4.15	"I kept on thinking as to how I can share this heavy news with his mother."
	Crying	5.27 8.17	"Used to cry remembering him." "I cry often."
	Expressing sorrow	9.6	"There's sadness, but I offer prayers, and when I offer prayers then I feel like crying."
	Feeling despair *(longing for son)*	9.3	"I wish something might happen that will bring him back to us."
	Feeling of inner pain / Depression	5.27	"Then his face was in front of my eyes all night."
	Grief	9.14	"Still grieving."

	Hurting *(feeling hurt)*	4.9 4.19 6.21	"Such an immense grief." "Feel so hurt." "Seeing my wife makes me more heartbroken."
	Helplessness	4.19 9.12 1.40	"Have to live." "Humans can't do anything." "What can I do, we all are helpless."
	Missing *(feeling loneliness)*	5.3	"I miss [Name] a lot. I feel all alone despite having other kids around."
	Missing physical presence of the dead child	5.15	"Staying at home causes distress and when I go out of home then I see my son everywhere."
	Pessimistic bias	11.1	"[Name] wishes to send his son to the army, but now the child's mother and grandmother are not willing to send him because they have already suffered a loss of life."
	Psychological disturbance	6.22	"Don't feel physiologically weak but the mental pain is too much."

	outweighs physical disturbance		
	Restlessness at home	5.1	"[Name] ki death k baad gher main aik ajeeb bechaini si rahta hai. Sab ko daikhta houn sab ki halat theek nahin lagti, bechain aur jaisay koi sakoon main na ho."
	Sense of responsibility	6.21	"Looking at my daughter-in-law and her children makes me think of their future, realizing that their father is no more, this is now all our responsibility."
	Social isolation	5.15	"I also gave up leaving home."
	Suicidal ideation	5.5	"Lot of thinking arises in mind as to what is the need of living."
	Symbolic attachment	5.8 5.26	"I miss him a lot. When I work in fields alone, that time I miss him more." "Whosoever corpse I see I remember my son's funeral and all those memories become so refreshed."

	Tension	4.24	"Feel tension too."
	Traumatic news	4.15	"It felt like someone had pulled the ground from my feet."
Personal Characteristics			
	Altruistic/selfless	7.21	"I haven't thought about myself, always think about others."
	Pre and post-perceptual attitude towards a child funeral *(Pre and post-death impact)*	8.15	"Don't use to attend funerals of other children but now I go."
Loss			
Loss of child	Losing the eldest child	4.16	"[Mother] is too much attached to him, because he was the eldest one."
Marital Relationship			
Disturbing relationship	Disturb marital relationship post-child loss	5.1 8.8	"Fight with my wife." There's a lot of quarrel with wife."

Coping			
Constructive coping	Sense of responsibility	5.13	"Now I care about his children, but I care a lot more."
	Struggling *(A gradual sign of acceptance)*	5.7 6.6	"It takes a lot of courage." "When I remember my son, I offer prayers and go to sleep. And in the morning I get up and go to work."
	Time as a healer *(Time heals emotional wounds)*	6.8	"Though I haven't forgotten, now the feeling of sadness is not the same as it was before. I don't cry anymore."
Defense mechanism	Acceptance	3.12	"I knew that my child is no more."
	Avoidance	5.3	"In distress, I leave the house."
	Blaming as a coping mechanism	8.10	"This is the reason I fight with my wife and often blame each other."
	Distraction	8.24	"I divert my attention elsewhere. They are tension-filled thoughts but I try not to think about them."

	Rationalization	6.4	"As I am the eldest one that's why I shouldn't cry."
Religion and spirituality	Faith and spiritual belief	2.20	"Returned to where he belongs."
		6.17	"But then I think that he belonged to Allah and He took him."
		6.6	"Then I pray and sleep."
		8.17	"Now I just pray, and I supplicate with every prayer."
		8.21	"But when I supplicate after offering prayers, I remain prostrating and this makes me feel that my grief has lessened."
		8.25	"I explain this that there is patience in closeness with Almighty."
		9.12	"It's God's doing, He has taken away the child as he belongs to Him."
		9.25	"Our religion teaches us that we all have to leave this world one day."

		10.2	"Our religion teaches us some principles, and we have to bow towards Allah's will. [Name] has gone. Allah has bestowed us and he belongs to him."
Psychosocial support during the time of grief	The significance of contact with other family members / Emotional support	6.26 7.22 9.17	"And many other people (from the neighborhood) supported us." "But friends and neighbors were far better than family members. They supported us." "Whosoever was participating in the funeral, all embraced me."
Regret			
Despondency	Desolation	3.20	"I couldn't do anything much."
Regret	Regret	9.13 9.10 10.24	"Too much regret." "Too much repentance. Wished, not to listen to him in the morning and took him to hospital forcefully." "He has gone too soon, too much work he has to do."

	Self-blame	3.19 10.23	"Sometimes I keep on thinking as if I could have taken him to hospital forcefully, he might be saved." "Is it because of me that [Name] is at unease today in dreams?"
Social relationships			
Social support and Lack of social support	Barriers to accessing support	7.4	"We always set an expectation with others. But I felt during this grief that who is loyal and who is a stranger. Neighbors were cooperative. They helped me and my sons with burial, on the third day, and the fortieth day. But our close ones all ran away during this time. Felt so sad but then pray to Allah for betterment."
	Complains towards society	9.21	"What kind of society is this? Where is everyone going? People do not consider chance factors. Whatever is in the heart and mind they bring it in their talks."
	Feeling a lack of emotional support	5.3	"No one dares to fight with me when he was alive."

	from immediate family members	7.1 7.10	"My brothers were not with me during this time but wouldn't my nephews have some responsibility?" "Although everyone considers me elder but during my grief period everyone showed their real face."
Socio-Cultural Influences			
Cultural impact and practices	Cultural influences regarding gender	6.2	"Males are considered weak when they cry."
	Impact of Evil eye	6.14 9.18	"I stay in grief as if some evil eye has impacted me." "Someone said, you are under the influence of the evil eye."
	The Cultural influence of money on death incidence/events	7.18	"Whenever I attend other's funerals, I took fruits, vegetables, rice, and give money. It was a demand of being elder in the family and humanity is also to be considered."

		9.18	"Someone talked about the distribution of the property."
Dreams			
Defense mechanism in dreaming	Resistance	10.10	"I don't remember dreams."
Dream content	Disturbed dreams *(feeling distressed after dreams)*	10.12	"Always see him upset in dreams and then I get upset too when I wake up from dreams."
Dreaming and culture	Dream relevance to cultural ideas	10.19	"Whenever I see him in a dream, I give alms in the morning."
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance through fate)*	10.2	"Many principles are taught by our religion, we have to bow and submit towards Allah's will. We would be sinners if we do not do this. [Name] has gone. Allah has bestowed us, to Him he belongs."
Process of meaning-making	Working through the grief experience	9.4	"But I believe he couldn't come back. These all are imaginary thoughts."

	(acceptance of death overtime)		
Personal strength	Facing fear *(Moving forward with strength gained from prior adversity)*	5.6	"But when I think about his children I muster up my courage."

Table 4

Superordinate, Subordinate, and Emergent Themes of the Fourth Participant (F2)

Superordinate, and Subordinate Themes	Emergent Themes	Page / Line #	Extracts
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	2.6	"As I woke up again, I asked about my son first, and when my husband told me that he is well now, I took a breath of thankfulness, and got busy with household errands."
		2.10	"It was hardly thirty minutes at neighbors'; my grandson came and said that his father (my son) is calling me. I thought in my heart that at this time [Name] does not come back home."
		3.1	"I anticipated that there is some bad news."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Experiencing the loss of strength	4.5	"The weakness prevails physically. Earlier I used to think of myself as the most active

			person, but with the passing age and with this grief of my child, I believe I am lethargic now.”
Lived Experience after Loss ***(Psychological Disturbances)***			
	Anger	5.6	“I used to say that you should all go away; else I will go out of the house.”
	Bargaining	5.14	“I used to say to her that why has [Name] gone, Allah should have taken me. I cannot tolerate this grief.”
	Expressing sorrow	3.27	“When everyone sleeps at night, I cry secretly.”
	Emptiness	3.25	“The mental state has worsened to such an extent that it can probably not get better even if it is handled. Just like there has become a void in one’s life and body and that space cannot be filled.”
	Feeling of inner pain / Depressive episode	4.9	“I feel like laying down all the time, and simply do not get up from’ ***charpae’*** (a woven cot). My appetite has decreased I deliberately eat. I do not feel like talking with anyone, but I do a

			conversation. At night, I cannot fall asleep and it is his face that keeps coming in front of my eyes.”
	Grief	3.18 3.20	“Indeed, this grief is too immense.” “Even if a human tries to think that the grief will end, the grief becomes fresh like a new wound. Just like there is a fresh wound, and as blood continues to come out of it, the pain continues to grow more. This grief is the kind of wound, which can never be healed by any medicine or treatment.”
	Helplessness	3.15 10.9	“It felt like we were not able to do anything, we are helpless.” “This could not happen at all. Humans are helpless. There is nothing in our hands.”
	Hopelessness	3.16 4.14	“And all matters slipped through our fingers.” “It seems, there is no purpose of life now.”

	Missing *(feeling loneliness)*	3.18	"As long as my life is, this grief will remain with me. I feel lonesome at the time of breakfast, prayers, prostration, and particularly at any wedding and Eid event, I miss him so much. I believe this grief is a never-ending sorrow."
	Missing physical presence of the dead child	3.14	"He does not exist among us anymore."
	Pessimistic bias	4.18 4.22	"His (grandson's) mother says that it was the wish of his father that he should go into the Army. However, I say to her that in the Army something may happen to him." "I just feel that he (grandson) should remain in front of our eyes. Already I have lost a son, and he is the last reminisce of [Name] and I cannot tolerate more grief now."
	Social isolation	5.11	"The other times I used to go to my land and sit there for hours."

	Symbolic attachment	2.98	"This grief sometimes lessens and at times it does not. There is a reduction in grief, but it refreshes if I go to someone's funeral."
	Traumatized	3.14 8.22	"It was as if our life was stopped." "I wake up by realizing this truth that he has gone and then I feel extremely bad in the same way I felt on his death."
Personal Characteristics			
	Pre and post-perceptual attitude towards a child funeral *(Pre and post-death impact)*	6.1 6.3	"I realized that the life that I was living was all fake." "I used to be assured that I am so happy; I have my children married at the right time, then children of my children, and I saw every happiness. I used to think of myself as stronger. If I ever saw someone in pain, I made them understand that they should be patient, keep calm, and will be okay. However, as it has happened to me I think that this is real life. I think I was living deceptively."

	Sense of responsibility	9.15	"Having [Name] daughter got married I felt good, as I am satisfied with my life. There is no burden anymore."
Loss			
Loss of child	Losing the eldest child	1.4	"He was so greatly admired; he was the first son."
Marital Relationship			
Trusting relationship	Care for spouse / caring relationship after loss / supportive husband / supportive wife	1.10	"He always used to say that if a son will be blessed it will be from you, else Allah may not be willing to give."
Coping			
Constructive coping	Catharsis	5.24	"Whatsoever is in my heart, I pour it out. My husband and children stop me from going to the graveyard, but I have to go. I cannot control it."

	Silence	6.18	"Silence is the best medicine. [Name] father always say that these people wish to add fuel to the fire, and intend to cause separation between our sons. So whosoever says anything, do not pay attention."
	Struggling *(A gradual sign of acceptance)*	7.6 9.11	"It takes time when such incidents happen. It is difficult but still, the time passes." "Well, this life keeps moving on, it doesn't stop for someone who is gone."
	Time as a healer *(Time heals emotional wounds)*	9.16	"Yes, if I am extremely stuck in these thoughts, which however has lessened with time, I get upset but I am better now."
Defense mechanism	Denial	2.5	"I started beating my daughter-in-law and asked what you are talking about. Where has Saeed gone? Why are you saying like this and I started covering her mouth with my hand."
	Distraction	7.10	"Nobody said anything; I used to distract my heart. Nobody could do anything. From the beginning, people used to talk weirdly."

	Rationalization	2.3	"Looking at his face I observed that it was utterly yellowish/pale like, and he was having cold sweat. It was cold and that made me worried as I look at my son."
Ineffective coping			
	Distressed	4.13 5.16 5.21	"I think about the condition my son might be in. Maybe he will be in peace and we all are worried here." "Then when I go to our land, I look at the sky and question myself, that where [Name] might be right now? Will he be looking over me? Will he be in peace? Can he hear me?" "Whenever I go to his grave I always say, ***'hayee'*** (Oh) [Name] why you have left me. It was not even your time. I reckon that maybe he is listening to me."
Psychosocial support during the time of grief	The significance of contact with other	5.11	"Sometimes, I used to go to my mother when I feel distressed at home."

	family members / Emotional support	5.14 7.10	"I used to go to my mother, cry while hugging her, and she tried to make me understand a lot, and console me." "People used to come, sympathize, and share my grief."
Religion and spirituality	Faith and spiritual belief	9.14 11.3 11.11	"The more I offer prayers on time, I feel my life becoming pleasant, and I feel good." "It is in religion that whosoever Allah wills, He give them children, and whosoever He wills to give can also take them back. Hence, this thought brings patience, and then I think that it is our faith too that we all have to go to the next world one day. [Name] has gone before us and one day we will meet him. It is because of the religion I am mentally peaceful else, I would have gone mad long ago." "Simply, prostrate in front of Allah, offer prayers, and keep praying."
Regret			

Regret	Regret	12.1	"Yes, my heart used to wish for [Name] to stay, if I could have something to stop him possibly."
Social relationships			
Social support and Lack of social support	Complains towards society	1.7 5.2 6.25	"Everybody started saying to my husband that I cannot bear a son, so he should marry the second time." "To remain patient during the period of grief was the most difficult thing. All the time my husband and all children exerted strictness to stop me from crying, and not to worry, and that, why I have become grief-stricken. Well, what shall I do? Do not I feel pain? "People come and say so many things, and this increases the grief."
	Feeling a lack of emotional support from immediate family members	4.2	"When everyone sees me crying they scold me to stop. If you will not show patience then how will everybody bear it? This makes me cry secretly now."

		7.3 10.14	"Others must realize the intensity of my grief, and the time I am going through." "These things kept moving in my mind that my son was born after such a tough time. The family used to taunt me a lot that I do not have a son. Even now I do not have a son. I passed my whole life under pressure. When will a son be born, let us have her husband get married. How much I suffered at heart, nobody ever tried to understand it. Everyone used to say things, and I kept suffering. I have a mountain in my heart and that is all about complaints. I never shared it with my mother. Well, this will remain buried in my heart."
Socio-Cultural Influences			
Cultural myths	Myths regarding death	7.13	"People say that if a son is born after three daughters, then either he nourishes well or there is also a probability that his mother will not survive or father dies."

		7.19	"Once it happened, a cousin from abroad send slippers that were for [Name]. One day his eldest son wore those slippers at which his mother said that even though these slippers fit him, just remove them because doing this either causes the father to not survive or the child dies. This happened in front of me. I said to my daughter-in-law to be quiet because the one to whom these slippers belong is my son and the one who is wearing them is your son. Well, a week did not pass to this matter and my son died."
		8.1	"All ***'baray wadairay'*** (elders) say this that if the slippers of a father fit his son, then either a son does not remain, or the father does not survive, some accident can happen."
		8.4	"These discourses are created. At that time we did laugh and joke about it, and even though these all things are made up, still they say these things turn out to be true. In TV dramas they show that initially, a dream came, and then it came true."

	Socio-cultural pressure	6.11	"Some said, will the daughter-in-law spend her ***'iddat'*.** Some said, who will bear her expenses, and some even asked that the land on which [Name] and his father went, is it under his name. Even after the ***'Qul'*** (third day of [Name] the matrimonial conversation for [Name] daughters was being discussed. What kind of period is this?" **In Islam, it is four-lunar months and ten days period a woman must observe after the death of her husband at your place or her parents.*
Dreams			
Dream after loss	Disturb dreams *(feeling distressed after dreams)*	8.18	"I see him in a lot of dreams. Almost every day, he comes into my dream. Many a time it has happened that the moment I wake up from a dream, I start crying. Very often my body becomes hot and it begins sweating."
Dream content	Predictive dream	8.9	"I mostly have bad dreams, as before the death of my son I had a dream that the whole ***'tabar'*** (family) has gathered at my home. Everyone was

			embracing one another and they are crying. All kins were gathered, even men are there too. They all are sitting and crying."
Dreaming and culture	Strengthened belief in dreams	8.21 8.23	"Dreams convey messages and dreams do come true. See, the dream that I saw before [Name] death, it came true." "Dreams are messages from Allah. And I share my dreams with my moulvi (spiritual healer) who then guide me as to what that dream means. Mostly they are reassuring. I get guidance and reassurance from Allah."
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance through fate)*	9.20	"The grief has lessened, it has been controlled. I have devoted myself to Allah. Offer ***'nafal'*** (voluntary) prayers. Indeed, this is real life. I supplicate a lot for my son, I pray. I recite the Quran a lot, maybe this is the reason that I do not cry much and feel peaceful. I mostly offer prayers and then pray for [Name]. If someone's younger child dies, I comfort my heart by saying

			that my son has gone too, well that's how I console my heart." 10.2 "Allah bestows calmness with time, but such thoughts do come and I feel better. Whenever I remember [Name], I prostrate because I have this belief that Allah listens to the prayers and answers them by bringing me peace."
Process of meaning-making	Working through the grief experience *(acceptance of death overtime)*	4.19	"I feel this now that we can answer [Name] that the responsibility of his children, which we were carrying, we have fulfilled it successfully."

Table 5

Superordinate, Subordinate, and Emergent Themes of the Seventh Participant (M3)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived Experience before Loss			
	Anticipated fear of loss	3.14 4.2	"I did not want to think anything bad. I thought he has slept again that's why he is silent." "I used to think that his heart may have started working and he would be fine. But our fate had planned something else."
	Life before loss	2.12	"She used to accuse me of a second marriage. Hence, she kept checking my phone and kept a check on me at night, which led to conflict between us. After our daughter turned 2 years old, my wife was pregnant again. Although I did not want a child back then the positive pregnancy report made me hope that this will end all doubts in my wife's mind."
	Premature birth	2.21	"He (newborn) was given birth during 7 months of pregnancy. I took my wife to a nearby

			hospital as her blood pressure was very low. They told us to take her to a better hospital for better health facilities as the newborn was very weak."
Marital Relationship *(before loss)*			
Disturbing relationship	Disturb marital relationship before the loss	2.1	"I don't want to hide things from you but my marital relationship was not good with my wife for some time."
Lived Experience after Loss *(Physiological Consequences)*			
	Physiological consequence / disturbance	4.24	"I am recruited in the army. I am very fitness conscious. But my weight dropped drastically. I would be physically present at my duty but was mentally absent."
Lived Experience after Loss *(Psychological Disturbances)*			
	Disheartened / dejected	4.5	"Crying and bearing this tension for a lifetime was our fate."

	Emotional disturbance / grief	4.19 5.1	"Since his passing away, I felt as if everything has ended and life seems to have vanished." "I could hear his voice all around me. It was a devastating time. My mental health had weakened. My capability to think became blurred."
	Expressing sorrow	3.17 3.27	"My wife started screaming that the baby was turning blue. We picked him up and hurried to the hospital. I had tears during the car ride. It occurred to me that he might not survive now." "The ECG report showed a straight line. I started crying and begged the doctor to do something to save my only son."
	Feeling loneliness	5.16	"When this trauma occurred, even then no one came to visit my family. I was alone."
	Feeling of inner pain/depression / depressive episode	4.20 5.4	"Since his passing away, I felt as if everything has ended and life seems to have vanished." "For a few months, I remained mentally and physically disturbed. Even now, the sadness

			lingers as it took me 6 months to resume my duty.”
	Helplessness	4.1	“I started crying and begged the doctor to do something to save my only son.”
		6.12	“My life has been destroyed. Neither is my wife happy, and my parents are also displeased. What should I do?”
		7.24	“Although I was happy that my wife got pregnant I used to think that it should not have happened. Being humans, we think a lot of things, a lot of thoughts cross our mind but they are not in our control.”
	Mentally stressed	2.14	“I stay under mental stress all the time.”
		4.24	“I am recruited in the army. I am very fitness conscious. But my weight dropped drastically. I would be physically present at my duty but was mentally absent.”
		5.1	“I could hear his [son] voices all around me. It was a devastating time. My mental health had

			weakened. My capability to think became blurred.”
	Painful experience	5.12	“I and my wife lost [Name] when he was only 2 months old. Nothing was more difficult and unbearable than this.”
	Social isolation	5.7	“I have become a quieter person than I was before. I was a very jolly person. My course-mates used to enjoy my lively company but now I avoid them. They try to approach me but I don’t want to.”
	Stressed	8.8	“I took a lot of pressure when I got married but once we had our firstborn, I assumed that things would settle down. But my mother used to say that your wife will only bear daughters and no sons. Nonetheless, a son was born to us but no reconciliation happened and ***Allah*** (God) took away that son too.”
	Suicidal ideation	7.8	“My wife used to persuade me towards ***Namaz*** (prayer) and reciting ***Quran*** (Holy Book), especially when I had lost all hope in life after

			my son's passing away. She tried to give me strength but on the other side I would try to destroy myself which affected all aspects of my life."
	Symbolic attachment	6.25	"I was tensed before and now too, especially while crossing Islamabad roads. Our second daughter was born in the same hospital, which reminds me of the trauma."
Loss	Description of the dead body	3.21	"As we reached IJP road, the baby turned full blue. I cannot explain the color to you."
	Feeling of loss	3.18 4.7	"My wife started screaming that the baby was turning blue. We picked him up and hurried to the hospital. I had tears during the car ride. It came to me that he might not survive now." "At the time of death, he was near us, yet had gone so far."
Coping			

Constructive coping	Struggling *(A gradual sign of acceptance)*	9.9 7.11	"I would like to add that we are in the same boat. Few people have greater losses than others. Some people have moved on and have become patient about their situation. We should all practice patience and stick to good memories throughout life." "I was struggling to move on with this trauma."
Defense mechanism	Distraction	7.1	"I try to divert my attention."
	Rationalization	3.5	"I thought that he [son] was feeling discomfort due to an upset stomach as he used to drink processed milk."
Regret	Guilt	6.1 7.15 7.23	"I used to feel sad internally. I felt as if everyone from my in-laws was thinking why no one from my family came even after such a loss." "To date, I hoped that I had not preferred and done breakfast that day. I should have taken him to the hospital first. All this is regret." "Yes, I do think that my marital conflict affects this. Although I was happy that my wife got

			pregnant I used to think that it should not have happened. Being humans, we think a lot of things, a lot of thoughts cross our mind but they are not in our control."
	Self- blame	7.20	"I do not feel like expressing anything. I used to blame myself for all of this; blamed myself, my thoughts, and the conflicts with my wife."
Social relationships			
Psychosocial support during the time of grief	The significance of contact with other family members / familial support / staying connected / emotional support	5.24	"Funeral was handled by my father-in-law. The funeral prayer was also held at their home. ***Qul*** (post-death final prayer on 3rd day) was not required for a child, nonetheless, my in-laws supported me."
	Social support	5.23 8.14	"I called a few of my course-mates, who immediately came to the hospital to help." "Few of my course-mates helped and taught me about religion, especially after [Name] death."

	Supportive in-laws	7.5	"I am in good condition now because of the support from my in-laws."
Barriers to accessing support	Feeling a lack of emotional support from immediate family members	7.4	"When I did not receive any support from my family, especially my mother, I felt extremely sad."
Dreams			
Dream content	Disturbed dreams	8.22	"Yes, I have seen him [son] in dreams, several times but from a distance. Sometimes properly dressed up and happy, whereas sometimes unwell on a stretcher with the oxygen mask on him."
PTG			
Spiritual development	Strength from God *(Faith)*	5.19 6.22	"I still wonder how I could bear all of this. But it was Allah (God) that gave me strength during this time or else I could not have survived." "It is Allah (God) who gives us strength. We, as humans could do nothing."

		8.18	"I could not control myself but with time, I accepted that he had to die one day. Everyone has to die one day as per our religious belief."
Process of meaning-making	Living with grief	6.22	"As I mentioned before too that the sadness from this trauma is present in every moment with me. I feel it all the time."

Table 6

Superordinate, Subordinate, and Emergent Themes of the Eighth Participant (F3)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	2.5 2.9	"I felt that time that as if he was shallowly breathing. I started crying. I felt the soul leaving my legs." "When I hold [Name] hand, I felt as if his hands have become light. I probably did not want to think that something had happened to him."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Experiencing physical deterioration	2.22	"Physically, my weight dropped drastically. My bones become prominent, I use to be underweight even before this incident. My HB remains low, I was getting treatment for venofer drips."

	Negligence regarding health	2.24	"I have ignored myself a lot. Nor do I take my medicines, neither go for drips afterward."
Lived Experience after Loss ***(Psychological Disturbances)***			
	Depressive episode	2.25	"I do not want to do anything."
	Disappointment	1.13	"But what did I know? That now when he is asleep he would never be able to wake up."
	Expressing sorrow	5.19	"In the start, I use to cry, sometimes while I go for taking shower I cry."
	Emotional endurance	2.17	"Feel a lot, but when I look at my husband, I bear a lot."
		2.21	"I can control it."
		3.9	"I do not have an interest in getting sympathies. If ever I become sad and upset, I have not shown in front of others that I am weak."
		5.13	"I have toughened my heart maybe."
		5.21	"I was saddened but now I am fine. I use to worry, but no one let me cry, now I have

			stricken my heart. I do not feel like crying now. All is set."
	Feeling of inner pain / Depressive episode	1.17	"In moments my life changed. Everything inside me collapsed. There is pain that does not seem to go away, by any means."
	Grief	2.17	"Such a big grief."
	Indifference	3.20 3.24	"Feelings have died in others. Nobody cared for me now I do not care for anyone." "My brother's wife retaliated that I should not move to their home soon after my son's death. But I did not consider anyone."
	Negligence regarding children's needs	2.25	"Use to take care of my elder daughter only when she showed tantrums lest I tried to ignore my elder daughter."
	Tension	3.7	"My life is full of Traumatized s. That is why when all this happened to me I thought oh this was about to happen too."
Personal Characteristics	Being stubborn	4.2	"I use to think that whoever is having an issue, they must leave the house. It is my father's

			house, why would I listen to what they say and leave the house."
	Positive self-image	3.2	"I believe I am normal."
Self vs pain	Stoic	2.26	"My husband uses to come home in the afternoon, so I become strong in front of him as if nothing has happened."
Marital Relationship			
Disturbing relationship	Disturb relationships	4.18 4.22	"My marital life is full of conflicts. My husband blasted a bomb a few times back, that he did second marriage. I do not think that there is some massive bomb other than this when any female comes to know that her husband has married." "I have tried since last year that my husband may divorce me, but my father intervenes and has us patch up."
Coping			

Constructive coping	Struggling *(A gradual sign of acceptance)*	3.8	"This time will pass too. I know how to control my emotions."
Defense mechanism	Avoidance	2.10	"I looked here and there on the way. When I looked at my husband he seemed distressed, tears were coming from his eyes."
	Denial	2.14	"But my feelings were that he might be unconscious and he will get better."
Religious coping	Faith and spiritual belief	6.16 6.17	"I offer prayers, offer them regularly that are obligatory prayers." "The amulet is brought by my mother, to protect my daughters. I have put them in their necks and I cannot do anything else."
Regret			
Regret	Regret	6.6	"I was never afraid, neither do I possess any kind of reservations. That is why I do not have any regrets."
Social relationships			

Social support and Lack of social support	Barriers to accessing support	2.18 5.15	"Do not have any support from my husband's family, and this is the reason my husband stays down." "The conversations of family members were very painful. But I know how to handle it."
	The significance of contact with other family members / familial support / staying connected / emotional support	4.6 5.15	"My father only cares for me in a real sense." "But my father's support was always with me that is why I am only secure because of my father he supported me in every way possible."
Complains towards society	Indifferent attitude of sibling	4.7	"My brother ignored me, he showed me that he is angry. Let them, I do not care that time nor do I care now."
	Pressure from mother	2.21	"My mother uses to stop me from crying, but neither will she allow me to express myself."
Socio-Cultural Influences	Socio-cultural pressure	6.11	"People talked a lot like I do not consider anyone human and this is the reason my son died. But I use to think whoever is barking let

			them bark. I cannot say anything but I do whatever I wished."
	Cultural myth	4.5	"My mother was against my visit to their home and she made me understand that I would not have come. My brother's wife was pregnant with their first child and they feared that some bad will happen."
	Superstitions *(following dead person and pregnant women)*	3.16	"My elder brother's wife was pregnant, she created drama (fuss) in our family that I should not come there as my bad shadow will impact on her unborn child."
PTG			
Personal strength	Facing fear *(staying calm and not falling apart)*	3.2	"Few days I felt low but within a week I was better, I did not impose anything on myself."
	Positive transformation	5.22	"Then I made an online page on Facebook, on which I sell clothes for infants and children till five years of age. I introduced my brand."

		7.7	“Become strong. One must keep their nerves strong or else people will press down under their feet.”

Table 7

Superordinate, Subordinate, and Emergent Themes of the Ninth Participant (M4)

Superordinate, and Subordinate Themes	Emergent Themes	Page / Line #	Extracts
Lived Experience before Loss			
Anticipatory fear of loss	Apprehensive	1.5	"I was very scared, as to why he is taken to ICU. I grabbed my wife's hand and kept moving fast at that time my wife started crying."
		2.4	"I felt like something bad was about to happen."
		2.10	"I asked one nurse who came out of ICU, to which she responded your son is not well prayed for him. I felt as if my heart stopped beating. I do not dare to look at my wife. I was numb and blank."
		2.17	"I thought maybe his heart has stopped beating. Now will he survive or not? What will happen? Now, what news will the doctor share? How

			will I react to what will happen? Well, there were too many questions to which I do not have an answer. There was a lot of thinking."
	Hopeful	1.7	"I shook her hand and said nothing will happen because now we are at the hospital and doctors are looking after him, all will be well."
Reliving past	Remembering life experiences	2.1 2.5	"I was driving the car fast, I was having doubts that his condition might be because of dehydration due to which he is semi-unconscious. But I was quite assured till that time." "I tried to go inside ICU but that time doctor was taking injections toward his chest. Then the doctor signaled towards the nurse and she asked me to go out so I will not be able to see. There was not a single voice of my child, not even he cried. I was thinking this way because I expected his sound due to the syringe prick but there was not a single sound only I could hear doctors' voices and other nurses and doctors

		2.15	moving around him providing him with things that he was asking for." "Then the doctor came out from inside and said to me and my wife that you have to be patient. We are trying our level best to revive his heart. When I heard this sentence, I felt like the ground slipped from under my feet."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Health condition	2.25	"Physically I became very weak."
Lived Experience after Loss ***(Psychological Disturbances)***			
Depression	Disturb sleep	3.13	"Starting days, soon after the loss, were heavy as I could not sleep at night."
	Grief	2.23 3.16	"Such an immense grief that cannot be described in words, it is terrible." "I and my wife both stay awake, and we talk about our son [Name]. Sometimes it was a good time when my wife says that our son is

			with Allah and he might be playing. And use to worry a lot when we remember that time when we were in the car till time spends in ICU."
	Helplessness	3.2	"My other children when use to question me then I avoid eye contact with them as what I will answer them that where their little brother has gone."
	Mentally disturbed / Stressed	2.25 2.27	"Took too much stress, especially when I look at my wife." "However, I felt very mentally disturbed."
Personal Characteristics			
	Personality change	3.3	"But a big difference that happened to me and my personality is that previously I do not notice small things, nor do I get upset easily but now if any of my children even start coughing or sneezing, I took them to the doctor immediately. Like when we become anxious and conscious I am like this type now."
Marital Relationship			

Supportive relationship	Care for spouse	3.13 4.17	"I look at my wife and see whether she is upset or not, is she crying?" "We are close now, in fact, we were close but now we are closer. We care for each other. We care for each other's needs. The fights we use to have, now even, it has been quite long that we did not even fight."
	Supportive wife	2.26	"Our love is quite reciprocal. Whenever I am upset my wife soothes me and whenever she gets down I always stand with her."
Coping			
Constructive coping	Positive engagement in life	2.27 5.10	"Maybe men get engaged in their jobs that is why the intensity of pain decreases." "I spend time at work mostly. Whenever I get free from the office, I work on making robots. I involve my family too. They took interest in themselves. Mostly I keep myself busy."
Religion and spirituality	Faith and spiritual belief	4.1	"The second thing is that it was God's thing and He took it back."

		6.2 6.3 6.6	"It is all Allah's will. We must bow to His will." "Many of my colleagues make me understand that I must offer my prayers regularly because I use to offer prayers but only on Fridays. There was no regularity in it." "My faith is so strong. I believe that any kind of problem comes from Allah and He gives us the power to take us out of it. He helps us."
Social relationships			
Social support	The significance of contact with other family members / familial support / staying connected / emotional support	3.20 4.6	"Everyone cooperated my father-in-law used to stay with us, he is a doctor too. I have seen every kind of support." "Family support has impacted me positively. I have told you that there was never a single moment when I felt alone. The utmost support was from my father and my wife. They stood by me, in fact with me in every difficult hour. Then my in-laws supported me. During the

		5.24	initial days, they stayed with us. Well, I stayed busy with them." "My life is towards betterment. I felt better always. Everyone supported me. I believe when you have support with you then nothing can downcast you."
	Support from work	3.21 4.9	"My office supported me, especially my boss who came to my home, who never use to visit anyone if someone dies. So I felt good. Did not feel alone neither did anyone make me feel alone." "Everyone from my office supported me. They give me off during that time."
PTG			
Process of meaning-making	Finding purpose and inviting growth	4.20	"With the will of God, our life is quite better. There was a phase in middle, in fact not in the middle but at the start. But I believe I and my wife can control our feeling very well. Anyway, we both are spending a good life

			together, as compared to many. And if God wills, it will improve too with time."
	Acceptance of change world	5.21	"Whatever God has given, I am thankful to Him. Never I complained, and repented."
	Recognition of strengths / resources / possibilities	3.25	"Whenever any stress like this occurs, that time we came to know our strengths and how strong we are. I believe that Almighty has chosen us for this trial, and we have to fulfill it."
Realistic optimism	Optimistic and celebrating life	5.5	"When we all are happy, some outing or picnic, shopping or chit chat with friends then it is a booster. I enjoy gatherings. I forget my pain, I believe this."
Positive transformation	Being hopeful	6.23	"Time will pass and if Allah wills He has promised a good dawn."

Table 8

Superordinate, Subordinate and Emergent Themes of the Tenth Participant (F4)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived experience before the loss			
	Feeling of loss	1.8	"He has the habit of getting hold of my shirt's neckline tightly, and when he does so I always take him on my lap, he uses to get hold of my shirt and he sits like this on my lap. At the hospital gate, when I was taking him inside, he released his grip. I observed as he is not breathing, I at once started running towards an emergency."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Health condition	3.25 4.7	"My weight was drastically dropped, including my husband as well." "I do not care about my diet."

Lived Experience after Loss ***(Psychological Disturbances)***			
	Anger	4.15	"Allah has given me two more children but my thinking bothers me a lot as to where has he gone? Why did he go?"
	Shocked	3.1	"I was shocked."
		3.3	"I could not comprehend what the doctor has said to me. The doctor said to me that may Allah grant patience, you have to do patience. I thought why is he saying this to me? My baby will wake up now. It seemed like my baby would just get up. My baby will breathe but why this doctor is saying all this?"
		3.9	"I said to the nurse, why are you saying this? I know he is going to wake up soon and I know for sure that my baby will wake up. I was in immense shock."
	Emotionally strong	2.27	"I still remember that when we were taking him back home, after his death, he was in my lap, then my other children were asking mama what

			happened. My husband was driving a car with difficulty, he was driving and was crying along. He cried a lot.”
	Emotional pain	4.4	“We are still going through this pain, I still feel a lot of emotional pain.”
	Feeling of emptiness	4.14	“The most difficult thing was that my son was no longer with me. That space is empty.”
	Grieved self	7.9	“You must see this the person becomes half, personality will be halved, characteristics that makeup you as a whole become half.”
	Helplessness	5.22	“We cannot do anything it was all Allah’s will, what can we do? If we could have done anything he would be in our laps today.”
	Mentally disturbed/stressed	9.1	“Mentally I think the condition worsens, we feel more. This all depends on your mental condition sometimes you feel pain more and sometimes less. I am talking about mental pain. You stay mentally tensed. Sometimes a person

			feels a lot even if the major problem is not that major though very minor."
	Physical longing	3.19	"I just want to hold him in my arms at once, just want to pick him."
	Psychological isolation	10.13	"Sometimes this happens that I want to run and hide somewhere."
	Psychological trauma	4.1 8.21	"This grief is as if you are completely shaken." "With time, I feel it get painful sometimes, severely painful at times. People use to say that pain goes away with time, *no no* but pain increases because every month I think he will turn 8 months this month. I just think about this."
	Unpleasant memories of past	4.10	"I experience one miscarriage that I also cannot forget."
Personal Characteristics			
	Strong sense of self	6.20	"I have a little more tolerance compared to my husband. I possess more tolerance. I told myself that my other children are in front of me. They

			are your strength, why you are not looking at them? He has gone to ***Allah*** (God). He will be happy there. ***Allah*** **(**God) loves more than seventy mothers. This I use to think."
Marital Relationship			
Supportive relationship	Care for spouse	4.17	"I do not cry in front of my husband because he possesses such a sensitive heart. When I got ill for the first time after our marriage he was so worried. Then if anything happens to children, it is like a near-death experience for them. We are afraid now too after this event."
	Supportive husband	7.17 8.12	"My husband cooperated with me a lot." "We are both closed now. My husband takes more care of me. He uses to take care but now he is more concerned. He is too caring. I am caring for him more now. I take care of his likes and dislikes like his favorite food, I get myself ready in the evening before he comes from the

			office. We are a happy family (Praise to be Allah), in fact, a happy couple."
Coping			
Constructive coping	Continuing the bond with the deceased child – symbolic attachment	11.7	"He was so innocent, so beautiful. He was so small, his tummy was so round and so small. Praises are to Allah ***(Masha Allah)***, he smiled a lot, and give a response. He drinks a lot of milk, he drank more than other babies."
	Continuing the bond with the deceased child – Linking objects	8.1	"I have kept pictures of my baby on my phone. Everyone tells me to delete them but I do not. I love one of his pictures from when he was 2 months old. I have put it on my home screen."
		8.6	"I daily see my son's pictures. I have kept all his things. When I took him to the hospital, all his things are placed in the same way, the bag is placed in the same way. I have not touched it till today. It is still in the same way, the water-filled feeder, and ORS feeder, I have not emptied them yet. I have not given away his

			clothes as well. His beautiful clothes, I have kept them in my closet.”
	Lifestyle changes	9.12 9.17	“I also do a lot of exercises because I believe exercise is also important. I offer prayers. Cook food. And if I miss exercise for a day I will surely do the next day.” “Exercise makes you feel better. For one's health, it is very good. Like my HB is low, exercise will help me in this condition too. My HB gets better with an active life.”
	Positive engagement in life	4.17 9.24 10.8 10.9	“I keep myself busy at work.” “I keep myself busy with kids to keep myself distracted.” “These days’ schools are closed, so I stay busy with my children. I teach my children myself. Time passes easily this way.” “I do all household chores. And when I get tired, sleep comes over easily. I keep myself busy.”

	Time as a healer *(Time heals emotional wounds)*	7.10	"It takes a very long long time to get back in your shape, come back in life but still you cannot recover completely from it because you are already going through pain, you just sit with others, smile with them but when people go you are still the same. Then we feel more when all leave and you are alone."
Defense mechanism	Rationalization	5.3 5.8	"Sometimes I am overpowered by emotions. Sometimes it occurs to me that he was not sick from childhood, or else our minds were ready for this tragedy. He never got sick, neither had he had a fever nor he had a cough. Though he was premature nothing happened to him then too." "He was also fine at birth. He was a healthy baby."
Psychosocial support during the time of grief	The significance of contact with other family members	4.23	"My father is too much weak when it comes to daughters, though he is a very strong man. But he came to support me, he cried while taking me in his arms."

		7.3	"My family was very supportive. My husband, and my siblings all were supportive. I tell you something, there was some conflict before this incident between me and my brother. He did not come to my home. But after the death of my son, he came to my home after two years."
Religion and spirituality	Faith and spiritual belief	2.17	"He just went where he came from. He was such a happy baby."
		5.11	"I try to spend time with patience."
		5.13	"When I miss my son a lot, I offer prayers and remember Allah."
		5.24	"He belonged to Allah."
		9.10	"I now regularly offer my prayers. And secondly, I recite the Holy Quran around afternoon and evening time."
		12.5	"Religion teaches us that we all will die one day. This is our faith. We Muslims are born with this belief, and leave this world with the same belief. There is an appointed time. There

			is a system run by Allah (God). I get relief from religion. I have told you before that just like I rigorously do exercise, I offer my prayers religiously. My heart feels satisfied. Recite from Holy Quran.
Regret			
Regret	Regret / guilt	3.21 10.25 11.12	"I remember that time when he use to cry and I do not pick him up, and I use to work and ignore his crying. I stayed busy. I miss that time that I should have picked him up, I did not know that we have less time together." "I wanted to take care of myself before he was born. I should have taken care of myself. But at that time I do not have any choice. Because when my 8th month started I thought my baby will be born in full-term just like my other babies, so he will be born at the same time." "I regretted at one time that I should have taken good care of myself, taken a good diet, taken medicines at the time. Should not have attended

			my sister's wedding at that time, should have rested at that time. But I must tell you all this thinking will not benefit anyone it creates confusion."
Social relationships			
Social support and Lack of social support	Social support	7.6 7.21	"Whoever visited us, everyone supported us." "Few aunts who come to our home through which I came to know that they suffered the same loss. One aunt narrated that she lost her two-and-a-half-year-old daughter because of blood cancer. Every person shares their grief. I use to think that this problem is associated with every other person."
	Care Group	12.23	"I have joined a page with the name *'Grief Speaks'.* There, parents share posts related to their loved ones who have died. I comment on posts very often. I make other people understand where required. You come to understand that you are not alone in this grief, the world is full of this kind of people."

Socio-Cultural Influences			
Cultural impact and practices	Societal influences	11.17	"We learn a lot from our society. People make us understand to believe in ***Allah*** (God), and offer prayers. Do not grieve the loss of your loved one. He belongs to Allah, He took him back. These all use to pinch me at the start and teased me but now the time has settled everything. These all talks that use to frustrate me, now I understand all this and I make other people understand this too."
Cultural pressures	Anticipatory fear of cultural pressures	7.16	"Some people who visited us, I use to fear that now they will say to my husband to get rid of her because he loses his son, but nothing like this happened."
Dreams			
Dream content	Pleasant dream	5.27	"I saw him a couple of times, he was very well dressed, and whenever we bought clothes for him, they were a mostly blue color, as it suited him. He was wearing clothes, he was shining and smiling and he was plucking flowers and

			throwing them and was smiling along. Praise to be Allah, at least he is happy. What a good soul." "I use to dream of him a lot at the start that he is too happy. I have seen him happy always. Once I saw him happy in a white dress. He was playing. He was smiling and running everywhere." "I dream very often, and I remember them too. Thanks to Allah I dream well always, never have I dreamt badly. There is always some meaning in my dreams. The dream that I have shared carries a message from God that you do not need to worry, your child is happy."
		12.12 12.17	
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance through fate)*	5.15	"I recite the Holy Quran and then I reason that Oh Allah it is all Your will. Then I pray that may Allah keep our deeds good, and guide us to a straight path so that after the Day of Judgment I will meet and stay with my son. I pray that I

			may get Heaven, and wherever I will meet my baby."
Process of meaning-making	Working through the grief experience *(acceptance of death overtime)*	4.8 4.16	"After 4 to 5 months I bring myself on track." "Anyways I use to be like this thinking negatively but now I do not think like this anymore."
	Finding purpose and inviting growth	6.8 13.1	"Humans do have talents, their utilization is important otherwise you will be rusty in terms of thinking and behavior. So I have utilized my talent." "I will say that always utilize your potential. Never seek isolation or you will always end up in loneliness and depression. Seek out help whenever necessary and cry when you feel like it."
Personal strength	Acceptance of a changed world	7.26	"I have learned that this is going to stick with me as long as I live. You do not forget. That baby which we did not see, one cannot forget that baby who is lost through miscarriage."

	Recognition of strengths / resources / possibilities	6.12	"Like I love cooking. I get rid of my maid and I started cooking myself, trying different dishes. Joined different Facebook pages which were associated with cooking skills and all."
		6.15	"I loved and have an interest in interior decoration. I focused on the home setting, matching curtains, rugs, and sofas. Only this became my passion."
		9.26	"I have developed an interest in technology because of my husband because of his field in robotics. I have started making robotics."

Table 9

Superordinate, Subordinate, and Emergent Themes of the Fifth Participant (M5)

Superordinate, and Subordinate Themes	Emergent Themes	Page / Line #	Extracts
Lived Experience before Loss			
Anticipating fear of loss	Apprehensive	3.11 3.19	"[Name] didn't come downstairs, you go and check, mobile is off." "Felt odd when he didn't respond to knocking on the door, though as if he is unconscious because he was not responding."
	Experiencing fear	3.21	"That time experienced some strange fear"
	Expectation of being an authority figure	3.21	"He didn't do this with me ever, he uses to come right away."
	Hypothetical assumptions regarding son's odd behavior	3.12	"I asked whether something happened if he was angry, or any new demand."

Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Experiencing the loss of strength	4.25	"I felt like collapsing on the floor, my nephews [brother's sons] sprinkled water on my face."
Lived Experience after Loss ***(Psychological Disturbances)***			
	Ambivalence about mortality	6.4	"Just know that man is nothing."
	Anger	6.19	"We are left behind to answer everyone's questions, to observe their eyes who hold many questions."
	Disintegrating	5.10	"It was all over for us."
	Emotional disturbance	4.19 5.5	"Well, the screaming that was before now fueled into more wailing." "My heart cries, the heart wants to cry out loud."
	Feeling emptiness	5.9	"It was as if my soul is removed from my body."

	Feeling of inner pain	4.2 4.4 7.11	"Well, what I saw I couldn't explain in words." "Whether got to hold my son, or look after my wife, children were screaming too." "When I read in a news or a book, anything relevant to my son's death, my grief is refreshed."
	Frustration	6.17	"To what extent do I have to answer their questions?"
	Grief	5.5 6.13	"Such a tremendous sorrow." "But will their eyes who question me alleviate my grief?"
	Helplessness *(lack of control over self)*	4.27 5.15 5.18 6.18	"How helpless I was that time." "What can I do?" "No one can bring my son back, even time cannot return." "What to do? What we can be done."

		9.18 9.23 11.13 12.1	"I wish to do so much but I could not, as if your arms have been cut off, and are crippled." "Cannot do anything, I'm helpless." "But what can be done? He chose this for himself." "As long as this life maybe it will remain like this."
	Hopelessness	5.14 5.18	"There's no cure for it." "I think whatever life is remaining it will remain like this."
	Lack of interest in activities	8.3	"I don't feel like doing anything, and the condition is still the same. I feel like I'm forcibly dragging myself."
	Mental exhaustion	6.17	"I am mentally exhausted."
	No control over the event	6.18	"What was supposed to happen has happened, he has done what he wanted to."

	Painful experience	4.9	"Well, the pain is refreshed the second I picture that moment."
	Physical isolation	7.4	"I don't go out of home unnecessarily, I have stopped going to my family."
		7.6	"My heart does not want to meet anyone, I spend most of my time in this room."
		8.23	"We locked ourselves in our home. We stopped meeting neighbors and relatives. Avoided all".
	Restlessness condition at home	2.21	"He has gone but there's restlessness at home."
	Self-hatred	6.7	"Sometimes I feel like hating myself."
	Seeing dead body	3.27	"Saw [Name] dead body hanging, and I cannot explain anymore"
	Traumatized *(flashbacks)*	3.27	"Then what I saw, that I couldn't erase from my mind."
		5.14	"The same movie runs in my mind when I saw him hanging. I cannot forget that scene."

Personal Characteristics	Altruistic/selfless	9.3	"I never prayed for myself but I did pray for my wife."
Self vs pain	Defending against implications that it's me	5.12	"What you are observing me is not a true me."
	Lack of control over self	5.9 5.12	"Don't know how I was dragging myself at that time." "Well, I am a living corpse."
Loss			
Loss of child	Description of the dead body	4.14 4.21	"His face was all blue." "Because his face was all blue, and half body too. While giving him his last ablution, I saw blue spots on his body."
	Feeling of loss	4.19	"Doctor said he is no more."
	Losing youngest child	2.19 5.25	"[Name] was the youngest child." "He's my youngest son and loving friend."

	Physical connection with the dead body	5.1 5.2	"My wife was shocked due to which she was not allowing anyone to touch his son's body for ablution." "Some people from the neighborhood said to prepare for ablution but my wife was lying with her son's body while holding his hands."
Marital Relationship			
Disturbing relationship	Disturb marital relationship post-child loss	2.19 2.29 7.20 7.17	"Wife stay annoyed." "Now she blames me." "My life is ruined and I believe this ordeal will stick to me till my death." "Marital relationship disturbed to a greater extent."
Coping			
Constructive coping	Continuing the bond with the deceased child – a	9.4	"Sometimes I visit this garden that is near to my home, where [Name] use to go and sit."

	symbolic representation	9.7	"At the corner of the street where he uses to stand, I pass from there, visualize his footprints, and feel that he use to stand here."
	Seeking control over grief	12.19	"Humans must not give up their struggle, God will give the fruit."
	Seeking help/support	7.24 12.22	"Please help me and take me out of this tension." "Kindly help my wife understand. Try to alleviate her depression so that our home environment is again like before."
	The importance of occupying oneself	8.11	"I study. I started watching talk shows on TV as I did before."
Defense mechanism	Blaming as a coping mechanism	6.4	"I was convinced by talks of my elder son for which I raised hand on my son."
	Denial	4.26	"Why is everyone crying? And why there is a strange crowd in the room? I felt for a few seconds as if all the memory was washed away."
	Distraction	8.9	"Now I pay my attention to other things."

	Reaction formation	5.24 9.2	"At the moment, he has no choice but to take his own life." "As you know this is haram [illegal] death. Hope that Allah won't punish him."
Ineffective coping	Difficulty coping	5.23	"I took this death with great difficulty because not only was I sad but his flashback with the hanging fan came back again and again before my eyes."
	Unhelpful coping	9.23	"Have these thoughts of helplessness till today, but as long as I am alive this will continue."
Religion and spirituality	Faith and spiritual belief	9.2 10.11 10.12	"I prayed a lot, prayed for my child's forgiveness." "Religion teaches us a lot. Everything is written in our Holy Book. After every trial, there comes an ease but will this bad time ever end." "But there is a hope and this hope comes from religion."

		12.16 13.1	"This whole world is running because of trusting in God's plans. He is running the system. Humans endure and show patience." "There's strength in prayers. ***Allah*** (God) listens to all our prayers and fulfills them at the right time. That is why do not shun prayers for your beloved ones who have left this world."
Regret			
	Regret	6.5 7.14 9.12 9.18	"They couldn't even say sorry, it's useless now." "Why did he do that? He should have told something, should have complained, fought, or expressed his anger, but he shouldn't have done this." "I just wished that time to return, I could embrace my son, so that seek forgiveness." "There's nothing in our hands except regret. Too much lament."

	Responsible for death / self-blame	2.18 6.8 7.16 9.19	"I blame myself." "Then why do we cause someone to die." "She held me responsible." "It was all my fault, I would have made him understand with love, shouldn't have hit him, my son wouldn't leave like this."
Social relationships			
Psychosocial support during the time of grief	The significance of contact with other family members / staying connected	6.12 8.12	"Everyone uses to support us emotionally, still they care for us, our family, and neighbors." "I spend time with my mother."
Lack of social support	Societal pressure following the loss	6.23 10.3	"The eldest son told that people say that [Name] was involved in drug addiction, due to which he died, someone said it was a matter of some girl, as many opinions as to the number of people. Can we shut others' mouths?" "People ask a lot of questions. What happened? Why did he attempt suicide? What were the

		10.8	circumstances? Such a great sorrow, and on top of that our people from this society." "With time, I believe people are having other topics to talk about. Whatsoever the twist has taken place in our story it has happened, now there is the silence after almost a year."
Socio-Cultural Influences			
Socio-cultural pressure	Pressure from family and neighborhood	8.15	"The attitude of neighbors and relatives have added to my grief. The death of my child has triggered so many questions in their minds what could I have done."
	Cultural influences regarding the death	8.18	"After the death of my child, at every step, I felt that what people will say. We keep living our lives justifying others."
Dreams			
Dream after loss	Disturb dreams *(feeling distressed after dreams)*	10.24	"Many times I dream of him. Someone said that he will keep coming into your dreams because he did not die the right way and I too have not taken him out of my heart. I have not forgotten

			and certainly, only those dreams come that we keep thinking about all day."
Dream content	Dreaming of deceased being ill	10.25 11.12	"Always see him ill and crying. See the blood on his body, see him in pain." "Once I saw in the dream that he is not doing good. He was restless and I can feel his pain in my dream at that time."
	Episodic dreams	10.26 11.2	"Many times I dreamt of him the same way as I saw him hanging from the fan. This dream occurs recurrently." "Then I also dreamt in which my son has committed suicide and has died. I am in the same room where [Name] hang himself, I was standing at the corner of the room and looking at him with fear. I tried to stop him but I felt that my feet have frozen. I cannot move my body, and seeing this I felt guilt in the dream and I thought that I have so much guilt in me as if I have committed a crime and I say to my wife in

			my dream that we have sinned. She is also standing in shock."
Dreaming and religion	Religious belief	11.14	"I shared this dream with my wife. And I told her that like us he too is facing problems after his death. He will die daily and he will be punished. In our religion suicide is prohibited. In Islamic law, it is forbidden. I believe that he has reached his destination but he is not at peace. We prepare ourselves for the real-life [life after death] but not this way."
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance of death overtime)*	10.13	"I have faith in Allah, but Satan allures due to which negative thoughts appear. My mother said to me that I should remain in ablution. I offer prayers and stay in ablution. Allah will make it better ***InshaAllah*** (May God be willing)."
Personal strength	Facing fear *(moving forward with strength)*	8.5	"I am thankful to Allah that psychologically everything is under my control. For some time I took off from the office after my son's death but now I regularly go office. Try to concentrate on

			my work, always did my work with complete dedication.”
	Optimistic and celebrating life *(Renewed appreciation)*	12.1	“My elder siblings make me understand that I should have my elder son get married, and see some happiness.”
	Positive transformation *(feeling hopeful)*	7.10	“I have started reading again, reading religious books, maybe someday I find tranquility.”

Table 10

Superordinate, Subordinate, and Emergent Themes of the Sixth Participant (F5)

Superordinate, and Subordinate Themes	**Emergent Themes**	**Page / Line #**	**Extracts**
Lived Experience before Loss ***(Psychological Disturbances)***			
Reliving past	Remembering life experiences	10.19	"There was a calmness in life. There were ups and downs like a quarrel between offspring, sometimes he does not listen to me, but I do believe that I spend a good time. We all eat together. We wait for each other until everyone comes back from school, and college so we may sit and eat together. Then this accident befell."
Anticipating fear of loss	Apprehensive	2.12 2.16	"But his father said that there is silence inside, he might not is unconscious." "Got a little upset, of course, when his father said he might be unconscious."

		3.19	"Felt odd when he didn't respond to knocking on the door, though as if he is unconscious because he was not responding."
	Hypothetical assumptions regarding son's behavior	1.15	"Knocked at the door but could not hear anything. Thought that he might be asleep because normally he sleeps a lot."
	Emotional bonding	1.5	"He was my most loving son, I always try not to scold him."
Lived Experience after Loss ***(Physiological Consequences)***			
Deteriorated health	Health condition	6.5 6.7	"I was prescribed a few medicines. And the doctor said to relax, not to worry." "There was temporary relief after taking medications, initially a few months passed by easily but from a few months the same condition prevails."
	The physiological impact of trauma	5.16	"Body has become very weak because of not eating. Feel less hungry. Fill my stomach with

			water. Weight has decreased from last year. Knee pain has worsened more."
Lived Experience after Loss ***(Psychological Disturbances)***	Account of somatic emotions and feelings	6.14	"When I saw my son in that condition, it was as if the ground has been pulled from under the feet. There was a blackout everywhere. I was unconscious. Who can bear the loss of a child?"
	Agony	4.11	"Whenever I thought of reducing the grief, I remembered my son, and more than that the way he died never got away from my eyes."
	Ambivalence about personal mortality	3.3 5.2	"And afterward as if this world was devastated, wanted to die, when will I die." "God would have taken me instead of him."
	Anger	3.12 3.17	"Both [husband and son] were after him [deceased son]. Does anyone hit so hard? My elder son and my husband hit him like an animal." "My husband was mad at that time, incapable of thinking at that time. My mother-in-law kept on screaming but he did not stop. Is this humanity?

			Even one cannot hit any animal like this. Then tell me the fault of my son.”
		3.21	If anyone wanted to talk and discuss with me I am dead for them. The day my son left this world, I am also dead for everyone.”
		12.10	“I feel so angry that I have stopped talking to my husband and son. I do not want to see their faces.”
	Bargaining	4.5	“Bring my son back. Can anyone tell me the way to rewind this time?”
	Catharsis	11.5	“I feel relieved after talking to you.”
Depressed	Lack of interest in daily activities	5.5	“I cry, do not feel hunger, and do not wish to talk to anyone.”
		9.13	“I have not cooked a good meal after the death of [Name].”
	Distressed	5.2	“The time of death is for everyone but he must not go like that.”

		6.2	“I am worried. I am still worried, I cry in front of you. Am I depressed?”
	Disintegrating	7.13	“Everything had gone disoriented.”
	Emotional disturbance	12.7	“I cried intensely, and I cry a lot.”
	Feeling emptiness	3.8	“Everything is over. Life is over, nothing is left.”
	Feeling hurt	9.11	“I believe this incident was quite unfavorable. But perhaps this accident was so deep that if anyone wanted to discuss good with me, I do not even like that.”
	Feeling loneliness	6.17	“No one belongs to anyone. Everyone is alone.”
	Feeling of inner pain	3.24 4.6	“Why could not I get patience, when Allah will call me? When will He ease my pain?” “I won’t calm down neither will I have patience. I will die to remember this, tell this to all.”
	Frustration	4.26	“Open and see side tables to see if there is any message placed there. He would have spoken or expressed. ”

	Grief	10.14 11.17	"In deep grief. Grief is big and deep. Just like termites eat the wood slowly, this grief has eaten me from within." "Till ***Qul*** (prayers on the third day following the death) and ***Chaleeswa*** (Prayers on the 40th day following the death), I was not in my senses. Whosoever come I felt anger seeing them as if they all have come to see a spectacle. The arrival of people only added to the grief."
	Hatred	5.26	"I hate everyone."
	Helplessness *(lack of control over self)*	3.21 3.24 8.4	"Time has slipped from our hands. From my hands." "Tell me will my life ever change? Nothing will change. Does anyone bring my son back?" "I want to spend my life with good memories but I am unable to do so."
	Hopelessness	6.21	"This time will pass soon. The pain will increase and decrease but this wound will not heal. And I believe it gets deeper with time."

		7.1	“But no one can reduce my grief.”
	Painful experience	2.27	“As if the roof of the house has fallen over me. I fell on the floor and was unconscious.”
		4.14	“It was like a final Hour on us.”
		4.15	“The more I feel this sorrow, the more it becomes. The hurt escalates. I cry. I scream.”
		5.3	“We will continue to suffer as long as we live.”
	Physical isolation	5.6	“Like to stay alone. My siblings call me but seem like my heart is dead now. I do not feel if anyone comes or goes. There was a marriage ceremony in our family a few days back, but I did not go”
	Seeing dead body	6.17	“From hanging to pulling [Name] dead body down and placing him on the bed, was a heart-wrenching situation. I see him in hanging position every now and then, and his image of hanging does not go away.”
	Suicidal ideation	3.4	“I wish to die.”

	Traumatized	2.25	"This big tragedy didn't happen that way. I have seen everything, felt it."
Personal Characteristics	Change self-perception	5.5 10.8	"I have changed, [Name] death has changed everything." "I have told you that my attitude has become so strict, it all comes over my face especially when I do not want to meet anyone, or to talk to anyone."
	Negative self-image	6.25	"What is my worth?"
Marital Relationship			
Disturbing relationship	Disturb marital relationship post-child loss	7.8 7.10 10.5	"My relationship with my husband has been affected." "I have stopped talking to my husband. I take care of their meals, and clothing but nobody talks to me this is what I want." "Marital life is getting disturbed."
Coping			

Constructive coping	Struggling *(A gradual sign of acceptance)*	9.1	"It takes time to heal. I want to try but could not. My husband just wanted that with a blink of an eye everything just come back to normal like before."
	Seeking control over grief	10.6	"I do understand. ***InshaAllah*** (If God wills), my life will get better."
	Seeking help/support	7.19	"I do understand what you have said to me. But do talking and sharing our feelings make my condition better, do I be able to forget my son?"
Defense mechanism	Avoidance	4.20 11.18	"Everyone said to leave this house, or change it." "When there was no one at night, I would find some peace, because at that time I do not have to face everyone."
	Denial	5.2 12.3	"Why did I see the suffering of my children?" "I wished to turn the time back. Whatsoever have happened I wish it would not have happened."
Ineffective coping			

Unhelpful coping	Continuing the bond with the deceased child – the symbolic representation	4.16 7.27	"I sit in his room for hours. I wish to lie on his bed and feel him. My maid only set up the bed sheet since that day. His clothes and shoes that were under the bed are still there. I do not let anyone touch them." "I feel better remembering good moments to spend with my son. It seems as if nothing has happened, and my son will come walking from somewhere."
	Continuing the bond with the deceased child – linking objects	4.24 8.6	"I remain seated on his room's floor. Watch over the fan, it is still de-formed. There are signs of dust on it. There are tables and chairs placed in his room, on which his college bag is placed. Books, pens etcetera all remain there. Use to open and see his side table as if there might be some message written." "Like I took out pictures of [Name], and placed them under my pillow. I see them at midnight and cry while seeing them."

Religion and spirituality	Faith and spiritual belief	8.2 11.21 13.5 13.6	"Whoever goes away does not come back." "I offer prayers and prostrate long. I did not use to do this before but find peace in prostration. Sometimes I sleep during prostration and I sleep there on a praying mat." "Religion teaches us to have patience during grief. This difficult time comes from Allah and I have read and learned that Allah only chose His noble people to face the challenge." "Whoever tells me different ***Duas*** (prayers), I recite that so I may feel relieved and patience."
Spiritual beliefs	Evil eye	13.9 13.15	"As if an evil eye has consumed our family." "No my son died of suicide but this evil eye is a mere truth."
Regret	Regret	12.3 12.8	"But time never returns. Afterward only regret remains." "Feel too much regret."
Social relationships			

Psychosocial support during the time of grief	Feeling a lack of emotional support from immediate family members	6.17	"We look for support from our closed ones but when our relatives turned out to be less supportive then trust is lost, and relationships would end."
	The significance of contact with other family members / staying connected	9.23	"I have learned that your loved one is gone but there were many to support me emotionally. My mother, mother-in-law, sister-in-law, husband's sisters, and my sisters, all fully supported me. They supported me on every stage and every time. They have never left me alone."
Socio-Cultural Influences			
Socio-cultural pressure	Societal pressure	13.2	"It is quite clear that people do not let others live under any circumstances. Ones who come for condolence will say anything so disturbing that it seems coal has burned from inside, I use to burn like this."
	Cultural influences regarding the death	12.18	"I do not believe that one can recover completely from this loss. Will people stop asking questions? And if people do not ask questions now then what kind of stories will they

			fabricate? Someone said he died illegal death, someone accused that he was addicted, and someone has said that he was after girls. One should not get better, even if try to."
		12.23	"We were so upset that it might become a police case, then there was more humiliation."
Dreams			
Dream content	Dreaming of deceased being ill	13.22	"Always saw him ill. Saw him in blood. I saw bad dreams. Maybe because I have seen all this in real life that is why I see these kinds of dreams."
		13.25	"One night I saw that I was asleep on my bed and someone touched my feet as if someone tried to wake me up. I woke up during sleep and saw [Name]. I asked him what happened my son, do you need anything? He responded mother I am in pain. I was about to wake up from my bed when suddenly I arose from sleep or I was asleep, I could not remember."

	Traumatic dream due to distressing emotions	14.9	"Then one night I dreamt that he was too much crying sitting outside his room near the stairs. I called him by his name as to what has happened. He replied, mother, come upstairs and see me, something will happen to me. I walked upstairs in hurry and could not see my son there, but I saw only blood everywhere. When I run towards his room, I start calling my husband also then I see that his room has changed into some storeroom, where old things are placed. I kept calling and screamed so loud that I woke up."
PTG			
Personal strength	Process of meaning-making *(Acceptance of changed world)*	9.15 10.25	"I feel that for how long I will hold on to him who no more in this world is." "Maybe the pain has decreased now. Previously I stopped eating by skipping one time meal, the other time ate forcefully, locking myself in the room, do not meet anyone. But now the condition is better. Probably one cannot get

			better completely when such a big trauma is afflicted.”

ANALYSIS

This phase provides a phenomenological and interpretative narrative of the research findings. The analysis of the data revealed a variety of emergent themes, leading to the development of the ten superordinate themes that were shared by all parents and are related to the research questions and the areas of focus within this study. Each superordinate theme has several related subordinate themes, that are also listed alongside the superordinate themes and these are presented in Master Table (see Table 4).

Master Table (see Table 4) highlights the major cluster of themes that dominated the parental grief experiences from interview transcripts; their lived experience before / after loss, sociocultural and religious influences, coping strategies, and support, dreams, finding meaning and purpose in life, searching for answers and sense-making (making sense of death), and particularly post-traumatic growth (PTG).

Table 4. Master Table (N=10)

Superordinate Themes	Subordinate Themes
1. Lived Grief Experiences (before and after loss)	1a. Physiological consequences and Psychological disturbances (before loss) 1b. Physiological consequences and psychological disturbances (after loss)
2. Personal Characteristics related to Grief	2a. Altruistic/selfless 2b. Pre and post perceptual attitude towards a child funeral *(Pre and post-death impact)* 2c. Sense of responsibility
3. Loss	3a. Loss of a child 3b. Feeling of loss 3c. Losing the eldest child 3d. Physical connection with the body
4. Marital relationship	4a. Disturbing relationship post child loss 4b. Supportive relationship

5. Coping	5a. Psychological Coping before loss 5b. Constructive coping (after loss) 5c. Ineffective coping 5d. Defense mechanism 5e. Perceived psychosocial support 5f. Religion and spirituality
6. Regret	6a. Despondency 6b. Personalization / Responsible for death / self-blame
7. Social relationships	7a. Psychosocial support during times of grief 7b. Lack of social support
8. Socio-cultural and religious influences	8a. Cultural impact and practices (Cultural inclination) 8b. Sociocultural pressure 8c. Suicide of child and stigmatization 8e. Suicide and religion
9. Dreams	9a. Dream content

	9b. Dreaming and culture
10. PTG	10a. Spiritual development 10b. Process of meaning-making 10c. Personal strength 10d. Facing fear (Moving forward with strength gained from prior adversity)

Transcript notation used in quoted extracts

… Significant pause

[Author's explanation] Explanatory material added by the researcher

Interpretation

An interpretative phenomenological analysis is not meant to be prescriptive (Smith et al., 2009), and through interpreting the participants' micro-experiential analysis, researchers have established a more dynamic and systematic approach to interpreting the data in the present study. The current interpretation of the thesis remains phenomenological, interpretative, and idiographic, and thus true to IPA's theoretical foundations. The researcher moved back and forth between the "Hermeneutics of empathy" and "Hermeneutics of suspicion" considering the complex nature of the phenomenon.

Ten superordinate themes were identified concerning grief phenomena, grief experiences, psychological reactions, coping strategies, social support, dreams, cultural

inclination specifically bereavement-specific magical thinking, and post-traumatic growth. The respondents indicated a wide variety of experiences in their indigenous context. Pseudonyms were assigned as an alternative to real names in the participant's accounts, to maintain the confidentiality of the results.

The analysis stipulated several subordinate themes and recurrent themes (see Annexure A6). A few significant sub-themes[2] are addressed here.

1. Lived Grief Experiences (before and after loss)

The first theme served to illustrate that experiences of grief and bereavement are quite a common experience amongst grieved parents and that they can come in many different forms.

The following sub-themes emerged from the data which were grouped to form this superordinate theme: psychological disturbances and physiological consequences (pre and post-loss). Psychological disturbances are embodied as a condition characterized by abnormal thoughts, feelings, and behaviors. The term psychological disturbances can also refer to the manifestation of a psychological disorder following loss such as depression, PTSD, etc.

It should become apparent from the following quotes that psychological disturbances are diverse, and their impact of them may be long-term or short-term. For example, while some elements of grief experiences may be suffered long-term, other psychological disturbances following grief appear to change over time with certain factors or events that can either trigger these grief experiences or escalate them when already present.

[2] significant sub-themes were those themes that were frequently highlighted by the participants in the verbatim

1a. Physiological consequences and Psychological disturbances (before loss)

This theme is comprised of a sub-themes; 'deteriorated health – health condition'. Participant F1 reported;

> *"I felt strange sensations inside my stomach. I just felt like something was pulled from inside. Something was going wrong. As if there is some emptiness. It seems so strange to me, and this was the time when my son left this world and but I did not know about his departure at that time."*

Further psychological disturbances were something that repeatedly arose during the interviews. Few of the participants' experiencing psychological disturbances before the loss and many live through psychological disturbances after they experienced the loss.

Participants reported experiencing anticipatory fear of loss, getting apprehensive, and rationalizing, depressive episodes, emotional bonding, fear, sorrow, feeling of hopelessness, helplessness, hypothetical assumptions regarding the son's odd behavior, belief about the future (wishful thinking), reliving past (remembering life experiences), and life before the loss.

80% of the sample experienced being apprehensive. After learning about their child's disease and prognosis, parents' feared what will happen next. Parents' emotions fluctuated between hope and misery during their child's situation.

1C suffered from Stage III meconium and was admitted to the neonatal intensive care unit (NICU) soon after the birth. Participant M1 reported;

> *"I asked them if everything is okay that you are asking for an injection in such an emergency."*

He further reported experiencing sorrow;

> "After coming out of NICU, I sat on a bench…and I cried."

Participant F1 reported;

> *"I was awakened by my husband's call, there was some anxiety and fear and I anticipated that the call must be about hospital matters, like what news will be broken, what my husband will say."*
>
> *"The phone rang and I started crying already, I ask my husband to immediately receive the call."*
>
> *"I thought something would happen now, now my son will not survive. There were a lot of questions that were crossing my mind but they added to my distress making me more anxious. I had so many questions but I did not have any answer, I was so hopeless at that time."*
>
> *"My father-in-law's voice was so loud as if there is some emergency I thought something had happened."*
>
> *"I started observing my sister's and cousins facial expressions. Like everyone was suspicious. I thought they were hiding something. I am not a child."*
>
> *"Everyone inside my room was staring at each other. I already started crying. My mother said cry as much you can, he has gone to Allah with tears in her eyes."*

The father of 2C who lost his son to a heart attack reported;

> *"When I was taking my son to the hospital, someone said on the way that he will be better. I told him not to talk because I knew that my child is not well."*

Mother of 2C shared;

> *"I was at my neighbor's home when my grandson came and said that his father [my son] is calling me. I don't know why but in my heart I thought why he is at home at this time, why he is calling me but at that time I anticipated that there is some bad news."*

Participant M3 whose son died of choking reported;

"When my son was in the room for quite a long, I do not want to think anything bad. I thought he has slept again that's why he is silent and is not making any noise."

Participant F3 shared;

> *"I felt that time that as if he was shallowly breathing. I started crying. I felt the soul leaving my legs."*
>
> *"When I hold my son's hand, I felt as if his hands have become light. I probably did not want to think that something had happened to him."*

4C suffered from cardiac arrest. His father (M4) reported;

> *"I was very scared, as to why he is taken to the intensive care unit (ICU). I grabbed my wife's hand and kept moving fast at that time my wife started crying."*
>
> *"I felt like something bad was about to happen."*
>
> *"I asked one nurse who came out of ICU, to which she responded your son is not well pray for him. I felt as if my heart stopped beating. I do not dare to look at my wife. I was numb and blank."*

"I thought maybe his heart has stopped beating. Now will he survive or not? What will happen? Now, what news will the doctor share? How will I react to what will happen? Well, there were too many questions to which I do not have an answer. There was a lot of thinking."

Many grieved individuals report feeling numb—a sense that they are unable to access their feelings—or that they are flooded—that their feelings are very intense and overwhelming.

Participant M5 who lost his son to suicide reported;

"I felt odd when he didn't respond to knocking on the door, though as if he is unconscious because he was not responding."

Participant M5 at the same time while experiencing fear shared;

"That time I experienced some strange fear"

Participant F5 shared;

"Got a little upset, of course, when his father said he might be unconscious."

Respondents shared their feeling of helplessness before the loss. Respondent F1 reported;

"Man has no idea of his strength, but perhaps he knows it only when there is trouble, and at that time humans cannot do anything but have to endure."

"Because I had a c-section, and have stitches due to which I cannot go to the hospital to see my son. I wish to fly directly to my son, wanted to hold him in my arms, and do not want to let him go but I was totally helpless. I couldn't handle anything. How helpless man is as if both arms and legs are banded. Even if you want to do something, you cannot."

Participant M2 reported;

> *"I keep thinking now and then that if I would have deliberately taken him to the hospital, maybe he could have survived. I was unable to do anything."*

Parents' talked about hope, loss of hope, and despair during the child's illness.

Participant M1 shared;

> *"Hospital staff told me to bring the child's clothes. I said is everything okay? Are you going to discharge him? Is he well now?"*

Participant M4 reported;

> *"I shook my wife's hand and said nothing will happen because now we are at hospital and doctors are looking after our son, all will be well."*

To overcome their psychological disturbances, they use the defense mechanism of distraction and religious coping.

Participant M1 shared;

> *"A man was sitting beside me in hospital, who was listening to some Islamic program, I started listening to that too so I may distract myself from worries."*

> *"I offered prayers and then I prayed a lot, I begged* ***Allah*** *(God), to give health to my son."*

Your grieving process began the moment you started contemplating your loved one's death. As parents prepare to say goodbye and imagine what life will be like after he dies, they are flooded with a myriad of emotions including sadness, anger, guilt, helplessness, and anxiety (Dresser & Wasserman, 2010).

1b. Physiological consequences and psychological disturbances (after loss)

Many people translate their depth of loss into physical deterioration. It will be no surprise if some ailments occur at times of grief, especially in the three-month cycles of grief. Grief is a profound experience and many describe themselves as working on a different level while they are in their throes. Things that were previously of immense importance pale into insignificance in the face of their loss (Gamino & Ritter, 2009).

Participant M1 shared;

"A whole year later I had a heart attack. I believe I was mentally too stressed."

Participant F1 shared;

"Physically, I was weak because I was anemic and had an operation, due to which I was not well."

Participant M2 reported how he experience the loss of strength post-child loss. He shared;

"I do not have any vigor, I felt powerless."

He further shared his feeling of physical hurt by saying;

"There is a lot of heartache that does not end."

"Physiologically feel weakness."

Participant F2 reported;

> *"The weakness prevails physically. Earlier I used to think of myself as the most active person, but with the passing age and with this grief of my child, I believe I am lethargic now."*

Participant M3 shared;

> *"I am recruited in the army. I am very fitness conscious. But my weight dropped drastically. I would be physically present at my duty but was mentally absent."*

Participant F3 reported;

> *"Physically, my weight dropped drastically. My bones become prominent, I use to be underweight even before this incident. My HB remains low, I was getting treatment for venofer drips."*

Participant M4 shared;

> *"Physically I became very weak."*

Participant F4 reported her deteriorated health condition after child loss;

> *"My weight was drastically dropped, including my husband as well."*
>
> *"I do not care about my diet."*

Participant M5 shared how he felt physically so weak and deteriorated when he lost his son to suicide;

> *"I felt like collapsing on the floor, my nephews [brother's sons] sprinkled water on my face."*

Participant F5 reported;

> *"I was prescribed a few medicines. And the doctor said to relax, not to worry."*
>
> *"There was temporary relief after taking medications, initially a few months passed by easily but from a few months the same condition prevails."*

She further stated the physiological impact of trauma she has faced;

> *"Body has become very weak because of not eating. Feel less hungry. Fill my stomach with water. Weight has decreased from last year. Knee pain has worsened more."*

Grief does have its norms. Although people are affected to greater and lesser degrees and at different times, we humans behave fairly predictably in our reactions. It is usual to have feelings of anger, often seemingly irrational. At any given moment one may perhaps trip over the cat and feel murderous towards it, wherein in other circumstances the reaction would be more likely to be one of apology.

In their sorrow parents' have reported experiencing the following feelings and conditions, namely; account of somatic emotions and feelings, ambivalence about personal mortality, anger, anxiety, anxiety seeing dead, apprehension and being apprehensive, bargaining, burden of responsibility, catharsis, counter-factual thoughts, crying, denial and shocked, disappointment, disheartened and feeling dejected, disintegrating, distressed, disturb sleep, emotional disturbance, feeling of emptiness, enduring emotional pain, expressing sorrow, feeling a lack of contentment and love, feeling despair (longing for son), feeling hurt, feeling loneliness, feeling of inner pain

might me labeled as depression or depressive episode, frustration, gloomy, grief or waves of grief, hatred, helplessness, hopelessness, hurting (feeling hurt), lack of interest in daily activities, mental deterioration, mental exhaustion, mentally disturbed or stressed, missing (feeling loneliness), missing physical presence of the dead child, painful experience, physical isolation, physical longing, psychological isolation, restlessness condition at home, seeing dead body, self-hatred, sense of responsibility, social isolation, stressed, suicidal ideation, symbolic attachment, tension, traumatized (flashbacks) or psychological trauma. Many of the participants may experience some or all.

Some commonly experienced reactions of all the participants are listed below.

Account of somatic emotions and feelings

In times of grief, excruciating pain surges through one's body. One may sense a hollowness in the stomach as if someone has punched in the gut, an ache in the heart as if it is breaking in two, a lump in the throat, or a weakness in muscles.

Participant F5 shared;

> *"When I saw my son in that condition [hanging], it was as if the ground has been pulled from under the feet. There was a blackout everywhere. I was unconscious. Who has the courage to bear the loss of a child?"*

Ambivalence about personal mortality

In the surge of grief, participants reported ambivalence about personal mortality.

Participant M5 reported;

> *"I have come to realize that man is nothing."*

Participant F5 stated;

"After losing my son I felt as if my world was devastated, I wanted to die, when will I die?"

"God would have taken me instead of him."

Anger

Anger is a typical emotion encountered by parents who have lost a child to suicide. Anger might be aimed toward your child, those who failed to help your child, God, or the world as a whole. You might be frustrated with yourself because you believe you couldn't save your child. Anger can be detrimental, but it can also be beneficial. Finding productive alternatives for your anger can aid in the process of healing. Grief's fluctuating nature can leave you feeling angry one minute and guilty the next. You may feel anxious and unable to sit still at times, or you may feel tired, dejected, and unable to move.

Participant F1 reported;

"I became very angry after the death of my child. I get angry over petty issues and sometimes without any reason."

"When family members tried to comfort me, I just wanted to push everyone out of my house."

Medical negligence, real or imagined, may lead to anger being focused on doctors or hospitals, and this is also likely where such personnel has related to the bereaved in an insensitive manner (Raphael, 1994). Participant F1 shared;

"My anger was out of control due to the sorrow. I blamed the doctor to be responsible for my son's death. Nurses were involved too. I feel so hatred towards them. I tried hard to overcome anger, sometimes reading and getting help from the internet, other times sharing with my husband and getting useful tips and suggestions from him. I controlled my anger to a greater extent. There came a time when I had to use homeopathic medicine to overcome anger. But thank God I am much better now."

Participant F2 shared;

"I used to stay in anger, due to which I use to say to everyone that you should all go away; else I will go out of the house."

Participant F4 reported;

"Though Allah has given me two more children but my thinking bothers me a lot and I really get furious as to where has he gone? Why did he have to go?"

Parents of 5C lose their son to suicide. Initially one may be skeptical. Then, as the reality of suicide dawns, one will become enraged and furious. How could he do anything like this to us? How could she desert me in the middle of these shambles? How could he be so ruthless and self-centered? This rage is obvious. It may be aimed at the person who committed suicide, an all-powerful spiritual force, or someone or something else you hold responsible for their death. It's a natural part of grief, and it's a typical reaction of many people who have been bereaved in several circumstances.

Respondent M5 shared how he got infuriated after his son's demise. He reported;

> *"I was filled with enrage because I felt we were left behind to answer everyone's questions and to observe their eyes who hold many questions."*

Respondent F5 shared;

> *"If anyone wanted to talk and discuss, I behaved like a living corpse and gave them cold shoulder."*

In the present study anger and aggression were reported by grieved parents. The grieved feels deserted by the deceased whose absence causes this pain. Such anger may be quite overwhelming for the grieved who find it far more intense than everyday experience and may perceive it as irrational. It may be displaced onto those who are in some way connected with the death, who did not prevent it, or who are there in the place of the deceased. It is often displaced onto other family members and sometimes on God, all of whom may be seen as in some way directly or indirectly associated with what has happened. Participant F5 shared her feelings;

> *"I feel so angry and mentally so disturbed that even I could not like to talk to my husband and other offspring. I do not want to see their faces."*

> *"Till **Qul**[3] and **Chaleeswa**[4], I could not control my feelings. Whosoever come I felt anger seeing them and whoever tried to console me, I picked up a feeling of*

[3] prayers on the third day following the death
[4] Prayers at 40th day following the death

mockery and probed into my state of grief and feeling. The arrival of people only added to the grief."

With suicide, where the deceased has chosen to desert, anger (as well as guilt) is pronounced (Raphael, 1994). Symptoms of immense guilt, perplexity, guilt, rejection, and rage are basic symptoms of suicide bereavement, in addition to the inevitable longing, sadness, and at times denial inherent to any mourning (Jordan, 2008).

People bereaved by suicide frequently feel resentment toward the deceased, resentment for abandoning them, resentment for not giving them a chance to help, and resentment for causing such agony, humiliation, and abandonment. Anger, hate, resentment, and rage are explosive emotions that may be a volatile yet natural part of one's grief journey (Wolfelt, 2006).

Anger and resentment were also overwhelming facets of the experiences of the participants. Suicide survivors have to face and encounter similar emotions to a person who mourns the death of a significant peer. A unique set of painful feelings is also experienced in addition to grief e.g., guilt, anger, and stigma regarding suicide (Pompili, 2009).

Anxiety / Apprehensive

Respondent M1 shared how he become apprehensive regarding sharing the news of his son's death with his wife. He reported;

"I felt fearful as to how to share this news with my wife."

Respondent M2 shared his experience of getting anxious whenever he attends the funerals of others following his son's death. He revealed;

"I feel anxious seeing corpses."

Grief produces anxiety. Life has changed. How one functions in his or her predictable world is no longer the same. Understandably, anxiety and a severe sense of loss of control will initially dominate the grief experience (Humphrey & Zimpfer, 2008).

Bargaining

Dr. Elizabeth Kubler-Ross says: "Most bargains are made with God and are usually kept a secret or mentioned between the lines or in a chaplain's private office" (Kübler-Ross et al., 2005). Bargaining is a way to hold on to hope in a situation of intense pain.

Parents bargain with God or some unseen force, to give them extra time. Even though many of these attempted bargains are physically impossible – you cannot turn back time or bring back someone who has passed away – they are natural ways of trying to rescue the loss and change it.

Respondent F1 shared;

"I used to ask everyone why this happened to me. Why did Allah take my son? He should not have taken my son. Why did this happen to me? Someone else would have died."

"Would such begging do anything? Nothing."

Participant F2 reported;

> *"I used to say to her that why has [Name] gone, Allah should have taken me. I cannot tolerate this grief."*

Respondent F5 shared;

> *"I want to bring my son back. Can anyone tell me the way to rewind this time?"*

Grief makes people feel vulnerable and powerless. It's not uncommon to seek strategies to restore control or to feel like you can influence the outcome of an event while you're experiencing strong emotions. You may find yourself making a lot of "what if" and "if only" assertions during the bargaining stage of mourning. It's also fairly uncommon for religious people to try to negotiate a deal with God or a higher power in exchange for healing or release from grief and misery. Bargaining is a coping mechanism for grieving people. It aids in the averting of sadness, uncertainty, or pain (Legg, 2018).

Counter-factual thoughts

The death of a child often leads to a pessimistic bias among the parents. The parents start being scared about everything and are not willing to let the child out of their sight. Furthermore, they also associate a normal event with death which is often co-incidental and try to stay away from that specific thing.

Participant M2 indicated;

> *"[Name] wish to send his son to army, but now the child's mother and grandmother are not willing to send because they have already suffered a loss of life."*

Participant F2 explained;

"His (grandson's) mother says that it was the wish of his father that he should go into the Army. However, I say to her that in the Army something may happen to him."

"I just feel that he (grandson) should remain in front of our eyes. Already I have lost a son, and he is the last reminisce of [Name] and I cannot tolerate more grief now."

Disheartened / dejected

Parents overcoming the loss of a loved one might be in a state of dejection for some time. It's all part of the grieving process. Participant M3 shared;

"Crying and bearing this tension for a lifetime was our fate."

Disintegrating

Because of the loss of their child to suicide, participants M5 and M5 reported feeling disintegrating. They reported;

"It was all over for us."

"Everything had gone disoriented."

Distressed

Parents face extreme guilt and hopelessness after the loss of a child. Parents elaborate on their negative experiences, limitless guilt, and excruciating pain after this huge loss (Salo, 2017). It is not easy for parents to forget about the huge loss they had.

Participant F5 further reported her distress;

"The time of death is for everyone but he must not go like that."

"I am worried. I am still worried, I cry in front of you. Am I depressed?"

Disturbed sleep

Participant M4 shared how he experienced disturbed sleep. He reported;

"Starting days, soon after the loss, were heavy as I could not sleep at night."

Emotional disturbance

Participant M3 reported experiencing emotional disturbance;

"Since his passing away, I felt as if everything has ended and life seems to have vanished."

"I could hear his voices all around me. It was a devastating time. My mental health had weakened. My capability to think became blurred."

Since their emotions become disrupted and are associated with emotional distress such as crying. The condition typically involves a persistent yearning or longing for the deceased child, which may be associated with intense sorrow and frequent crying.

Behaviors such as crying or withdrawal, to name two, could be outward expressions of a variety of internal states such as anger, sadness, or embarrassment (Martin et al., 2000).

In the following group of quotations, people often name crying as an aftermath of loss and describe their experience of it. Participant F1 shared;

"And then I screamed a lot. I thought my life was over. I screamed loudly. I thought it was all over. There is nothing left. Now life will stop."

Participant M2 reported;

"Used to cry remembering him."

"I cry often."

Participant M5 reported;

"Well, the screaming that was before now fueled into more wailing."

"My heart cries, the heart wants to cry out loud."

Participant F5 shared;

"I cried intensely, and I cry a lot."

Crying is not a sign of weakness. It is more a sign of deep feelings which need to be expressed (Weymont & Rae, 2005). The grievers tend to spontaneously express their painful feelings through crying and want to share their inner experiences with others (Neimeyer et al., 2011).

It is believed that different cultures may indicate that one orientation is more desirable or appropriate than the other. As a result, we discover that in some societies, the grieving individual is expected to move on swiftly from expressing grief, whereas, in others, this may be mandated for a much longer period. Wikan's study (1988) of two Muslim civilizations in which the proper response for grieving people differs is one of the most remarkable research reports. She discusses how, following a death, survivors in Bali

display an apparent lack of emotion, a lack of crying, and the portrayal of a happy face, but in Egypt, significant and protracted grieving is encouraged (Currer, 2017).

Participant M1 shared how the culture they live in impacted his crying.

> *"My father addressed me angrily for not crying like females and to come out and look after the seating arrangement of guests who were coming for the funeral. Actually in our society men do not cry easily and if they do want to then they can cry in isolation."*

Cultures differ not only in feeling rules but also in other ways as well, such as rituals and norms on appropriate adaptive and mourning behaviors. Every culture has its distinct rituals by which death is acknowledged. In some cultures, these rituals may continue for a time after the loss, marking periods of mourning (Martin et al., 2000).

Being emotionally overwhelmed is a challenging state besieged by deep emotions. It has the potential to impair your ability to reason and act rationally. Participant F1 shared how she felt emotionally overpowered when the news of her child's death was shared with her;

> *"I was at home when this heavy news was broken to me."*
>
> *"And the word tolerance seems so overwhelming to me that I can't say it."*
>
> *"There is a burden on my heart, it seems my heart will explode any time."*
>
> *"I felt so bad. I cried and wondered what has happened to me. Why did it happen?"*

Emotional instability presents with a changeable mood. Participant M1 shared how he become emotionally unstable soon after the loss;

"I did not have the courage to go inside the hospital. I felt shattered and weak."

"I believe remembering these events makes you emotionally weak, not strong."

Emptiness/feeling of emptiness

One of the facets of grieving is the feeling of emptiness, as we encounter the void left in our lives and hearts by the person who has died.

Feeling that life is unfulfilling, empty, or meaningless since the loss.

Participant F2 shared her feelings of emptiness;

"The mental state has worsened to such an extent that it can probably not get better even if it is handled. Just like there has become a void in one's life and body and that space cannot be filled."

Participant F4 reported;

"The most difficult thing was that my son was no longer with me. That space is empty."

Participant M5 reported;

"It was as if my soul is removed from my body."

Participant F5 shared;

"Everything is over. Life is over, nothing is left."

Disbelief in the death, avoiding reminders, a feeling that life is empty, and a shattered sense of trust, safety, and control are all symptoms of traumatic distress (Prigerson & Jacobs, 2001).

Enduring emotional pain / emotional endurance / emotional pain

"Too much, too soon, too fast" is often used to describe the trauma that overwhelms. When psychological stressors reach a peak, we find ourselves feeling overwhelmed and no longer able to perform. It may be hard to be fully present in relationships or difficult to get out of bed in the morning. Our bodies and minds are tapped out. Thoughts are distracted. Sleep is disrupted. Fatigue sets in. We may be tempted to give up, lose hope, and go through difficulties alone.

According to Erikson, from time to time trauma empowers survivors to bear; more often, though, it incites withdrawal and isolation. That is, it has "both centripetal and centrifugal tendencies" (Erickson & Caruth, 1995).

Responded F3 shared;

"Feel a lot, but when I look at my husband, I bear a lot."

"I can control it."

"I do not have an interest in getting sympathies. If ever I become sad and upset, I have not shown in front of others that I am weak."

"I have toughened my heart maybe."

"I was saddened but now I am fine. I use to worry, no one let me cry, now I have stricken my heart. I do not feel like crying now. All is set."

The pain and sorrow associated with the loss of a loved one can be difficult to articulate. The emptiness of the bereaved mother's life is lived by someone who is filled with grief and sorrow.

Participant F4 sorrow seemed boundless. She stated;

"We are still going through this pain, I still feel a lot of emotional pain."

Expressing sorrow

The other powerful emotion associated with being separated from a loved one is sorrow. Sorrow is an inseparable dimension of our human experience. We suffer after a loss because we are human. And in our suffering, we are transformed.

Heartbreak and sorrow are your frequent companions as one grieve. Bouts of uncontrollable crying sweep over grievers unpredictably. And shedding tears is only one manifestation of their sadness. Emotions vary, ranging from shock and disbelief to overwhelming sorrow and a sense of loss of self-control. The griever who feels intense sorrow may misconstrue the reaction of one who responds intellectually to a loss (Martin & Doka, 2000).

Participant M1 shared;

"I sat on the bench after coming out from NICU…crying."

"Anyways that time I came out with a tear in my eyes."

Participant F1 shared;

"I cried all the time."

Participant M2 reported;

"There's sadness, but I offer prayers, and when I offer prayers then I feel like crying."

Participant F2 shared;

"When everyone sleeps at night, I cry secretly."

When you are completely overwhelmed by sorrow, you may experience periods of deep despair, asking yourself "How can I possibly go on living?" In those moments, life seems unbearable.

Participant M3 reported;

"My wife started screaming that the baby was turning blue. We picked him and hurried to the hospital. I had tears during the car ride. It occurred to me that he might not survive now."

"The ECG report showed a straight line. I started crying and begged the doctor to do something to save my only son."

Participant F3 shared;

"In the start, I use to cry, sometimes while I go for taking shower I cry."

Feeling despair (longing for son)

Death is so very final. We don't have second chances to make it different. We are forced to accept death just the way it happens. Similarly, we have to accept the pain that accompanies loss. We might try to avoid feeling the full impact of the loss but ultimately we don't have a healthy choice in the matter. Attachment to the loved person inevitably leads to pain when that person dies.

When confronted with the loss of an important human relationship the enemy is not grief but rather despair (Schreiner, 2017).

Participant F1 shared;

"I did not want this to happen, I wished my baby would come back but he could not."

Participant M2 reported;

"I wish something might happen that will bring him back to us."

Feeling hurt

Parents are profoundly distressed and hurt by the loss of a child. When they look around they feel unhappy and uncomfortable in living a purposeful life without their child. Especially when they encounter a child happy with their parents they are reminded of their loss and the associated grief and it hurts them again. Parents face suffering as well because of being connected emotionally (Dean, 2021). It not only makes them feel hurt but also numb, hateful, and purposeless when they see the opposite parent in grief.

Participant M2 said;

"Such an immense grief."

"Feel so hurt."

"Seeing my wife makes me more heartbroken."

Participant F5 indicated;

"I believe this incident was quite unfavorable. But perhaps this accident was so deep that if anyone wanted to discuss good with me, I do not even like that."

Feeling loneliness

The feeling of loneliness after losing a loved one, especially a child, is very natural. The death of an only child has a more devastating psychological impact on individuals as compared to the death of a spouse. The psychological effects were more harmful and stressful in women as compared to men as women keep the child in their womb for 9 months hence the connection with the child is established even before birth (Liang et al., 2021). This kind of loss creates a feeling of emptiness in the parents and they miss their child in whatever they do or wherever they go, the feeling of loneliness stays with them.

Participant M2 indicated;

"I miss [Name] a lot. I feel all alone despite having other kids around."

Participant F2 indicating her sadness and feeling of being lonely said;

> *"As long as my life is, this grief will remain with me. I feel lonesome at the time of breakfast, prayers, prostration, and particularly at any wedding and Eid event, I miss him so much. I believe this grief is a never-ending sorrow."*

Participant M3 said;

> *"When this trauma occurred, even then no one came to visit from my family. I was alone."*

Participant F5 said;

> *"No one belongs to anyone. Everyone is alone."*

The feeling of inner pain/depression/depressive episode

The death of a child results in immense pain for the parents. The parents often get confused about their internal feelings. They are not sure if they want to do something or not. The inner pain felt by a dead child's parents cannot be analyzed by other individuals (Klass, 2001).

As participant M2 said;

> *"Then his face was in front of my eyes all night.*

Participant F2 indicated;

"I feel like laying down all the time, and simply do not get up from 'charpae'[5]. My appetite has decreased I deliberately eat. I do not feel like talking with anyone, but I do a conversation. At night, I cannot fall asleep and it is his face that keeps coming in front of my eyes."

Participant F3 shared;

"In moments my life changed. Everything inside me collapsed. There is pain that does not seem to go away, by any means."

Participant F4 indicated;

"Well, what I saw I couldn't explain in words."

"Whether got to hold my son, or look after my wife, children were screaming too."

"When I read in a news or a book, anything relevant to my son's death, my grief is refreshed."

Participant F5 indicated;

"Why could not I get patience, when Allah will call me? When will He ease my pain?"

[5] a woven cot

"I won't calm down neither will I have patience. I will die to remember this, tell this to all."

Frustration

It is the feeling one had when there might be a loss in life. Parents become frustrated when they face a child's loss. Parents stay bereaved even after two and five years after the loss of their child. Their self-identity starts changing in this period showing bereavement. They lose purpose and meaning in life and start exploiting their perceptions (Kim et al., 2020).

Participant M5 questioned;

"To what extent do I have to answer their questions?"

Participant F5 said;

"Open and see side tables to see if there is any message placed there. He would have spoken or expressed."

Grief/waves of grief/grieved self

The parents who lost their child feel incomplete and uncomfortable adjusting again to life. They become pessimistic about their future and their remaining life. It is difficult for the parents to continue giving love to other children after the loss of the child. Their emotional, social, and psychological health keeps on deteriorating (Rubin, 1999). Parents become temporarily unapproachable to their significant others.

After the death of a child, the parents have to go through a lot of emotions when they encounter their child's clothes or anything. It may give them pain and a feeling of grief. Parents have waves of grief after their child dies. Their mental state becomes lower than before. Parents still feel disturbed long after the death of their children (Malacrida, 2016).

Participant M1 said;

"When someone close to you dies, man cannot forget it. Whenever I remember, I cry."

"When there was sorrow, there was much sorrow."

Participant F1 indicated;

"Sometimes it feels like the sorrow is still fresh. But it is no longer what it used to be, I cry, I remember him because I cannot forget him. But its intensity did not remain the same."

"The pain is great and does not subside it comes in waves. Sometimes it felt like nothing has happened and sometimes I felt like I am in great pain as if the sorrow has become very fresh. Many a time a phase comes when it felt like there is no sorrow or pain but then it becomes so fresh."

Participant M2 expressed;

"Still grieving."

Participant F2 stated;

"Indeed, this grief is too immense."

"Even if a human tries to think that the grief will end, the grief becomes fresh like a new wound. Just like there is a fresh wound, and as blood continues to come out of it, the pain continues to grow more. This grief is the kind of wound, which can never be healed by any medicine or treatment."

Participant M3 indicated;

"Since his passing away, I felt as if everything has ended and life seems to have vanished."

"For a few months, I remained mentally and physically disturbed. Even now, the sadness lingers as it took me 6 months to resume my duty."

Participant F3 expressed;

"Such a big grief."

Participant M4 expressed;

"Such an immense grief that cannot be described in words, it is terrible."

"I and my wife both stay awake, we talk about our son [Name]. Sometimes it was a good time when my wife says that our son is with Allah and he might be playing. And use to worry a lot when we remember that time when we were in the car till time spends in ICU."

Participant M5 indicated;

"Such a tremendous sorrow."

"But will their eyes who question me alleviate my grief?"

Participant F5 stated;

"In deep grief. Grief is big and deep. Just like termites eat the wood slowly, this grief has eaten me from within."

"Till Qul[6] and Chaleeswa[7], I was not in my senses. Whosoever come I felt anger seeing them as if they all have come to see a spectacle. The arrival of people only added to the grief."

Hatred

Parents start hating the world and everything around them when they lose their children. They assume that they have limited opportunities in life when they lose a child. They start getting separated from other relationships while being hateful towards them at the same time. Their social network becomes very little in comparison to the ones before. They engross hatred for social gatherings and the crowd around them (Shapiro, 1987).

Participant F5 indicated; said;

"I hate everyone."

[6] prayers on the third day following the death
[7] prayers at the 40th day following the death

Helplessness

Parents often think that they do not have any control over the event. They accept the situation as it is because they do know that they have very little to no control over what has happened. Having this mindset is often because of some religious beliefs. Parents believe in fate and understand that whatever is meant to happen, happens.

Parents feel helpless after the loss of their child they develop feelings of helplessness as no one can bring their child back into their life. The psychological impacts of child loss on parents are often in the form of grief, bereavement, and helplessness.

Participant F1 helplessly said;

> *"Man has no idea of his strength, but perhaps he knows it only when there is trouble, and at that time humans cannot do anything but have to endure."*
>
> *"Because I had a c-section, and have stitches due to which I cannot go to the hospital to see my son. I wish to fly directly to my son, wanted to hold him in my arms, and did not want to let him go but I was helpless. I couldn't handle anything. How helpless a man is as if both arms and legs are banded. Even if you want to do something, you cannot."*
>
> *"But man is helpless."*
>
> *"During this grief period, I realized that man is helpless, he is nothing before the judgments of Allah."*

"I just wanted my son to come back. He should not have gone, nothing like that would have happened."

Participant M2 said;

"I keep thinking now and then that if I would have deliberately taken him (to the hospital), maybe he could have survived. I was unable to do anything."

Participant M2 explained;

"Have to live."

"Humans can't do anything."

"What can I do, we all are helpless."

Participant F2 indicated;

"It felt like we were not able to do anything, we are helpless."

"This could not happen at all. Humans are helpless. There is nothing in our hands."

Participant M3 expressed;

"I started crying and begged the doctor to do something to save my only son."

"My life has been destroyed. Neither is my wife happy, and my parents are also displeased. What should I do?"

"Although I was happy that my wife got pregnant I used to think that it should not have happened. Being humans, we think a lot of things, a lot of thoughts cross our mind but they are not in our control."

Participant M4 stated;

"My other children when use to question me then I avoid eye contact with them as I will answer them where their little brother has gone."

Participant F4 said;

"We cannot do anything it was all Allah's will, what can we do? If we could have done anything he would be in our laps today."

Participant M5 indicated;

"How helpless I was that time."

"What can I do?"

"No one can bring my son back, even time cannot return."

"What to do? What we can be done."

"I wish to do so much but I could not, as if your arms have been cut off, and are crippled."

"Cannot do anything, I'm helpless."

"But what can be done? He chose this for himself."

"As long as this life maybe it will remain like this."

Participant M5 said;

"What was supposed to happen has happened, he has done what he wanted to."

Participant F5 explained;

"Time has slipped from our hands. From my hands."

"Tell me will my life ever change? Nothing will change. Does anyone bring my son back?"

"I want to spend my life with good memories but I am unable to do so."

Hopelessness

Parents feel hopeless when they lose a child because they find a purpose in life being a parent to nourish their child and fulfill their responsibilities but this image of self is shattered when they are not able to do so they start feeling hopeless. There is a negative influence on mothers being hopeless about the future. They were grieved as well as depressed thinking about what the future may hold for them now. Parents with lost children lose hope and purpose in living life ahead (Rubinstein, 2004).

Participant F2 expressed;

"And all matters slipped through our fingers."

"It seems, there is no purpose of life now."

Participant M5 indicated;

"There's no cure for it."

"I think whatever life is remaining it will remain like this."

Participant F5 stated;

"This time will pass soon. The pain will increase and decrease but this wound will not heal. And I believe it gets deeper with time."

"But no one can reduce my grief."

Isolation

Physical isolation

Often people isolate themselves when they are faced with any sort of grief in their life. The death of a child may leave very long-lasting psychological impacts on parents. They prefer to isolate themselves instead of making connections with people. Their relationships deteriorate after their huge loss (Rando, 2013).

Participant M5 stated;

"I don't go out of home unnecessarily, I have stopped going to my family."

"My heart does not want to meet anyone, I spend most of my time in this room."

"We locked ourselves in our home. We stopped meeting neighbors and relatives. Avoided all".

Psychological isolation

Parents not only feel isolated physically but psychologically (mentally) as well. Child loss can make the parents traumatized and distressed at the same time which results in being isolated from the world and significant others around them (Cacciatore, 2013)

Participant F4 said;

"Sometimes this happens that I want to run and hide somewhere."

Social isolation

Parents usually confine themselves to the four walls of the house when they have a huge loss in the form of a deceased child. Parents who had this loss get themselves socially isolated from the people and their multiple perceptions about the situation (Morris et al., 2019).

Participant M2 explained;

"I also gave up leaving home."

Participant F2 stated;

"The other times I used to go to my land and sit there for hours."

Participant M3 indicated;

"I have become a quieter person than I was before. I was a very jolly person. My course-mates used to enjoy my lively company but now I avoid them. They try to approach me but I don't want to."

Lack of interest in daily activities

Parents lose interest in daily life activities after the loss of their children. Parents keep on losing aim and purpose in their life. Most parents express dissatisfaction and a lack of confidence in doing anything in their life (Harris et al., 1990). They consider every single task meaningless because they are emotionally unstable.

Participant F5 stated;

"I cry, do not feel hunger, and do not wish to talk to anyone."

"I have not cooked a good meal after the death of [Name]."

Mental deterioration

The grief keeps on disturbing the mental health of parents after the death of a child. The consequences of losing a child and its drawbacks on parents' mental health are worse. They start facing symptoms of depression and trauma after this huge loss (Zheng et al., 2017).

Participant F1 explained;

"Mentally I felt everything was over, I felt mentally weak, like you are broken from inside."

Parents become mentally exhausted when they lose their children. Their mental health keeps deteriorating and they start feeling fatigued. There are emotional drawbacks of child loss (Meij et al., 2008). The parents start having mental disturbances as if they are exhausted from this huge loss and they have no other purpose in life after that.

Participant M5 indicated;

"I am mentally exhausted."

Following the death of a child, parents experience mental distress; they feel their world is incomplete. Parents are stressed out after losing their children. They feel as if they have no thought other than their loss. It compels them to suffer from depression, anxiety, grief, and bereavement. Parents feel worn out and stressed in their later life. (Wijngaards et al., 2007).

Participant M4 explained;

"Took too much stress, especially when I look at my wife."

"However, I felt very mentally disturbed."

Participant F4 said;

"Mentally I think the condition worsens, we feel more. This all depends on your mental condition sometimes you feel pain more and sometimes less. I am talking about mental pain. You stay mentally tensed. Sometimes a person feels a lot even if the major problem is not that major though very minor."

Missing physical presence of the dead child

Parents mourn the loss of their dead child. They always miss this feeling of being physically connected with their child and because of this huge loss they are unable to work inside as well as outside their house. It has been evident that they are unable to accept the fact that their child is no longer with them. (Boss, 2010).

Participant M2 described the lack of physical presence;

> *"Staying at home causes distress and when I go out of home then I see my son everywhere."*

Participant F2 stated;

> *"He does not exist among us anymore."*

As described above, the physical longing among the parents is extreme. Often parents want one last time with their children because they miss them a lot. They want to have their precious time with the children once more so that their physical longing can be fulfilled.

Participant F4 indicated;

> *"I just want to hold him in my arms at once, just want to pick him."*

Painful experience

It is not easy for parents to digest the finality of never being able to see their children again causing them to lose hope for the future. Parents' overwhelming pain and suffering make them unable to spend minutes, hours, days, months, and years as well (Stroebe et al., 2013).

Participant M3 reported;

> *"I and my wife lost [Name] when he was only 2 months old. Nothing was more difficult and unbearable than this."*

Participant F5 explained;

"As if the roof of the house has fallen over me. I fell on the floor and was unconscious."

"It was like a final Hour on us."

"The more I feel this sorrow, the more it becomes. The hurt escalates. I cry. I scream."

"We will continue to suffer as long as we live."

Participant M5 said;

"Well, the pain is refreshed the second I picture that moment."

Psychological disturbance outweighs physical disturbance

More than any physical issues for the parents is the psychological torment that they have to be in. The parents might have good physical health but their psychological health is not good.

Participant M2 expressed;

"Don't feel physiologically weak but the mental pain is too much."

Restlessness condition at home

Parents feel restless after losing the main part of their survival. Parents face difficulty in adjusting to their life. In a study, it was found that mothers are more grieved,

restless, and distressed than fathers. These parents with restlessness experience more depressive symptoms than non-bereaved parents (Dobson, 1997).

Participant F1 shared;

> *"There is some strange condition… I mean it's a kind of restlessness. And I believe it will remain with me. There may be some improvement with time, but there is no hope yet."*

Participant M2 narrated;

> *"After the death of [name], there remains a strange restlessness in the home. When I see everyone, I feel their condition does not look good, as if all are restless and are not at peace."*

Participant M5 expressed;

> *"He has gone but there's restlessness at home."*

Seeing dead body

Professionals may be exceptionally hesitant to allow seeing when a traumatic and potentially traumatizing event has caused death, fearing that relatives may be forced to live with painful, intrusive memories. A few psychiatrists, such as Worden (1991), claim that seeing the body brings home the truth of loss and that seeing the body aids in the grief process because connections with the deceased must be disrupted for the survivor to establish new bonds. He claims that "letting go" of the deceased is an integral element of the grieving process and essential for the client's health. (Chapple & Ziebland, 2010).

Participant M5 indicated;

> *"Saw [Name] dead body hanging, and I cannot explain anymore"*

Participant F5 shared;

> *"From hanging to pulling [Name] dead body down and placing him on the bed, was a heart-wrenching situation. I see him in hanging position now and then, and his image of hanging does not go away."*

Self-hatred

Parents have feelings of self-hatred when they lose their children. They believe themselves to be responsible for this loss. The thought that the parents themselves are responsible for their child's loss makes them feel stressed (Kreicbergs et al., 2005), and guilty as if they are responsible and their negligence takes their child away.

They would not have faced it if they would have taken care of the child. Parents who are grieved because of their loss start considering their self-worth as low, thinking only to be responsible for what has happened (Ben-Ami & Baker, 2012). During grief, mothers especially hated themselves more than fathers even after a long time (Baker, 2005)

Participant M5 expressed;

> *"Sometimes I feel like hating myself."*

Shocked

Some of the emotions typically associated with early grief may include but are not limited to shock, numbness, denial, and withdrawal. Mourners may vacillate between all of these emotions or may experience something entirely different. Shock is a state of disbelief and numbed feelings. Because the death is unexpected, most people report an overwhelming sense of shock and denial (Wray, 2005).

Parents surely become shocked when they have a loss in the form of their part. It is not easy for them to accept that they have lost their beloved child. Those parents who suddenly have news of child loss are in a state of extreme shock. The emotions at that moment resembled as a roller coaster for most parents, few parents suddenly have cardiovascular attacks because of the intensity of the shocking news (Wei et al., 2016).

Participant F4 expressed their shock;

"I was shocked."

"I could not comprehend as what the doctor has said to me. The doctor said to me that may Allah grant patience, you have to do patience. I thought why is he saying this to me? My baby will wake up now. It seemed like my baby would just get up. My baby will breathe but why this doctor is saying all this?"

"I said to the nurse, why are you saying this? I know he is going to wake up soon and I know for sure that my baby will wake up. I was in immense shock."

The person you care for has passed away. Your world is turned upside down by shock and disbelief. It makes no difference that he had been sick for a long time. It makes

no difference that he said that he was willing to die. It makes no difference if the doctors or hospice nurses trained you for this. Witnessing the death of a loved one or learning of his death brings your life to a screeching halt (Dresser & Wasserman, 2010).

Stressed

Parents feel stressed and worn out after having their huge loss. Thirty-five percent of the parents suffer from the symptoms of Post-traumatic Stress Disorder (PTSD) after the loss of their beloved child (Morris et al., 2019). It is a challenge for parents later to move ahead in their life without a beloved child.

Parents feel stressed, guilty, and stigmatized after a child's death. Parents suffer from depression (being worried and tensed) even after 18 years of their child's loss (Walker, 2007).

Participant M2 indicated;

> *"Feel tension too."*

Participant M3 reported;

> *"I took a lot of pressure when I got married but once we had our firstborn, I assumed that things would settle down. But my mother used to say that your wife will only bear daughters and no sons. Nonetheless, a son was born to us but no reconciliation happened and Allah (God) took away that son too."*

Participant F3 expressed;

> *"My life is traumatized. That is why when all this happened to me I thought oh this was about to happen too."*

Suicidal ideation

Bereaved parents have more suicidal ideations after the loss of their beloved child (Murphy et al., 2003). These thoughts of suicide are because of the long-term grief of child loss.

Participant F1 explained;

> *"My heart wanted to die. I just wanted to end my life."*

Participant M2 said;

> *"Lot of thinking arises in mind as to what is the need of living."*

Participant M3 indicated;

> *"My wife used to persuade me towards Namaz (prayer) and reciting Quran (Holy Book), especially when I had lost all hope in life after my son's passing away. She tried to give me strength but on the other side I would try to destroy myself which affected all aspects of my life."*

Participant F5 indicated;

> *"I wish to die."*

Symbolic attachment

Participant F1 stated;

"Sadness diminishes with time but there is an increase in emotional pain whenever I pass by that hospital. Initially, I do not use to look in the hospital's direction especially when I am passing that area. I do not feel good that time."

"I have still kept his bag in which his clothes are placed. Sometimes I see them and I cry. I have hung pictures of him in the room, on my mobile, laptop, email, and everywhere."

Participant M2 said;

"I miss him a lot. When I work in fields alone, that time I miss him more."

Participant F2 indicated;

"This grief sometimes lessens and at times it does not. There is a reduction in grief, but it refreshes if I go to someone's funeral."

Participant M3 indicated;

"I was tensed before and now too, especially while crossing Islamabad roads. Our second daughter was born in the same hospital, which reminds me of the trauma."

Traumatized (flashbacks) / Traumatic news / Psychological trauma

The news of child loss is shocking and it, in turn, triggers the symptoms of Post-traumatic stress disorder. The parents get traumatized by the death of their child as it has a great bad impact on their minds (Dutta et al., 2020).

Participant F4 stated;

"This grief is as if you are completely shaken."

"With time, I feel it get painful sometimes, severely painful at times. People use to say that pain goes away with time, no no but pain increases because every month I think he will turn 8 months this month. I just think about this."

Participant M2 explained;

"It felt like someone had pulled the ground from my feet."

Participant F4 indicated;

"His heart stopped beating. It was such a small heart. So tiny."

"No, I use to feel that a film was played. When you asked what happened to your son, I move back to that time. Like that was the time that is frozen in our lives as it is film played in mind. Whatever happened that time, a film is played in mind."

Participant M5 expressed;

"Then what I saw, that I couldn't erase from my mind."

"The same movie runs in my mind when I saw him hanging. I cannot forget that scene."

Participant F5 indicated;

"This big tragedy didn't happen that way. I have seen everything, felt it."

Personal Characteristics

Grief is profoundly embedded not only in the personality development of the individual but also in the essence of man with a prolonged history of development as a social animal. Without first comprehending the human community, it is hard to decipher the individual man. Sociological and anthropological research aid in understanding the evolution of man's nature, as well as illuminating the mechanisms that man has generally utilized to safeguard himself from circumstances he cannot comprehend or regulate.

Altruistic/selfless

Participant M5 indicated;

> *"I never prayed for myself but I did pray for my wife."*

Participant M2 said;

> *"I haven't thought about myself, always think about others."*

Change self-perceptions

Participant F5 stated;

> *"I have changed, [Name] death has changed everything."*

> *"I have told you that my attitude has become so strict, it all comes over my face especially when I do not want to meet anyone, or to talk to anyone."*

Negative self-image

Those parents who face child loss at some phase of their life start exploiting their self-worth, they become isolated, lonely, and find their life meaningless (Meig et al., 2008). They start shattering their self-image on this huge loss.

Participant F5 indicated;

"What is my worth?"

Positive self-image

Participant F3 explained;

"I believe I am normal."

Pre and post-perceptual attitude towards a child funeral (Pre and post-death impact)

Participant F1 expressed;

"We get to know our value as a human when we suffer."

Participant M2 indicated;

"Don't use to attend funerals of other children but now I go."

Participant F2 stated;

"I realized that the life that I was living was all fake."

"I used to be assured that I am so happy; I have my children married at the right time, then children of my children, and I saw every happiness. I used to think of myself as stronger. If I ever saw someone in pain, I made them understand that they should be patient, keep calm, and will be okay. However, as it has happened to me I think that this is real life. I think I was living deceptively."

Sense of responsibility

Participant M2 said;

"Looking at my daughter-in-law and her children makes me think of their future, realizing that their father is no more, this is now all our responsibility."

Participant F2 indicated;

"Now I care about his children, but I care a lot more."

"Having [Name] daughter got married I felt good, as I am satisfied with my life. There is no burden anymore."

Strong sense of self

Participant F3 stated;

"I have a little more tolerance. Like as compared to my husband, I possess more tolerance. I told myself that my other children are in front of me. They are your strength, why you are not looking at them? He has gone to Allah (God). He will be happy there. Allah (God) loves more than seventy mothers. This I use to think."

Defending against implications that it's me

Participant M5 expressed;

"What you are observing me is not a true me."

Lack of control over self

Participant M5 explained;

"Don't know how I was dragging myself at that time."

"Well, I am a living corpse."

Loss of a Child

Description of the dead body

Participant M1 stated;

> *"When the doctors handed over the dead body, it was like a soft cotton ball, could not forget that feeling."*

Participant M3 explained;

> *"As we reached IJP road, the baby turned full blue. I cannot explain the color to you."*

Participant M5 expressed;

> *"His face was all blue."*

> *"Because his face was all blue, and half body too. While giving him his last ablution, I saw blue spots on his body."*

Feeling of loss

Participant M1 stated;

> *"Doctor said he is no more."*

Participant M3 said;

> *"Sadness is the sorrow of the loss of your loved one. Man has made many plans, he has thought many things but the day the child was taken all plans were shattered."*

"When something is taken away then obviously it feels bad, and that feeling is changed into grief and sorrow. Life seems to be incomplete, like a circle of life is left with a void. Whomsoever spaces are filled they forget their life's traumas whether they suffer from single or multiple traumas, and those whose spaces are not filled then a single trauma will make a huge difference in their lives."

Participant M4 explained;

"My wife started screaming that the baby was turning blue. We picked him up and hurried to the hospital. I had tears during the car ride. It came to me that he might not survive now."

"At the time of death, he was near us, yet had gone so far."

Participant F4 expressed;

"He has the habit of getting hold of my shirt's neckline tightly, and when he does so I always take him on my lap, he uses to get hold of my shirt and he sits like this on my lap. At the hospital gate, when I was taking him inside, he released his grip. I observed as he is not breathing, I at once started running towards an emergency."

Losing the eldest child

When one of the siblings dies, the birth order is altered. When the oldest sibling passes away, the oldest living becomes the eldest. And if there are only two siblings, the death of one leaves the other the only remaining sibling. If the siblings were twins then the surviving one is likely to feel that a piece of him/her died as well. It is also possible

that one believes that the wrong one has died. A child's death is an affront to the natural course of events. Parents do not bury their children; rather, they expect their offspring to bury them. Parents must now readjust to a new, seemingly illogical reality because the natural order has been broken (Wray, 2003).

Participant M2 indicated;

> *"[Mother] is too much attached to him, because he was the eldest one."*

Participant F2 stated;

> *"He was so greatly admired; he was the first son."*

Losing youngest child

Participant M5 said;

> *"[Name] was the youngest child."*
>
> *"He's my youngest son and loving friend."*

Physical connection with the dead body

Participant M1 expressed;

> *"It's hard to forget if someone came into the world and breathed, his touch will not be forgotten by parents. I cannot forget his touch, when I took him into my arms, offered prayer in his ear, then took him in my arms who at that time was like a cotton ball and admitted him to NICU."*

Participant M5 stated;

> *"My wife was shocked due to which she was not allowing anyone to touch his son's body for ablution."*

> *"Some people from the neighborhood said to prepare for ablution but my wife was lying with her son's body while holding his hands."*

Marital relationship

The death of a child permanently changes an individual, their marital relationship, and the complete family (Brown, 2010).

As cited in Albuquerque et al (2016), distance in the marital bond tended to occur most frequently in couples and people who cited pre-existing difficulties in their relationship that grew more severe following the death of the child, according to Rellias (2001).

Disturb marital relationship before child loss

Participant M3 indicated;

> *"I don't want to hide things from you but my marital relationship was not good with my wife for some time."*

Disturb marital relationship post-child loss

Evidence shows that grieved parents have disturbed marital life as they think of their lives as purposeless, surrounded by grief (Harris et al., 1990).

When a family member dies, the family members feel as though they have been wrenched apart, and unraveled, causing stress and conflicts. Conflict breeds trouble, with the marriage dyad bearing the brunt of the strain (Wray, 2003).

Participant M2 indicated;

"Fight with my wife."

"There's a lot of quarrel with wife."

Participant M5 expressed;

"Wife stay annoyed."

"Now she blames me."

"My life is ruined and I believe this ordeal will stick to me till my death."

"Marital relationship disturbed to a greater extent."

Participant F5 explained;

"My relationship with my husband has been affected."

"I have stopped talking to my husband. I take care of their meals, and clothing but nobody talks to me this is what I want."

"Marital life is getting disturbed."

Supportive relationship

Acceptance

Participant F2 said;

"He always used to say that if a son will be blessed it will be from you, else Allah may not be willing to give."

Care for spouse/caring relationship after loss / supportive husband

Participant M1 indicated;

"I was most worried about my wife at that time. I do not want to see her in pain, I love her so much."

Participant F1 expressed;

"My husband cooperated with me a lot."

"I became closer to my husband after this incident. I use to stay sad and he was also grieved. He use to comfort me, hugged me but I felt temporary relief from the loss and then the same condition."

Participant M4 expressed;

"I look at my wife and see whether she is upset or not, is she crying?"

"We are close now, in fact, we were close but now we are closer. We care for each other. We care for each other's needs. The fights we use to have, now even, it has been quite long that we did not even fight."

"Our love is quite reciprocal. Whenever I am upset my wife soothes me and whenever she gets down I always stand with her."

Participant F4 explained;

> *"I do not cry in front of my husband because he possesses such a sensitive heart. When I got ill for the first time after our marriage he was so worried. Then if anything happens to children, it is like a near-death experience for them. We are afraid now too after this event."*

Participant F4 further stated;

> *"We are both closed now. My husband takes more care of me. He uses to take care but now he is more concerned. He is too caring. I am caring for him more now. I take care of his likes and dislikes like his favorite food, I get myself ready in the evening before he comes from the office. We are a happy family (Praise to be Allah), in fact, a happy couple."*

Coping

This is a gradual process; the bereaved parents suffer but then slowly picks up the pieces and begins putting his/her life back together. As frightening as the pain of loss can be, For the most part, grieving isn't overwhelming or endless. Some of us cope so well that we don't appear to skip a beat in our daily lives. We may be stunned, even hurt, by a loss, but we manage to restore our composure and move forward. While we may feel pain or grief, there is a lot more to it (Gross, 2016).

How long would it take to get over a loss? This is a commonly asked question. There is no categorical answer, but there are trends to be sought once again. It is, first and foremost, a continual process. There is no straight line between saying "I am mourning" one day and "I am not grieving" the next. First-year is often a strong pivotal point, and it

may take up to four years for things to feel almost usual again. There are no specific rules. It's a one-of-a-kind process. However, I've found a gradual pattern that suggests grief comes in waves. It is sparked by several conditions. There will be days when things go well and days when things go wrong.

Constructive coping

Catharsis

Participant F2 stated;

> *"Whatsoever is in my heart, I pour it out. My husband and children stop me from going to the graveyard, but I have to go. I cannot control it."*

Participant F5 expressed;

> *"I feel relieved after talking to you."*

Continuing the bond with the deceased child (a symbolic representation)

The idea of symbolism helps us forward in our grief. These may take many forms and depend on the relationship. Some may want to remember a particular quality in the person who has gone, or a particular interest that they may have had. For some, a photo is enough. Others want something more or different. A picture could encapsulate what is wanted. Such symbols can be useful ways of marking anniversaries, not just of the day that a person died, but maybe the birthday, or the day the child was born.

By deliberately remembering with a symbolic gesture we can sometimes deal better with the wave of grief that can overtake us, particularly in the early days and

months of mourning. It will be months probably, too! You may be surprised at how long one is in mourning.

Participant F2 indicated;

"Sometimes I visit this garden that is near to my home, where [Name] use to go and sit."

"At the corner of the street where he uses to stand, I pass from there, visualize his footprints, and feel that he use to stand here."

Participant F4 said;

"I sit in his room for hours. I wish to lie on his bed and feel him. My maid only set up the bed sheet since that day. His clothes and shoes that were under the bed are still there. I do not let anyone touch them."

"I feel better remembering good moments to spend with my son. It seems as if nothing has happened, and my son will come walking from somewhere."

Continuing the bond with the deceased child (linking objects)

Trying to maintain a bond with a loved one after his death entails enabling the love you shared to live on in your memories and heart (Dresser & Wasserman, 2010).

Internalized continuing bonds

When a beloved passes away, one goes through a transitionary period and re-evaluates their bond with that individual; however, connection with them continues to thrive. Grief is not something you go 'through' to 'let go' or 'move on' from your

beloved one, as some people believe. Rather, grieving is a stage in the process of forming a new connection with them (Klass, 1996). The participant articulated internalized continuing bonds by involving in activating that maintained and secured emotional bondage. For example, participant F4 explained;

> *"I have kept pictures of my baby on my phone. Everyone tells me to delete them but I do not. I love one of his pictures from when he was 2 months old. I have put it on my home screen."*

> *"I daily see my son's pictures. I have kept all his things. When I took him to the hospital, all his things are placed in the same way, the bag is placed in the same way. I have not touched it till today. It is still in the same way, the water-filled feeder, and ORS feeder, I have not emptied them yet. I have not given away his clothes as well. His beautiful clothes, I have kept them in my closet."*

Participant F5 expressed;

> *"I remain seated on his room's floor. Watch over the fan, it is still de-formed. There are signs of dust on it. There are tables and chairs placed in his room, on which his college bag is placed. Books, pens etcetera all remain there. Use to open and see his side table as if there might be some message written."*

> *"Like I took out pictures of [Name], and placed them under my pillow. I see them at midnight and cry while seeing them."*

Lifestyle changes

Doing something that takes physical energy can have emotional benefits. Some people take up walking or running —a punching bag might be good—digging the garden, or washing the car. Others may simply go back to work and get on with things, and that is all right too.

Participant F4 explained;

> *"I also do a lot of exercises because I believe exercise is also important. I offer prayers. Cook food. And if I miss exercise for a day I will surely do the next day."*

> *"Exercise makes you feel better. For one's health, it is very good. Like my HB is low, exercise will help me in this condition too. My HB gets better with an active life."*

Positive engagement in life

Getting back to work is often a great help. It has its routine, structure, company, and pace that carries people along.

Participant M4 stated;

"Maybe men get engaged in their jobs that is why the intensity of pain decreases."

> *"I spend time at work mostly. Whenever I get free from the office, I work on making robots. I involve my family too. They took interest in themselves. Mostly I keep myself busy."*

Participant F4 indicated;

"I keep myself busy at work."

"I keep myself busy with kids to keep myself distracted."

"These days' schools are closed, so I stay busy with my children. I teach my children myself. Time passes easily this way."

"I do all household chores. And when I get tired, sleep comes over easily. I keep myself busy."

Recreational activities

Participant M1 said;

"We use to go for an outing to alleviate our pain."

Seeking control over grief / Acceptance of reality

Parents who seek control over their grief find a purpose to live their life and are less likely to suffer from depression or other mental disorders (Lichtenthal et al., 2013). Those who understand their grief cope earlier.

Participant M1 explained;

"I have moved on else I would cry every day."

"Everyone said to plan for a new child so you can better be able to cope with the loss."

Participant M5 indicated;

> *"Humans must not give up their struggle, God will give the fruit."*

Participant F5 stated;

> *"I do understand. InshaAllah (If God wills), my life will get better."*

Silence

Parents explain their silence process as a means to lessen their grief considering the intensity of their grief as unrecognizable by anyone (Van et al., 2016). Parents from the present study prefer to suppress their emotions by staying silent.

Participant F2 explained;

> *"Silence is the best medicine. His father always says that these people wish to add fuel to the fire, and intend to cause separation between our sons. So whosoever says anything, do not pay attention."*

Social media

Writing about one's feelings may help, whether it is writing to your loved one, a friend, or your God. Writing is a good way of getting the feelings out of your system and will help you to feel lighter. This does not necessarily happen immediately, since the writing can stir the feelings up, but you may find that this is so later when you have settled down again. It may be that there are things that you wish you had said to the one who has died. Only God can know the innermost thoughts of our hearts. Thankfully He is merciful.

Participant F1 expressed;

> *"I joined many Facebook pages that were on grief. I used to read posts and sometimes I use to write something and share posts too. I use to spend time on the internet, used to read motivational quotes."*

Struggling (A gradual sign of acceptance)

It is not easy for parents to accept their child's loss. It takes years to form to move with the flow of life. The parents who show courage in accepting their huge loss had adjusted earlier to life by living with the memories of their beloved child (Zetumer et al., 2015).

Participant M2 stated;

> *"It takes a lot of courage."*
>
> *"When I remember my son, I offer prayers and go to sleep. And in the morning I get up and go to work."*

Participant F2 said;

> *"It takes time when such incidents happen. It is difficult but still, the time passes."*
>
> *"Well, this life keeps moving on, it doesn't stop for someone who is gone."*

Participant M3 indicated;

> *"I would like to add that we are in the same boat. Few people have greater losses than others. Some people have moved on and have become patient about their*

situation. We should all practice patience and stick to good memories throughout life."

"I was struggling to move on with this trauma."

Participant F3 explained;

"This time will pass too. I know how to control my emotions."

Participant F5 expressed;

"It takes time to heal. I want to try but could not. My husband just wanted that with a blink of an eye everything just come back to normal like before."

The importance of occupying oneself

Participant M5 stated;

"I study. I started watching talk shows on TV as I did before."

Time as a healer

Time heals even the deepest scars. Those parents who understand and move ahead in life with time cope earlier (Gudmundsdottir & Chesla, 2006). Understanding the importance of time made them minimize their suffering.

Participant M1 stated;

"As time goes by, man forgets. Time heals. Man recovers."

"The space in life will be filled with time."

Participant M2 indicated;

> *"Though I haven't forgotten, now the feeling of sadness is not the same as it was before. I don't cry anymore."*

Participant F2 explained;

> *"Yes, if I am extremely stuck in these thoughts, which however has lessened with time, I get upset but I am better now."*

Participant F4 expressed;

> *"It takes a very long long time to get back in your shape, come back in life but still you cannot recover completely from it because you are already going through pain, you just sit with others, smile with them but when people go you are still the same. Then we feel more when all leave and you are alone."*

Religion and spirituality

Faith and spiritual belief

It is evident that parents do have an intense shock at the loss of their child but those parents who consider it as the will of God or consider it as a part of their faith cope with the grief a bit earlier. Those parents who considered human beings as mortal accept their child's loss earlier because we all have to die one day because of the rule of nature (Gordon, 2009).

Participant M1 stated;

> *"Everyone said it is the will of Allah."*

"Everyone has to leave this is what I believe. This world is mortal."

"Whoever visited during that time, they said it was the will of Almighty, these are the only three-four sentences people share during that time."

"There can be no such thing in the world, neither wife nor mother nor daughter nor father nor any other relative who can bring comfort or peace in your heart. Only Allah does, no one has the capacity to do this."

"The most powerful weapon to eradicate these thoughts is our religion. Religion has given us such strong teaching to be patient. We read about patience so often that ultimately we accept the loss."

"This is what religion has taught us. Pray and be patient over the loss."

Participant F1 indicated;

"In these days I kept on thinking that Almighty will give only that much stress that humans can bear, I have heard this from our religious perspective that Allah will not burden any human beyond his strength. But at that time this was known that Allah has chosen me for this grief."

"The appointed time that has been fixed by Allah no one can outlive that."

"People comforted me by saying he belonged to Allah and He took it."

"I started reciting Quran with translation."

Participant M2 explained;

"Returned to where he belongs."

"But then I think that he belonged to Allah and He took him."

"Then I pray and sleep."

"Now I just pray, and I supplicate with every prayer."

"But when I supplicate after offering prayers, I remain prostrating and this makes me feel that my grief has lessened."

"I explain this that there is patience in closeness with Almighty."

"It's God's doing, He has taken away the child as he belongs to Him."

"Our religion teaches us that we all have to leave this world one day."

"Our religion teaches us some principles, and we have to bow towards Allah's will. [Name] has gone. Allah has bestowed us and he belongs to him."

Participant F2 expressed;

"The more I offer prayers on time, I feel my life becoming pleasant, and I feel good."

"It is in religion that whosoever Allah wills, He give them children, and whosoever He wills to give can also take them back. Hence, this thought brings patience, and then I think that it is our faith too that we all have to go to the next world one day. [Name] has gone before us and one day we will meet him. It is

because of the religion I am mentally peaceful else, I would have gone mad long ago."

"Simply, prostrate in front of Allah, offer prayers, and keep praying."

Participant F3 stated;

"I offer prayers, offer them regularly that are obligatory prayers."

Participant M4 said;

"Many of my colleagues make me understand that I must offer my prayers regularly because I use to offer prayers but only on Fridays. There was no regularity in it."

"My faith is so strong. I believe that any kind of problem comes from Allah and He gives us the power to take us out of it. He helps us."

Participant M4 explained;

"The second thing is that it was God's thing and He took it back."

"It is all Allah's will. We must bow to His will."

Participant F4 explained;

"He just went where he came from. He was such a happy baby."

"He belonged to Allah."

"Religion teaches us that we all will die one day. This is our faith. We Muslims are born with this belief, and leave this world with the same belief. There is an

appointed time. There is a system run by Allah (God). I get relief from religion. I have told you before that just like I rigorously do exercise, I offer my prayers religiously. My heart feels satisfied. Recite from Holy Quran.

"I try to spend time with patience."

"When I miss my son a lot, I offer prayers and remember Allah."

"I now regularly offer my prayers. And secondly, I recite the Holy Quran around afternoon and evening time."

Participant M5 indicated;

"I prayed a lot, prayed for my child's forgiveness."

"Religion teaches us a lot. Everything is written in our Holy Book."

"But there is a hope and this hope comes from religion."

"This whole world is running because of trusting in God's plans. He is running the system. Humans endure and show patience."

"There's strength in prayers. Allah (God) listens to all our prayers and fulfills them at the right time. That is why do not shun prayers for your beloved ones who have left this world."

"After every trial, there comes an ease but will this bad time ever end."

Participant F5 expressed;

> *"I offer prayers and prostrate long. I did not use to do this before but find peace in prostration. Sometimes I sleep during prostration and I sleep there on a praying mat."*
>
> *"Religion teaches us to have patience during grief. This difficult time comes from Allah and I have read and learned that Allah only chose His noble people to face the challenge."*
>
> *"Whoever tells me different Duas (prayers), I recite that so I may feel relieved and patience."*
>
> *"Whoever goes away does not come back."*

Religion strengthens one's beliefs and those parents who have faith in religion cope earlier after a child's loss. Parents who consider it God's will better cope with the suffering believing the world and endless efforts to live a life will end one day (Cook & Wimberley, 1983).

Those parents who had believed in religion coped earlier as they question their loss in the beginning but get adjusted with time (McIntosh et al., 1993). They believe that their loss is part of their life and the rule of nature. Those who live will have to die one day, considering it a natural phenomenon

Spiritual belief

Religion strengthens our belief system and helps us to accept the unacceptable facets of life. Parents who had blind trust in religious beliefs are more likely to understand their loss considering it as their God's will (Walsh, 2010).

Participant F3 stated;

> *"The amulet is brought by my mother, to protect my daughters. I have put them in their necks and I cannot do anything else."*

Ineffective coping

Difficulty coping

Participant M5 stated;

> *"I took this death with great difficulty because not only was I sad but his flashback with the hanging fan came back again and again before my eyes."*

Distressed

Participant M2 expressed;

> *"I think about the condition my son might be in. Maybe he will be in peace and we all are worried here."*

Participant F2 further explained;

> *"Then when I go to our land, I look at the sky and question myself, that where [Name] might be right now? Will he be looking over me? Will he be in peace? Can he hear me?"*

> *"Whenever I go to his grave I always say, 'hayee' (Oh) [Name] why you have left me. It was not even your time. I reckon that maybe he is listening to me."*

Unhelpful coping

Participant M1 expressed;

> *"Why to overcome? It's all over when time passes."*

Participant F1 said;

> *"I started using abusive language. There was a strange feeling of calm in using abusive language, but I tried to overcome this too."*

Participant M5 indicated;

> *"Have these thoughts of helplessness till today, but as long as I am alive this will continue."*

Defense mechanism

Acceptance

Parents use various defense mechanisms to control the anxiety they had after the death of their child. Parents use acceptance to accept they had a loss in their life. No one

can replace this loss but they have to move ahead in life by remembering the child too but not allowing that negative thought to affect them. This defense mechanism helps in reducing their grief (Nixon & Pearn, 1977).

Participant M2 stated;

"I knew that my child is no more."

Avoidance

Avoidance means to get rid of something by suppressing the need or thought intentionally. Parents use defense mechanisms such as avoidance to cope with the grief they have had. Those parents suppress their feelings by being away from social gatherings and crowds who remind them of their dead child (Dijkstra, 1999).

Participant M1 stated;

"I have been avoiding this for quite a long. I do not discuss this topic."

"I never shared my feelings, I do not want to remember."

"Since I have forgotten him, I believe this is better."

Participant M2 expressed;

"In distress, I leave the house."

Participant F3 explained;

"I looked here and there on the way. When I looked at my husband he seemed distressed, tears were coming from his eyes."

Participant M3 indicated;

"Everyone said to leave this house, or change it."

"When there was no one at night, I would find some peace, because that time I do not have to face everyone."

Blaming

Participant M5 said;

"I was convinced by talks of my elder son for which I raised hand on my son."

Participant M5 stated;

"This is the reason I fight with my wife and often blame each other."

Denial

Those parents who were grieved for their loss cried over it, and they were emotionally overwhelmed with the pain, bereavement, and guilt of losing their beloved. They consider it normal and humanly act to cry over their loss. Mothers cry openly whereas fathers stay silent being males they pressed their pains inside (Cojocaru, 2020).

Participant F2 explained;

"I started beating my daughter-in-law and asked what you are talking about. Where has [Name] gone? Why are you saying like this and I started covering her mouth with my hand."

Participant F3 indicated;

"But my feelings were that he might be unconscious and he will get better."

"My husband uses to come home in the afternoon, so I become strong in front of him as if nothing has happened."

Participant F5 stated;

"Why is everyone crying? And why there is a strange crowd in the room? I felt for a few seconds as if all the memory was washed away."

Participant M5 said;

"Why did I see the suffering of my children?"

"I wished to turn the time back. Whatsoever have happened I wish it would not have happened."

Distraction

Participant M1 explained;

"One must try to forget but distract oneself. One must keep himself busy."

Participant F1 stated;

"It is all about distracting oneself when engaged in online activities or reading quotes and Islamic quotations."

Participant M2 stated;

> *"I divert my attention elsewhere. They are tension-filled thoughts but I try not to think about them."*

Participant F2 expressed;

> *"Nobody said anything; I used to distract my heart. Nobody could do anything. From the beginning, people used to talk weirdly."*

Participant M3 explained;

> *"I try to divert my attention."*

Participant M5 indicated;

> *"Now I pay my attention to other things."*

Rationalization

Participant M1 said;

> *"When a man has forgotten, he is busy in his work then he [son] is not remembered. Time passes, or has passed."*

Participant M2 stated;

> *"As I am the eldest one that's why I shouldn't cry."*

Participant F2 expressed;

"Looking at his face I observed that it was utterly yellowish/pale like, and he was having cold sweat. It was cold and that made me worried as I look at my son."

Participant M3 stated;

"I thought that he [son] was feeling discomfort due to an upset stomach as he used to drink processed milk."

Participant F4 indicated;

"Sometimes I am overpowered by emotions. Sometimes it occurs to me that he was not sick from childhood, or else our minds were ready for this tragedy. He never got sick, neither had he had a fever nor he has a cough. Though he was premature nothing happened to him then too."

"He was also fine at birth. He was a healthy baby."

Reaction formation

Participant M5 explained;

"At the moment, he has no choice but to take his own life."

"As you know this is haram [illegal] death. Hope that Allah won't punish him."

Regret

Chances are that parents feel guilty about something, they said or did not say anything to their loved ones; or maybe they regret something they did or did not do.

Thoughts about what could have been different weigh on their conscience (Dresser & Wasserman, 2010).

Guilt

Parents highlight their extreme feelings of guilt and hopelessness. Bereaved parents have more feelings of guilt during the year followed by their child's death (Surkan et al., 2006).

Participant M3 stated;

> *"I used to feel sad internally. I felt as if everyone from my in-laws was thinking why no one from my family came even after such a loss."*
>
> *"To date, I hoped that I had not preferred and done breakfast that day. I should have taken him to the hospital first. All this is regret."*
>
> *"Yes, I do think that my marital conflict affects this. Although I was happy that my wife got pregnant I used to think that it should not have happened. Being humans, we think a lot of things, a lot of thoughts cross our mind but they are not in our control."*

Parents regret their loss even if their beloved has been dead for more than 15 years. The pain is still there along with the scars of losing a soul (Sim et al., 2020). It leaves long-lasting impacts on a child's future

Participant F1 indicated;

> *"There is a lot of remorse and till today I regret it. Like I should have gone to another better hospital, I should have undergone C-section at a better hospital. Here nurses and doctors were not competent."*

Participant M2 expressed;

> *"Too much regret."*
>
> *"Too much repentance. Wished, not to listen to him in the morning and took him to hospital forcefully."*
>
> *"He has gone too soon, too much work he has to do."*

Participant F2 explained;

> *"Yes, my heart used to wish for [Name] to stay, if I could have something to stop him possibly."*

Participant F3 stated;

> *"I was never afraid, neither do I possess any kind of reservations. That is why I do not have any regrets."*

Participant F4 indicated;

> *"I remember that time when he use to cry and I do not pick him up, and I use to work and ignore his crying. I stayed busy. I miss that time that I should have picked him up, I did not know that we have less time together."*

"I wanted to take care of myself before he was born. I should have taken care of myself. But at that time I do not have any choice. Because when my 8th month started I thought my baby will be born in full-term just like my other babies, so he will be born at the same time."

"I regretted at one time that I should have taken good care of myself, taken a good diet, taken medicines at the time. Should not have attended my sister's wedding at that time, should have rested at that time. But I must tell you all this thinking will not benefit anyone it creates confusion."

Participant M5 said;

"They couldn't even say sorry, it's useless now."

"Why did he do that? He should have told something, should have complained, fought, or expressed his anger, but he shouldn't have done this."

"I just wished that time to return, I could embrace my son, so that seek forgiveness."

"There's nothing in our hands except regret. Too much lament."

Participant F5 expressed;

"But time never returns. Afterward only regret remains."

"Feel too much regret."

Personalization / Responsible for death / self-blame

Parents always considered themselves to be responsible for their child's loss. They believe if they could have done anything they would have their child in between them. Self-blame of parents is associated with more intensity of grief and pain (Titlestad et al., 2020).

Parents always try to fulfill the needs of their children no matter how hard it is for them. Unfortunately, if they lost their child at some phase of their life they somehow think of themselves as responsible for it which ultimately compels them to ignore their living children.

Participant F1 said;

> *"It is all my fault that I did not pray wholeheartedly to Allah, maybe I have not prayed from the heart. If I had relied on Allah, my son would have been fine. Allah would have fixed this."*

Participant M2 explained;

> *"Sometimes I keep on thinking as if I could have taken him to hospital forcefully, he might be saved."*
>
> *"Is it because of me that [Name] is at unease today in dreams?"*
>
> *"I do not feel like expressing anything. I used to blame myself for all of this; blamed myself, my thoughts, and the conflicts with my wife."*

Participant M3 indicated;

> *"I do not feel like expressing anything. I used to blame myself for all of this; blamed myself, my thoughts, and the conflicts with my wife."*

Participant F3 expressed;

> *"Use to take care of my elder daughter only when she showed tantrums lest I tried to ignore my elder daughter."*

Participant M5 stated;

> *"I blame myself."*
>
> *"Then why do we cause someone to die."*
>
> *"She held me responsible."*
>
> *"It was all my fault, I would have made him understand with love, shouldn't have hit him, my son wouldn't leave like this."*

Social relationships

Perceived psychosocial support during times of grief

The most essential message from the interviews is how significant "presence" is to the grieving person. It is not so much our words that can comfort us as it is our presence with the person who is grieving. Many people say they don't know what to say, but they "feel" for and with the individual who has suffered a loss. This "feeling," as well as understanding, empathy, and support, are palpable and can be quite beneficial in a

person's grief and loss. Any friend or accompanying person can give the bereaved the gift of staying present. Undoubtedly, this must be achieved with delicacy, speaking or not speaking as needed (Rawson, 2018).

Family support

A friend who merely lingers alongside the bereaved, reading a newspaper or quietly going along, can be a source of comfort—present but not intrusive. There, if asked to share a memory or thought, but not just idly speaking, although a chatterer helps the bereaved to be diverted for a while or not have to make an effort at talks, and this may also be beneficial. Many of us are living quite solitary lives these days, with the close-knit local families of prior generations dispersed far apart as we travel for school and work. Even the most balanced of us can be overpowered by the stresses of mourning if we do not have enough support from family and friends. We require support and friendship, especially while we are grieving, a phone call, a letter, or a visit can all be therapeutic (Rawson, 2018).

Participant M3 stated;

> *"Funeral was handled by my father-in-law. The funeral prayer was also held at their home. Qul was not required for a child, nonetheless, my in-laws supported me."*

Participant M3 expressed how he was helped emotionally by his in-laws throughout this crisis;

> *"I am in good condition now because of the support from my in-laws."*

Participant F3 stated;

> *"My father only cares for me in a real sense."*
>
> *"But my father's support was always with me that is why I am only secure because of my father he supported me in every way possible."*

Participant M4 expressed;

> *"Everyone cooperated my father-in-law used to stay with us, he is a doctor too. I have seen every kind of support."*
>
> *"Family support has impacted me positively. I have told you that there was never a single moment when I felt alone. The utmost support was from my father and my wife. They stood by me, in fact with me in every difficult hour. Then my in-laws supported me. During the initial days, they stayed with us. Well, I stayed busy with them."*
>
> *"My life is towards betterment. I felt better always. Everyone supported me. I believe when you have support with you then nothing can downcast you."*

Care Group

Participant F4 explained;

> *"I have joined a page with the name 'Grief Speaks'. There, parents share posts related to their loved ones who have died. I comment on posts very often. I make other people understand where required. You come to understand that you are not alone in this grief, the world is full of this kind of people."*

Support from work

Participant M3 said;

"I called a few of my course-mates, who immediately came to the hospital to help."

"Few of my course-mates helped and taught me about religion, especially after [Name] death."

The significance of contact with other family members / staying connected/emotional support

Participant M1 stated;

"During grief, I have felt everyone around me was very much supportive."

Participant F1 explained;

"My family is very cooperative, including my parents, sisters, and cousins also. Everyone was very supportive emotionally. Until a few days after the baby's death, my mother, sisters, and cousins would come daily so I may feel comforted, not alone and that I might not take tension."

"My family supported me during that time. They stayed with me for whatever reason. My in-laws were cooperative too but they seem to be a sycophant and their support seems to be at a superficial level. Probably everyone will be happy from the inside."

Participant M2 indicated;

"And many other people (from the neighborhood) supported us."

"But friends and neighbors were far better than family members. They supported us."

"Whosoever was participating in the funeral, all embraced me."

Participant F2 expressed;

"Sometimes, I used to go to my mother when I feel distressed at home."

"I used to go to my mother, cry while hugging her, and she tried to make me understand a lot, and console me."

"People used to come, sympathize, and share my grief."

Participant F4 explained;

"My father is too much weak when it comes to daughters, though he is a very strong man. But he came to support me, he cried while taking me in his arms."

"My family was very supportive. My husband, and my siblings all were supportive. I tell you something, there was some conflict before this incident between me and my brother. He did not come to my home. But after the death of my son, he came to my home after two years."

"Whoever visited us, everyone supported us."

"Few aunts who come to our home through which I came to know that they suffered the same loss. One aunt narrated that she lost her two-and-a-half-year-old daughter because of blood cancer. Every person shares their grief. I use to think that this problem is associated with every other person."

Participant M5 said;

"Everyone uses to support us emotionally, still they care for us, our family, and our neighbors."

"I spend time with my mother."

Participant F5 indicated;

"I have learned that your loved one is gone but there were many to support me emotionally. My mother, mother-in-law, sister-in-law, husband's sisters, and my sisters, all have fully supported me. They supported me on every stage and every time. They have never left me alone."

Lack of social support

Barriers to accessing support

Participant M2 stated;

"We always set expectations with others. But I felt during this grief that who is loyal and who is a stranger. Neighbors were cooperative. They helped me and my sons in burial, on the third day, and the fortieth day. But our close ones all ran away during this time. Felt so sad but then pray to Allah for betterment."

Participant M3 expressed;

> *"Do not have any support from my husband's family, and this is the reason my husband stays down."*

Complains towards society

Participant F1 stated;

> *"I probably did not need consolation that time. The problem is that family members do not understand. Whoever came just delivered a lecture and went away. I use to think who asks you for your advice and that if any of your children would die then I will ask how to be patient and how not to be patient."*

Participant M2 explained;

> *"What kind of society is this? Where is everyone going? People do not consider chance factors. Whatever is in the heart and mind they bring it in their talks."*

Participant F2 indicated;

> *"Everybody started saying to my husband that I cannot bear a son, so he should marry the second time."*
>
> *"To remain patient during the period of grief was the most difficult thing. All the time my husband and all children exerted strictness to stop me from crying, and not to worry, and that, why I have become grief-stricken. Well, what shall I do? Do not I feel pain?*
>
> *"People come and say so many things, and this increases the grief."*

Participant F3 said;

> *"My brother ignored me, he showed me that he is angry. Let them, I do not care that time nor do I care now."*

Participant F5 expressed;

> *"We look for support from our closed ones but when our relatives turned out to be less supportive then trust is lost, and relationships would end."*

Feeling a lack of emotional support from immediate family members

The emotional support parents receive after losing a child is a lot yet it does not seem like much. It has been noted that the emotional support both parents (father and mother) receive is different. Mothers were given more emotional support than fathers (Thuen, 1997). Fathers were not given much condolence because of the societal view of males as the strongest among all. Not even the close family members understand the male's perspective after this huge loss.

Participant M2 stated;

> *"No one dares to fight with me when he was alive."*

> *"My brothers were not with me during this time but wouldn't my nephews have some responsibility?"*

> *"Although everyone considers me elder but during my grief period everyone showed their real face."*

Participant F2 indicated;

> *"When everyone sees me crying they scold me to stop. If you will not show patience then how will everybody bear it? This makes me cry secretly now."*
>
> *"Others must realize the intensity of my grief, and the time I am going through."*
>
> *"These things kept moving in my mind that my son was born after such a tough time. The family used to taunt me a lot that I do not have a son. Even now I do not have a son. I passed my whole life under pressure. When will a son be born, let us have her husband get married. How much I suffered at heart, nobody ever tried to understand it. Everyone used to say things, and I kept suffering. I have a mountain in my heart and that is all about complaints. I never shared it with my mother. Well, this will remain buried in my heart."*

Fathers of dead children have to face a lot of issues including a lack of support from friends and family members (Aho et al., 2009). Fathers start experiencing feelings of isolation that they segregate themselves from family members. No one condoles their child's loss, not even significant family members.

Participant M3 explained;

> *"The conversations of family members were very painful. But I know how to handle it."*
>
> *"When I did not receive any support from my family, especially my mother, I felt extremely sad."*

Socio-cultural and Religious Influences

Cultural impact and practices

Cultural influences regarding the death

In our culture, we are inclined to ignore death and its implications, and it is not a subject that people like to talk about much. Many are afraid of death. Many more are afraid of the death of their loved ones—anticipatory grief—fearing how they will cope without them. No matter what we think of it, or how hard we try to avoid it, it will one day come to us all and therefore grief will come, to a greater or lesser degree, to all who care about us.

Participant M1 explained;

> *"Soon after the death, no one discuss this event with me, no one asked how I felt. I believe this is part of our culture. As a Muslim, people avoid discussing these experiences again and again, as grief refreshes by discussing it again and again, secondly by discussing this man goes toward evil so in our culture usually death experiences are not discussed."*

> *"Allah gave us a male offspring and he took it back. There are a lot of people who want to have a boy who would later be their heir, I know girls can be their heir too. But if I think from a societal perspective then I indulge in this thinking most often that life ahead would be more difficult. What a person thinks about himself is nothing like what culture imposes on our thinking. I believe not having a son becomes a taunt from a cultural point of view."*

Participant M5 indicated;

"After the death of my child, at every step, I felt what people will say. We keep living our lives justifying others."

Participant F5 expressed;

"I do not believe that one can recover completely from this loss. Will people stop asking questions? And if people do not ask questions now then what kind of stories will they fabricate? Someone said he died illegal death, someone accused that he was addicted, and someone has said that he was after girls. One should not get better, even if try to."

"We were so upset that it might become a police case, then there was more humiliation."

Cultural influences regarding gender

There are various societal pressures on women and men to be the parents of the lost child. Society puts so much pressure and barriers on parents. After losing a child, some parents are not allowed to shed a single tear because "men are strong and how could they cry", This obligation shakes the soul of fathers as they were pressured to control their tears even after this huge loss (O'Leary & Thorwick, 2006).

Participant M2 stated;

"Males are considered weak when they cry."

Cultural myths

Myths regarding death

Participant F2 stated;

> *"People say that if a son is born after three daughters, then either he nourishes well or there is also a probability that his mother will not survive or father dies."*
>
> *"Once it happened, a cousin from abroad send slippers that were for [Name]. One day his eldest son wore those slippers at which his mother said that even though these slippers fit him, just remove them because doing this either causes the father to not survive or the child dies. This happened in front of me. I said to my daughter-in-law to be quiet because the one to whom these slippers belong is my son and the one who is wearing them is your son. Well, a week did not pass to this matter and my son died."*
>
> *"All 'baray wadairay' (elders) say this that if the slippers of a father fit his son, then either a son does not remain, or the father does not survive, some accident can happen."*
>
> *"These discourses are created. At that time we did laugh and joke about it, and even though these all things are made up, still they say these things turn out to be true. In TV dramas they show that initially, a dream came, and then it came true."*

Participant F3 said;

> *"My mother was against my visit to their home and she made me understand that I would not have come. My brother's wife was pregnant with their first child and they feared that some bad will happen."*

Cultural pressure of losing a male child

Participant M1 expressed;

> *"I feel pressurize for not having a male child, and when I was given one he was also taken back."*

> *"People say who is going to be your heir in the future, you have only daughters. And this impacted me a lot."*

The cultural influence of money on death incidence/events

Burial customs and rituals with profound religious and cultural roots also have vital psychological, sociological, and symbolic functions (Dresser & Wasserman, 2010).

Participant M2 explained;

> *"Whenever I attend other's funerals, I took fruits, vegetables, rice, and give money. It was a demand of being elder in the family and humanity is also to be considered."*

> *"Someone talked about the distribution of the property."*

Societal Influences

Pressure from family and neighborhood

Socio-cultural pressure / societal pressure

Societal influences interfere with bereaved parents' mental functioning (Lepore et al., 1996). Those parents who accept their child's loss think of it as an un-denied reality. They learned this behavior because of their society.

Participant F2 explained;

> *"Some said, will the daughter-in-law spend her 'iddat[8] '. Some said, who will bear her expenses, and some even asked that the land on which [Name] and his father went, is it under his name? Even after the 'Qul' of [Name] the matrimonial conversation for [Name] daughters was being discussed. What kind of period is this?"*

Participant F3 expressed;

> *"People talked a lot like I do not consider anyone human and this is the reason my son died. But I use to think whoever is barking let them bark. I cannot say anything but I do whatever I wished."*

[8] In Islam, it is four-lunar months and ten days period a woman must observe after the death of her husband at your place or her parents.

Participant F4 stated;

> *"Some people who visited us, I use to fear that now they will say to my husband to get rid of her because he loses his son, but nothing like this happened."*
>
> *"We learn a lot from our society. People make us understand to believe in Allah (God), and offer prayers. Do not grieve the loss of your loved one. He belongs to Allah, He took him back. These all use to pinch me at the start and teased me but now the time has settled everything. These all talks that use to frustrate me, now I understand all this and I make other people understand this too."*

Participant M5 stated;

> *"The attitude of neighbors and relatives has added to my grief. The death of my child has triggered so many questions in their minds what could I have done."*
>
> *"The eldest son told that people say that [Name] was involved in drug addiction, due to which he died, someone said it was a matter of some girl, as many opinions as to the number of people. Can we shut others' mouths?"*
>
> *"People ask a lot of questions. What happened? Why did he attempt suicide? What were the circumstances? Such a great sorrow, and on top of that our people from this society."*
>
> *"With time, I believe people are having other topics to talk about. Whatsoever the twist has taken place in our story it has happened, now there is silence after almost a year."*

Participant F5 indicated;

> *"It is quite clear that people do not let others live under any circumstances. Ones who come for condolence will say anything so disturbing that it seems coal has burned from inside, I use to burn like this."*

Suicide of child and stigmatization

Cited in Ali (2015), although some research suggests little difference in the perceptions of bereavement, other studies contradict this view and indicate that suicide survivors' grief experiences may vary qualitatively and quantitatively from non-suicide grief due to various feelings of remorse, shame, resentment, and stigma (Gaffney & Hannigan, 2010; Cvinar 2005; Peters, Murphy & Jackson, 2013).

Even though not all survivors of suicide may undergo stigma (Gall, Henneberry, & Eyre, 2014), suicide is profoundly rooted in historical legal, and religious traditions that still impact the way society perceives the act of suicide and prejudices towards survivors of suicide to some degree (Paarish & Tunkle, 2005). In addition, survivors of suicide have also reported complex feelings of rejection, loneliness, alienation, and resentment, which can have a detrimental impact on the recovery and suicide coping process (Ali, 2015).

Because of the stigma attached to suicide in our society and consequently of cultural and religious beliefs, some families are hesitant to discuss the cause of their child's death openly. Keeping the reason for death hidden might deprive you of the joy of talking about your kid with family and other support systems, as well as causing isolation between you and those who will be able to help you. Finding individuals who will listen

to your thoughts about your child's, sibling's, or grandchild's suicide will help you focus on your own healing and survival. The current qualitative data sheds light on how parents are stigmatised after their child dies by suicide. The most prominent issue that emerges is stigmatisation.

The gaze of others establishes a rich and important contact signal which we decipher by taking into consideration other characteristics of the appearance and also the contextual factors.

Respondent M5 shared;

> *"We are left behind to answer everyone's questions, to observe their eyes who hold many questions."*

He also reported;

> *"This accident did not leave me anywhere, how and whom I haven't answered, I give clearances."*

Further, he reported;

> *"People ask a lot of questions. What happened? Why did he attempt suicide? What were the circumstances? Such a great sorrow, and on top of that our people from this society."*

Respondent F5 discussed how our cultural influences make the grief process more agonizing;

"I do not believe that one can recover completely from this loss. Will people stop asking questions? And if people do not ask questions now then what kind of stories will they fabricate? Someone said he died illegal death, someone accused that he was addicted, and someone has said that he was after girls. One should not get better, even if try to."

She further continued;

"It is quite clear that people do not let others live under any circumstances. Ones who come for condolence will say anything so disturbing that it seems coal has burned from inside, I use to burn like this."

She (F5) reported her horrendous situation;

"We were so upset that it might become a police case, and then there was more humiliation."

Recent cross-sectional research on young people grieving the suicide of a family member found that these mourners felt more stigmatized by their relatives and friends than other grief groups (Pitman et al. 2016).

Superstitions (following dead person and pregnant women)

Participant F3 said;

"My elder brother's wife was pregnant, she created drama (fuss) in our family that I should not come there as my bad shadow will impact on her unborn child."

Spiritual beliefs

Impact of Evil eye / Jealousy

The belief in the evil eye can be found all across the world, and it plays an important social function in a variety of cultures. Participants of the present study associated the death of their loved one with the strong impact of jealousy, which ultimately compels people to do evil-eye witchcraft.

Participant F1 expressed;

> *"I thought everyone was jealous as to why I was bestowed a male child."*
>
> *"It is Allah who gives children, but human beings have the capacity to be jealous and have an evil eye on others' happiness. And few events have happened before the birth of my son, that forces me to think that this is all happened due to evil eye or some curse."*
>
> *"My elder sister-in-law cursed before the birth of my child that whoever is pregnant may their child die or a dead child is born to them."*
>
> *"I have learned that people are jealous. This is the jealousy that is mentioned in the Qur'an. You are jealous because of the happiness of others. And this is what happened that someone cursed and it falls upon my son. Whatever was cursed it becomes true."*

Participant M2 indicated;

> *"I stay in grief as if some evil eye has impacted me."*

"Someone said, you are under the influence of the evil eye."

Participant F5 said;

"As if an evil eye has consumed our family."

"No my son died of suicide but this evil eye is a mere truth."

Several cultures believe that experiencing the Evil Eye will result in adversity or harm. The Evil Eye is described in the Holy Quran in Islam, and Muslims believe in its strength and the adverse effects it can have on a person. In Arabic, the "Evil Eye" is described as ayn al-asd (eye of the jealous) (Abbasi, 2017). The cultural link of the evil eye with witchcraft is based on this emotion, envy (Radford, 2017).

Dreams

Dreams of our loved ones are fairly common after death. We all know how important dreams are for our overall health and well-being, but they may also help us heal from bereavement. We can divert our attention to many activities during the day, but when we sleep, we are more relaxed and open. Our unconscious mind is free to wander and analyze the emotions we've been trying to avoid all day (Mendoza, 2019).

Dreaming is indeed a common human phenomenon that has sparked considerable conceptual, psychological, and analytical debate. Psychoanalytic, existentialist, and cognitive psychology theories have been proposed for the purpose and processes of dreams. Irrespective of one's psychological approach to dream research, there is indeed a common consensus that conscious experiences in life, including particular events,

associated emotions, images, and emotional conditions, affect dream representation (Germain et al., 2013).

The theory of Islamic dreams claims that there are three kinds of dreams, those influenced by God (spiritual dreams), those prompted by the devil, and those intrigued by the dreamer's earthly spirit (Edgar, 2004). Dreams can act as a medium for spiritual encounters and spiritual contact, and through dreams, God can deliver alerts, messages, or replies to prayers to a sleeping person (Nell, 2012).

Dream as a coping tool

The most disturbing element of grief is our feeling of helplessness. People who are mourning feel powerless and irritated that nothing can be done to alter the horrific events that contributed to their current suffering. Even though it is true that there are indeed things that will relieve the pain associated with tragic loss, the healing forces of our dreams can be tapped into. Most grieving people find profound meaning and consolation in their dreams of deceased loved ones. Most mourners, in truth, hope and pray for such dreams (Wray, 2005).

Participant M2 shared;

> *"The dream of my son has taught me how to pull myself out through my grief period. I do believe that he is no more with us but after the dream, I felt that eventually, I'll be with him someday. I believe that this is also a blessing from the Almighty because God gave me the opportunity to spend time with my son. I talked to him a lot and afterward, I thanked God."*

Participant F2 shared the following experiences;

> *"In my dream, I saw [Name] working somewhere. The place was mysterious. One thing is for sure he was peaceful and after this dream, I was quite comfortable because I knew we will meet one day in the same place, which was some heavenly place. I am so thankful for every precious moment of my dream because I got to see my son."*

> *"When I think of my dream, I feel extremely happy and more optimistic about my existence."*

Participant M5 shared;

> *"The dream I saw prompted me to progress on in my grieving process and it further helps me in letting go of remorse and accountability for my son's suicide."*

Participant F5 shared;

> *"The dream continues to remain with me for days when I wake up. I feel it when I sit alone, I feel it when I sit in the sunlight, and I feel it when I am driving. I feel so happy and contented to know that I saw my son and had to speak to him."*

Dream content

Disturbed dreams (feeling distressed after dreams)

Parents who experience shattered dreams lose hope at some phase of their life (Frisch & Bowman, 2008). It is difficult for them to turn again towards life after having distressing dreams.

Participant M2 indicated;

> *"Always see him upset in dreams and then I get upset too when I wake up from dreams."*

Participant F1 explained;

> *"Although after the death of my son, I use to have very disturbing dreams, I become worried in dreams, I see myself crying in dreams as if something is lost and I am searching for that."*

Participant F2 stated;

> *"I see him in a lot of dreams. Almost every day, he comes into my dream. Many a time it has happened that the moment I wake up from a dream, I start crying. Very often my body becomes hot and it begins sweating."*

Participant M3 stated;

> *"Yes, I have seen him [son] in dreams, several times but from a distance. Sometimes properly dressed up and happy, whereas sometimes unwell on a stretcher with the oxygen mask on him."*

Participant M5 indicated;

> *"Many times I dream of him. Someone said that he will keep coming into your dreams because he did not die the right way and I too have not taken him out of my heart. I have not forgotten and certainly, only those dreams come that we keep thinking about all day."*

Dreaming of deceased being ill

Death is commonly explained by the deceased as not being real. In Dying Again dreams the deceased is seen suffering from the symptoms that caused death either as it happened or in a distorted way (Garfield, 1996). Dead, Dying or Ill was chosen as it expands Garfield's (1996) Dying-Again definition to include them being either ill or dead the entire dream, in addition to dying again. Therefore, the definition of "Dead, Dying, or Ill" is that the deceased could be alive in the dream, dead, or suffering from physical symptoms. The deceased may not appear to be in pain, but the dreamer may have the impression that the deceased is ill and in need of assistance.

Participant M2 shared;

"I have always seen my son upset in dreams as if he is ill and not well. He is in pain and unrest mostly. I tell him to go to the hospital but he is not listening to me."

Participant F2 shared;

"In my dreams, he seems quite frail just like I saw him in his last moments."

Participant M5 explained;

"Always see him ill and crying. See the blood on his body, see him in pain."

"Once I saw in the dream that he is not doing good. He was restless and I can feel his pain in my dream at that time."

Participant F5 expressed;

> *"Always saw him ill. Saw him in blood. I saw bad dreams. Maybe because I have seen all this in real life that is why I see these kinds of dreams."*
>
> *"One night I saw that I was asleep on my bed and someone touched my feet as if someone tried to wake me up. I woke up during sleep and saw [Name]. I asked him what happened to my son, do you need anything? He responded mother I am in pain. I was about to wake up from my bed that suddenly I arose from sleep or I was asleep, I could not remember."*

Visitation dreams

Pleasant / Reassuring dreams

One of the major themes that emerge from the sample dreams is visitation dreams. Of all major kinds of grief dreams, the visitation dream is possibly the most strengthening and certainly the most frequent type of grief dream. The dreamer frequently spends time with the deceased in visiting dreams; there are no prophetic messages or cautions associated with these dreams (Wray, 2005).

Many times, dreams are a mix of several aspects. A visitation dream, for example, could also be a reassurance dream (Mendoza, 2019). Reassurance dreams are unique in that they are always consoling and comforting dreams (Wray, 2005).

Participant F1 stated;

> *"Then after almost 2 to 3 years, I dreamt of my son. He was sitting on some top area, I was looking at him, he was all dressed in white, and he was literally*

shining. And he was enjoying and playing with many other kids and adults. That dream was really a turning point. I felt a lot and much better."

"Due to these satisfying dreams, all the confusion in my heart was cleared. I had seen him in the dreams and now I was at peace. I thought about the above dream off and on and I felt good feelings afterward like pleasant feelings no more stressed."

The sample characterized their dreams of the deceased as 'visitations' and stated that dreams of the deceased helped them feel more connected with the deceased. While rarely explored in the literature on empirical dreams, dreams seem to have a unique relationship with death and this connection can indicate more about the influence of dreams.

It could also be asserted that learning to cope with a loved one's loss is primarily a divine task, as it involves questions regarding the purpose of life and immortality (Nell, 2013). Almost all respondents reported that their dreams provided them considerable support and comfort when struggling with a loved one's loss as the following extract of participant M2 shows:

"Once I dreamt of my son, who came to me and said that he is doing Okay. He said he was happy and contented, and requested me to stay hopeful. I was quite reassured after this dream."

The interaction between the grieved parents and the deceased is typically comforting as shared by the following participant (F2) of the study;

"In my dream, I saw my son when he was 20 years old getting married. He was tall, smart, and energetic. He looked so young and healthy. He was smiling and chatting with his sisters, father, and cousins. I felt so relieved to see him young, because his image of the last few hours, very pale and dull had destroyed him".

2C's dream reassures his mother that her son is restored, healthy, and looking as he did in his youth.

This indicates that dreams may appear to be very useful in helping almost many participants to overcome sorrow over a loved one who has died. The study results have suggested that this strategy would be proven useful in other situations as well where an individual should be motivated to communicate the dream with his spouse who is devastated by the loss too, thereby helping these people cope with their sorrow, as this extract points out:

Participant F4 indicated;

"I saw him a couple of times, he was very well dressed, and whenever we bought clothes for him, they were a mostly blue color, as it suited him. He was wearing clothes, he was shining and smiling and he was plucking flowers and throwing them and was smiling along. Praise to be Allah, at least he is happy. What a good soul."

"I use to dream of him a lot at the start that he is too happy. I have seen him happy always. Once I saw him happy in a white dress. He was playing. He was smiling and running everywhere."

"I dream very often, and I remember them too. Thanks to Allah that I dream well always, never have I dreamt badly. There is always some meaning in my dreams. The dream that I have shared carries a message from God that you do not need to worry, your child is happy."

Participant F5 shared;

"I dreamed that I walked upstairs to my son's room. I opened the door quietly to see a beautiful round table and placed on them were lit candles. I was surprised to see all and at the same time, I was also happy to see my son. Upon seeing him I said, "Why did you have to die? To which he gets hold of my hand and asked me to sit on the nearby chair. He said mother I want to put my head on your lap. I need some rest. And afterward, I do not remember my dream."

Commonsense rationalizes these visitation dreams as a Divine figure who uses the dream situation to support us amidst extremely heart-rending and straining-affecting occurrences: bereavement and our imminent deaths. From a Freudian standpoint, these are characteristic of wish-fulfillment dreams: we suffer the loss of a loved one but then we have a visitation dream and our desire for being with the beloved is satisfied and there is an intense emotional resolution.

Predictive / Precognitive dreams

Dreams will provide you with a wealth of knowledge regarding one's current mental state, fears, and future hopes. But will they even foresee events that may not have so far taken place? In simpler words, precognitive dreams will be any dreams which provide people with knowledge regarding the future they might not otherwise have

(Raypole, 2020). Parents make meaning out of their dreams. Those parents who had a dream signify it as a symbol. Parents associate their dreams with reality (Thomadaki, 2012) considering dreams as predictive. They associate dreams with giving future directions to them.

Participant F2 stated;

> *"I mostly have bad dreams, as before the death of my son I had a dream that the whole 'tabar[9]' has gathered at my home. Everyone was embracing one another and they are crying. All kins were gathered, even men are there too. They all are sitting and crying."*

According to the same participant;

> *"Dreams can give us a message and they are true dreams too. See this was the dream that I saw before the death of [child name]. Whatever happened at [child name] funeral was the same what I saw in the dream. It was the recurrence. People were crying in each other arms. All I saw before in a dream. All went real."*

First, all prophetic dreams are also message dreams. Participant F2's dream offers a prophetic message about some family gathering is an example of a prophetic message dream. Second, prophetic dreams are dreams in which the dreamer is somehow made aware of an event before it occurs. Third, although we do not fully understand this phenomenon, we do know that prophetic (or precognitive) dreams have been recorded

[9] family

throughout history by nearly every major civilization. Many ancient cultures believed that dreams contained omens for the future, and often, the gods would convey prophetic messages through dreams.

Finally, even today, a great number of perfectly rational people all over the world believe our loved ones can appear in dreams with messages, warnings, and even predictions of future events. Some cite the experience of déjà vu—the feeling that we have been in a certain place or have experienced a certain event before—as evidence of prophetic dreams. That is, we had a similar experience in a dream, so what appears to be a new place, event, or experience, is familiar to us because we have already "been there" in a dream.

Traumatic dream due to distressing emotions

Dreams are a typical reaction to traumatic suffering (Stoddard, Chedekel, & Shakun, 1996) because trauma causes a high degree of emotional agitation in waking life (Hartmann, 2010; Schredl, 2006); similar dreams provide further tremendous descriptions of the emotional responses resulting from the traumatic incident (Hartmann, 2010). Traumatic dreams are most often unfavorable and distressing (Duval & Zadra, 2010; Hartmann, 2010; Hartmann, Zborowski, Rosen, & Grace, 2001), and even entail inner feelings of pain and regret (Hartmann, 2010).

Participant M5 shared;

> *"In my dream, I saw my son die of suicide once again. I was standing in the corner of the room, seeing him hanging himself with the fan. I wanted to stop him, but my legs and feet were frozen. I could not move my body. I felt guilty watching*

that and I thought that I have so much guilt inside me. I was thinking during this dream that see (talking to her wife in the dream who is also struck) we are unable to grant every wish of him. He was last born but we are unable to provide him with a happier life. He kept hanging with fan and I and my wife are just discussing his life."

Further, he (M5) narrated;

"Many times I dreamt of him the same way as I saw him hanging from the fan. This dream occurs recurrently."

Participant F5 explained;

"Then one night I dreamt that he was too much crying sitting outside his room near the stairs. I called him by his name as to what has happened. He replied, mother, come upstairs and see me, something will happen to me. I walked upstairs in hurry and could not see my son there, but I saw only blood everywhere. When I run towards his room, I start calling my husband also then I see that his room has changed into some storeroom, where old things are placed. I kept calling and screamed so loud that I woke up."

Death is commonly explained by the deceased as not being real. In 'dying again dreams' the deceased is seen suffering from the symptoms that caused death either as it happened or in a distorted way (Garfield, 1996). The deceased is seen dead throughout the dream or they are seen suffering from the symptoms that caused death either as it happened or in a distortion.

Dreaming and culture

Dream relevance to cultural ideas

There is a belief in giving alms whenever seeing a dead soul in a dream. As people do consider it as a symbol via which the soul wants to explain something (Rasmussen, 2000). This was considered a ritual to give alms every time parents see their deceased children.

Participant M2 indicated;

> *"Whenever I see him in a dream, I give alms in the morning."*

Strengthened belief in dreams

People consider dreams to be very powerful, converting various messages. Parents who have dreamed before their child's loss consider it as a symbol before their child's death in reality (Ali et al., 2021). It explains that most of the dreams had the presence of deceased bereaved individuals.

Participant F2 said;

> *"Dreams convey messages and dreams do come true. See, the dream that I saw before [Name] death, it came true."*

Dreaming and Religion

Religious belief

Parents who show more obedience to religious beliefs are less likely to suffer from grief for a long duration (Cowchock et al., 2010). They do understand that the

outcome of every living being is mortal. It has to end one day to reach its final destination.

Dreams can act as a medium for spiritual encounters and spiritual contact, and through dreams, God can deliver alerts, messages, or replies to prayers to a sleeping person (Nell, 2013). The participants claimed to have witnessed this in person and hence proved from the words of the participants that dreams are messages from Allah. Most dreams were reassuring as reported by participants of the study. Many hold this belief that through dreams they get guidance from Almighty Allah.

Participant F2 shared;

> *"Dreams are messages from Allah. And I share my dreams with my moulvi (spiritual healer) who then guide me as to what that dream means. Mostly they are reassuring. I get guidance and reassurance from Allah."*

Participant M5 expressed;

> *"I shared this dream with my wife. And I told her that like us he too is facing problems after his death. He will die daily and he will be punished. In our religion suicide is prohibited. In Islamic law, it is forbidden. I believe that he has reached his destination but he is not in peace. We prepare ourselves for the real-life [life after death] but not this way."*

Major cultural and gender disparities have been noted. And although the belief that God or another exalted source or being was behind those dreams appeared to have prevailed among a substantial percentage of the respondents, the belief that the Devil or

any other sinister force, and many a time superstitions could affect such dreams appears to be entirely present.

Physical and psychological condition following dreams of deceased

Garfield (1996) holds that bereavement and its associated affective response (grief) are intense conscious experiences that can affect the quality of dreams. While not backed up with scientific evidence, some historical records are compatible with the widely held assumption that dreaming of the dead can become an essential element in the process of healing (Garfield, 1996, as cited in Germain et al., 2013).

The emotional responses associated with depression and anxiety, which are usual in grief, were analyzed separately and observed to have been linked to particular dream themes. Depressed people appear to suffer adverse emotional reactions to their dreams (Cartwright, 1996; King & DeCicco, 2007; Mancuso et al., 2008; Nejad, Sanatinia, & Yousofi, 2004).

PTG

Grief isn't a problem that can be fixed. It is a process that must be experienced. Your grief will unfold at its own pace, and you don't have to go through it alone. Although the death of a loved one has shredded the fabric of one's life, it will mend. Healing will occur, even if they will not return to the person they were before their child died.

The burden of grief appears to ease over time, as though one is gradually returning to normalcy. Little by little, people begin to put themselves back together and,

more often than not, slog along with their lives. This is frequently described as "strolling through molasses."

Spiritual Development

Readjust spiritual beliefs to encompass trauma (Acceptance through fate)

Religion strengthens one's beliefs and those parents who have faith in religion cope earlier after a child's loss. The parents who consider it God's will better cope with the suffering believing the world and endless efforts to live a life will end one day (Bennett, 2007).

Participant F1 stated;

> *"Religion is the reason for what I am today, as my normal position in society. The more you are close to religion the more peaceful and calm at heart you are. Our religion teaches us to be patient because Allah is with those who are patient. I believe that patience can be attained but one has to struggle like one has to offer prayers, whatever is in the heart, it must be shared with Almighty Allah."*

> *"I use to share my feelings with Allah. At the start, I complained a lot to Allah but later at this stage I believe I have shared each and everything with Allah. Whenever I felt sad I cried I cried in front of Allah and raised my hands in prayers. There's patience and serenity in praying. Someone said to me that your son is the source of heaven for you. Only this hits my heart. Maybe because of this feeling that one day Allah will bestow my son, I felt peaceful. Whenever I get too much upset, I think of this then I feel better."*

Participant M2 indicated;

> *"Many principles are taught by our religion, we have to bow and submit towards Allah's will. We would be sinners if we do not do this. [Name] has gone. Allah has bestowed us, to Him he belongs."*

Participant F2 stated;

> *"The grief has lessened, it has been controlled. I have devoted myself to Allah. Offer 'nafal[10]' prayers. Indeed, this is real life. I supplicate a lot for my son, I pray. I recite the Quran a lot, maybe this is the reason that I do not cry much and feel peaceful. I mostly offer prayers and then pray for [Name]. If someone's younger child dies, I comfort my heart by saying that my son has gone too, well that's how I console my heart."*

> *"Allah bestows calmness with time, but such thoughts do come and I feel better. Whenever I remember [Name], I prostrate because I have this belief that Allah listens to the prayers and answers them by bringing me peace."*

Participant F4 expressed;

> *"I recite the Holy Quran and then I reason that Oh Allah it is all Your will. Then I pray that may Allah keep our deeds good, and guide us to a straight path so that after the Day of Judgment I will meet and stay with my son. I pray that I may get Heaven, and whenever I will meet my baby."*

[10] voluntary prayers

Participant M5 explained;

> *"I have faith in Allah, but Satan allures due to which negative thoughts appear. My mother said to me that I should remain in ablution. I offer prayers and stay in ablution. Allah will make it better InshaAllah (May God be willing)."*

Participant F5 said;

> *"We must be patient. Allah loves those who are patient. Allah befriends those who are patient. I believe this is all the will of Allah. A man comes into the world by the will of Allah and goes by the will of Allah. Every human being has a fixed time. When I think of this that he was also taken back because it was his appointed time then I become alright. No one can fight Almighty. Neither mother nor father can fight Almighty. When it is part of faith, as taught by religion, then man automatically comes to peace. This is what is called patience."*

Strength from God (Faith)

It is evident that parents do have an intense shock at the loss of their child but those parents who consider it as the will of God or consider it as a part of their faith cope with the grief a bit earlier. Those parents who considered human beings as mortal accept their child's loss earlier because we all have to die one day because of the rule of nature (Dames & Dames, 2009).

Participant M3 indicated;

> *"I still wonder how I could bear all of this. But it was Allah (God) that gave me strength during this time or else I could not have survived."*

"It is Allah (God) who gives us strength. We, as humans could do nothing."

"I could not control myself but with time, I accepted that he had to die one day. Everyone has to die to one day as per our religious belief."

Process of meaning-making

Acceptance of a changed world (working through the grief experience)

Most parents are overwhelmed and dissatisfied with their life but if they accept this huge change it brings a positive influence on their life. Those parents who accept their child's loss (calling it fate) and the world without their deceased child as their destiny felt less bereavement and grief (Murphy et al., 2003).

Parents do have traumatic experiences in life when they lose a child. Those parents who accept this huge loss cope faster than those who are unable to accept this change (Harvey, 2016). They start recognizing the fact that their life is now without the deceased child.

Those mothers who are optimistic feel less grief after the loss of their child than those mothers who are pessimistic (Osborne & Coyle, 2002). Parents who use coping mechanisms such as positive reframing are more likely to cope with the bereavement and grief of their child's loss.

Participant M2 said;

"But I believe he couldn't come back. These all are imaginary thoughts."

Participant F2 expressed;

"I feel this now that we can answer [Name] that the responsibility of his children, which we were carrying, we have fulfilled it successfully."

Participant F3 indicated;

"I feel that for how long I will hold on to him who no more in this world is."

"Maybe the pain has decreased now. Previously I stopped eating, like skipping one time meal, the other time ate forcefully, locked myself in the room, do not meet anyone. But now the condition is better. Probably one cannot get better completely when such a big trauma is afflicted."

Participant M4 stated;

"Whatever God has given, I am thankful to Him. Never I complained, and repented."

"With the will of God, our life is quite better. There was a phase in middle, in fact not in the middle but at the start. But I believe I and my wife can control our feeling very well. Anyway, we both are spending a good life together, as compared to many. And if God wills, it will improve too with time."

Participant F4 indicated;

"After 4 to 5 months I bring myself on track."

"Anyways I use to be like this thinking negatively but now I do not think like this anymore."

"I have learned that this going to stick with me as long as I live. You do not forget. That baby which we did not see, one cannot forget that baby who is lost through miscarriage."

Finding purpose and inviting growth

Most parents report feeling of emptiness, and bereavement after the loss of their child. It is not easy for them to find meaning in life except for those who used constructive thinking. Parents who use constructive perspective by understanding their grief and reconstructing it again to accept this loss can understand their purpose (Feigelman et al., 2012). It promotes growth in them.

Participant F4 indicated;

"I will say that always utilize your potential. Never seek isolation or you will always end up in loneliness and depression. Seek out help whenever necessary and cry when you feel like it."

Living with grief

Parents who lose their children are numb and feel pain because of the grief (Vegsund et al., 2019). Parents feel next to impossible to live (as if they have no purpose in life now) the grief of their deceased child.

Participant M3 explained;

"As I mentioned before too that the sadness from this trauma is present in every moment with me. I feel it all the time."

Personal strength

Facing fear (Moving forward with strength gained from prior adversity)

The weight of grief seems to lighten, little by little as if one is gradually climbing back towards normality. Piece by piece they begin to gather themselves together and often ploddingly begin to get on with their lives. People often describe this to be "like walking through a treacle" (Rawson, 2018).

There are a few parents who are resilient enough to overcome adversities. They bounce back toward life because they have faith in their religion and consider it as their God's will (Grotberg, 2003). They remember their child on every occasion and this was enough for them to move on in their life.

Participant F1 stated;

> *"Always face and fight your fears. Share them with others. Discuss your feelings and mood with others around you. Move forward with your head high, with great aspirations, and with strong faith."*

Participant M2 stated;

> *"But when I think about his children I muster up my courage."*

Participant F3 indicated;

> *"Few days I felt low but within a week I was better, I did not impose anything on myself."*

Participant M5 expressed;

> *"I am thankful to Allah that psychologically everything is under my control. For some time I took off from the office after my son's death but now I regularly go office. Try to concentrate on my work, always did my work with complete dedication."*

Realistic optimism

Optimistic and celebrating life (Renewed appreciation)

Parents use convergent thinking to accept what they have lost. Parents when finding an alternative source of happiness feel contented and optimistic in their lives by changing the way they think (Riley et al., 2007). It helps them to focus if something is taken from them; there is something they are being blessed with too.

Participant M5 explained;

> *"My elder siblings make me understand that I should have my elder son get married, and see some happiness."*

Participant M4 said;

> *"When we all are happy, some outing or picnic, shopping or chit chat with friends then it is a booster. I enjoy gatherings. I forget my pain, I believe this."*

Positive transformation (feeling hopeful)

Parents cope after losing a child. Parents show courage as well as resilience after the death of their children. They try to interpret reality in a hopeful way and also they

maintain a connection with the soul of their child (Talbot, 1999). They understand reality as God's will.

Participant F3 indicated;

> *"Then I made an online page on Facebook, on which I sell clothes for infants and children till five years of age. I introduced my brand."*

> *"Become strong. One must keep their nerves strong or else people will press down under their feet."*

Participant M4 indicated;

> *"Time will pass and if Allah wills He has promised for a good dawn."*

Participant M5 stated;

> *"I have started reading again, reading religious books, maybe someday I find tranquility."*

Recognition of strengths / resources / possibilities

The loss of a child at some phase of a parent's life is not easy to cope with but when parents of a dead child start recognizing their strengths and potential it helps them to get rid of the pain and sorrows of losing their child (Miller and Harvey, 2001). It explains suffering and losses are part of human existence and can't be denied but accepted.

Participant M4 expressed;

> *"Whenever any stress like this occurs, that time we came to know our strengths that how strong we are. I believe that Almighty has chosen us for this trial, and we have to fulfill it."*

Participant F4 indicated;

> *"Humans do have talents, their utilization is important otherwise you will be rusty in terms of thinking and behavior. So I have utilized my talent."*

> *"Like I love cooking. I get rid of my maid and I started cooking myself, trying different dishes. Joined different Facebook pages which were associated with cooking skills and all."*

> *"I loved and have an interest in interior decoration. I focused on the home setting, matching curtains, rugs, and sofas. Only this became my passion."*

> *"I have developed an interest in technology because of my husband because of his field in robotics. I have started making robotics."*

DISCUSSION

The interpreted themes from the IPA analysis of the research subject and the literature presented in Chapter 1 are discussed in the subsequent section. Implications for practice are also presented. The chapter concludes with a review of the limitations of the study and recommendations for future research.

This study explored parents' grief experiences after the loss of a child. Discussion with the participants' yielded insight, and the results indicated both similarities and variances in the emotional and behavioral experiences that couples have after losing a loved one.

This research was intended to fill the gap in the existing literature, and also generated new data on the lived experiences of grieved parents. The study utilized an interpretative phenomenological analysis (IPA) approach to gain an in-depth understanding of this phenomenon. Because the experiences of all of the group members were identical, regardless of the cause of death or the age of the child at the time of death, the participants could be viewed as a homogeneous group.

This research has looked into ten parents' lived experiences of grief, with an emphasis on psychological and physiological disturbances following the loss, personal characteristics (demographics), type of loss, marital relationship, socio-cultural and religious influences, with special emphasis on bereaved dreams, coping, and PTG. Participants of this study had a deeper understanding of their very own existence; transformed their course of action to fully continue living while alive; they were able to control their emotions, allowing for low moods when they happened; used coping strategies to ameliorate their low emotional states, and therefore managed to maintain a public persona.

Men and women grieve in distinct ways and have different challenges after losing a loved one (Parkes & Prigerson, 2013). In some ways, the present study showed that mothers experience more sorrow and distress and experience more problems within the first year after a loss than fathers. Furthermore, fathers were less likely than mothers to

seek psychological assistance after the death of a child, and they saw themselves as having to control their grief to care for their wives. This is especially true after the death of a child.

A study by Thomas and Striegel (1995), after studying 26 couples who had lost a baby to stillbirth, found 'parents' grieve in different ways, mothers mourn for their children, and fathers grieve for their wives.' These observations have significant implications for how fathers and mothers are supported (Cited in Parkes & Prigerson, 2013).

As cited in Parkes and Prigerson (2013), in the Love and Loss Study, women up to 77% of the 171 bereaved psychological patients, whose relatives died in a St Louis hospital revealed that women cried more and used more sedatives and antidepressants than men (Clayton, Desmarais, & Winokur, 1968).

Young boys have traditionally been taught not to cry, whereas little girls have been comforted. Hopefully, as more people are educated, this message will shift. These conflicting gender messages can last a person's lifetime and lead to misconceptions between grieving males and females. For both genders, this can result in irritation, resentment, and a sense of isolation in their grief (Bekkers, 2013).

The research question highlighted the assumption that demographics associated with gender might or might not affect the bereavement process when it comes to the subjective experiences of grieved parents. This assumption was found to be supported by all of the participants. This notion is also backed up by the existing literature that grieving is a natural reaction that all humans have when someone close to them dies or passes away.

Every culture has rituals to mark the deaths of its members and to assist survivors. These outward expressions of mourning may be solemn or joyous, depending on the group's beliefs about death.

Sociocultural theories take into account macro environmental forces influence how people think and act, including how they respond to grief and loss. The findings of the study take into account how the various systems that people are embedded in could affect their grieving processes and employ a critical feminist ecology model as its theoretical foundation. These systems can be thought of as a series of concentric, progressively distant degrees of influence that are intertwined with one particular historical setting. The first level of influence, known as the microsystem, consists of factors in the subject's environment that enable direct, in-person interactions and influences, especially the interpersonal environment (family, friends, etc.). The exosystem, or second level, is further away and includes both governmental policy and the local community in general. The macrosystem, which comprises the economic and cultural background as well as sociocultural actors like the media, is the third level of the model. Each of these levels include individuals, groups, and organizations that could have an impact on how people react to sorrow (Bui, 2018).

During grief, natural reactions include affective (e.g., deep longing, dejection, frustration, isolation), cognitive (for example intrusive ruminations, utter helplessness, denial, concentration challenges), behavioral (irritability, crying, continuing to search, social detachment), and physiological (lack of appetite, difficulty sleeping, psychosomatic symptoms) symptoms all make a significant contribution to pain and

misery and functional limitations (Stroebe, Schut & Stroebe, 2007, as cited in Lönneker, 2019).

All ten participants reported that both husband and wife suffered deteriorated health conditions, especially experiencing loss of strength followed by physical symptoms during the grief process, with the most common symptoms being headaches, stomachaches, fatigue, and only two couples shared loss of sexual interest with their spouse. Gastrointestinal disturbances were also frequently reported by parents due to which they felt more tense and nervous. Participants reported they lost their appetite and can't eat properly. They reported that they struggle to eat after they lose their loved ones, specifically after the first few days. Some even reported having difficulty swallowing, and some shared that the food taste unpleasant. Whereas few parents, on the other contrary, find themselves eating more often than usual or even without realizing it. Followed by this the sleeping patterns were affected as well—as reported by participants that they wish they can sleep all through the day or they find themselves unable to fall or stay asleep.

Several studies have indicated the strong consequences of grief on the body. For example, grief leads to inflammation, which can exacerbate existing health problems and create new ones. It puts strain on the immune system, making you susceptible to infections. The emotional turmoil of grief can increase blood pressure and the potential danger of thrombosis. Intense grief can wreak havoc on the cardiac muscle, resulting in "broken heart syndrome," a type of cardiac disease with symptoms that are similar to cardiac arrest (Hairston, 2019).

One can express grief in a variety of ways, including physiological, psychological, cognitive, interpersonal, and spiritual. You might jot down your grief, paint it, or pray for them. Mourning is defined as everything you do to express your loss. Grief manifests itself in various forms and is very individualized, with repercussions in every part of a person's life. It is typical for a grieving parent to experience anxiety and/or depression symptoms to a certain extent. Parents stated that they were having trouble sleeping, they were unhappy, and that life had lost all meaning. Both parents reported the same emotions (depression, desolation, solitude, and irritation), but they were classified in a different order. These findings revealed that fathers are more likely than mothers to suffer loneliness, and mothers are more likely than fathers to experience anger. Parents also report experiencing emotions in conjunction with their loss, with crying being the most common, followed by sleeplessness and headaches.

After the loss of the child, both mothers and fathers feel disbelief and shock, according to all of the participants. They have a hard time accepting the magnitude of the loss and accepting that it happened, so they cling to the notion that it was all a fantasy. Participants also reported feeling helpless and out of control of their lives, which hampered their capacity to make rational and reasonable judgments in various realms of their life. All husbands reported that their spouses had informed them regarding the feeling of being angry, and anxious, and had a lot of ruminations post-loss.

Anger and resentment were also overwhelming facets of the experiences of the participants. It is typical for grieved parents to feel enraged. Anger can be all-encompassing or narrowly focused. Its focal point can fluctuate throughout time. Parents grieving a loss often vent their anger on themselves, the departed, family and

friends, healthcare practitioners, caretakers, God, and the world generally. Some parents point this to the hospital, while others to family members and friends. For some women, it is a generalized rage at unjustness and injustices, questioning, "Why me?" Suicide-bereaved parents specifically harbor resentment toward the deceased, anger for abandoning them, resentment for not allowing help, resentment for causing such agony, humiliation, and abandonment.

Parents who have lost a loved one to suicide experience absolute shock, perplexity, and disbelief encircling the death, further, they are obsessed with struggling to comprehend why their loved ones opted to take extreme measures.

The late Elisabeth Kübler-Ross define grief and describe what the grieving process may look like for individuals who have experienced the loss of a loved one, produced the widely known stages of death and dying: denial, anger, bargaining, depression, and acceptance.

Besides grief, stigma and destitution are two additional aspects that frequently influence how people react to a loss. The study also highlighted the phenomena of guilt in parents that resulted when they believed that they did not notice, ignored, or care good enough for the lost child. Parents who reported guilt after the loss however bargained with themselves and even with exalted being and shared how they tried to find out what they did wrong. A sense of guilt is almost universally present in grief (70%). Freud says that in grief, the world appears poor, because the loved one is no longer there, while in melancholia (depression), the ego has become impoverished. The melancholy patient belittles themselves, speaks of themselves in terms of contempt, and feels morally reprehensible and unworthy of someone else's love.

Additionally, parents bereaved by suicide reported high perceived stigma. Other than stigma, grief dimensions like the themes of shame, responsibility, and guilt were reported by parents bereaved by suicide, which further limits social functioning, help-seeking behavior, and/or support offered. Ultimately it would influence their behavior, leading to avoidance of speaking about suicide or hiding the cause of death.

According to findings of my study, participants do blame themselves for the death of their child, but they also mention about their feelings of guilt and regret because of the things they don't do for their child. Bowlby (1961) mentions about feeling guilty because of the phantasies of having destroyed the love object. Freud explains it as: "guilt is the expression of the conflict of ambivalence, the eternal struggle between Eros and the destructive or death instinct" (as cited in Klein, 1940). The guilt feelings of the participants may be related to these stated in literature.

In the present research, parents who lose their children to suicide specifically revealed ambivalent contemplations regarding their demise. 40% of the sample reported being suicidal or at least manifesting suicidal thoughts. The result contradicts those of Barr and Cacciatore (2008), who investigated the fear of death in bereaved moms and concluded that bereaved mothers had a greater level of apprehension regarding death than the general populace (as cited in Harper et al., 2011). The current research suggests no support for such fear of death or extermination, and therefore opposes Barr and Cacciatore's self-actualization model, because the capability to foster survived offspring was significantly negotiated in this group of moms.

When mothers are separated from their children, or when their ability to protect and nurture the child is jeopardized or hindered, they experience increased anger, sorrow,

anxiousness, or hopelessness (George & Solomon, 2008, p.835). Waves of emotion following the loss of a child include sadness, loneliness, and a yearning to wash over you with an intensity that astounds you (Dresser & Wasserman, 2010).

From one cultural perspective, Muslim physician Muhammed Ayub observed, "If people do not weep now (for their loss), their organs will weep and produce disease later" (Ritter, Smith, Santibanez, Ayub, & Tayi, 2005, p. 260).

There are several plausible reasons for gender differences in bereavement, including (a) varying attachments to the child by mothers and fathers, (b) different stress reactions by males and females, (c) general societal views on gender bereavement in terms of showing and acknowledging emotions, (d) coping methods, and (e) differences in social environments (Wing et al., 2001).

The Prophet Muhammad was an orphan, having lost both of his parents when he was a child. He lost each son and countless daughters as an adult. He was burying his son, Ibrahim, who died prematurely, according to one narrative. In Islam, the death of this baby boy is presented as an example of grief and mourning. Muhammad held his son one final time when he died, hugging the body against his chest. "O my son, I didn't own you," he cried, his eyes welling up with sorrow. You belonged to God (and now you're returning to Him)" (Hedayat, 2006).

Parents want and expect that their offspring will outlast them, just as they do in other faiths and cultures. For Muslim parents, disease and death can be profoundly traumatic. Muslims make extensive use of supplication and prayers to attain normal and

paranormal healing, as both are gifts from God. “Prayer cures illness, without a doubt,” the Prophet Muhammad declared in this respect (Hedayat, 2006).

The themes from the transcribed interview also focused on cultural beliefs, specifically cultural myths and their impact on the loss of their loved one, concerning superstitious beliefs, black magic, and the impact of the evil eye. The belief in ‘nazar[11]’ is not only prevalent in Pakistan, but also very popular in a large number of countries. The evil eye is a form of the supernatural curse that has its origins in magical thought and superstitions (Tuncer & Türkmenoğlu, 2016). In the present research, participants reported having a bad fortune, declining health, and loss of their loved one which they considered some unfathomable misfortune due to the evil eye.

Following the death of a loved one, the participants expressed significant life changes especially highlighting the changed relationships and some reported escalating duties when parents lose their elder male child. After the death of the bereaved, many participants described having more responsibilities. Before death, the deceased child was responsible for all of these chores which included household duties, making visits to the field daily, and the responsibility of caring for family members were examples of such responsibilities as reported by bereaved parents. In Pakistan, the extended family system is still prevalent, and so does it has pros in terms of social support.

There was considerable variation in levels of support received by bereaved parents, with some participants describing strong support from their partner/spouse, family, and friends, and others with very little support. 100% of the sample highlighted

[11] Evil eye

the significance of contact with other family members. Parents highlighted that they felt fortunate to be able to speak openly and share feelings with their partners and family members and described how this helped with their ability to cope. One father spoke of the importance of friendships and having a sense of connectedness to others. However, still, several others (40%) reported feeling less patient and uncomfortable with family and friends, and complaints toward society, resulting in their withdrawal from social interactions; indicating reduced opportunities to receive social support.

Support from one's spouse was seen as crucial in coping with loss. The collective experience pulled the pair closer indefinitely or at least momentarily, but it also had the potential to cause them to slip apart and divorce. All ten participants reported that family members and friends provide a support system for them during their bereavement process. Mothers specifically reported getting support from their family members, which supported them emotionally as well as practically. Parents' workplaces were reported to be yet another source of support. And according to Yeh et al. (2000)'s findings, these findings suggest that social channels such as organizations and educational institutions were strong proponents and supportive of the families in their period of crisis, emphasizing the role of social support for families dealing with grief.

As cited in Werdel and Wicks (2012), generally, the strength of family relations both before and after the traumatic incident influences the likelihood of recovery. Growth may be achievable if positive relations can be established or strengthened. (p.94, Tedeschi & Calhoun, 1995)

There is no prescribed path or exact recipe for one's grief journey. One will mourn in own unique way as one grieves the death of their dear one. While we may have

heard that time heals all wounds according to 40% of the participants, with grief time alone is not enough. It is what one does with time that counts. As they create their new life, they will discover meaningful ways to maintain a continuing connection to their loved ones. They will develop a new relationship with them by keeping their child's memory alive in their heart and mind. The love that is shared with the departed will be part of their lives forever.

A loved one's death ends a life, but not a bond (Albom, 2002)

As cited in Archer (2003), from the writings of medieval poets and playwrights, to present-day clinical and psychological reports, there is a consensus that expressing feelings of grief in words is therapeutic. Perhaps the most famous quotation is from *Macbeth*. Malcolm informs Macduff, whose wife and children have been murdered by Macbeth:

Give sorrow words: the grief that does not speak

Whispers the o'er-fraught heart, and bids it break.

(Shakespeare, 1623a, IV, iii, 209)

Grief reflects the human urge to make ties, regardless of how it is formed by religious, and ethno-cultural contexts. As a result, grief shows the value of relationships in one's life. Grief experiences, with their cognitive, affective, sociological, and spiritual elements, can have an impact on a person, psychologically and physically (Rodriguez, & Georges, 2001).

"To live is to suffer, to survive is to find meaning in the suffering. If

there is a purpose in life at all, there must be a purpose in suffering".

(Viktor E. Frankl, 1992, p. 9)

Nowadays, the term “coping” is favored over “defense,” however there are issues with its use. We choose to cope in a particular way when we use the term ‘coping.’ Those who are bereaved and feel numb or unreal in the face of tremendous loss are not deliberately seeking to manage their grief by blocking it out. Their reaction is involuntary since it is spontaneous (Parkes & Prigerson, 2013).

Although there were no evident variations in the types of strategies used by mothers and fathers, parents demonstrated a diversity of coping styles, both adaptive and maladaptive. Several parents acknowledged skirting the subject (i.e., simply ignoring their child’s death with their partner/family or others), with some saying they didn’t want to talk about the death specifically suicidal death with their spouse, and others saying their spouse was the one who refused to talk about their loss. These occurrences were witnessed in both genders.

There were also numerous examples of adaptive coping strategies implemented by bereaved parents. Parents described positive coping strategies that ranged from simple approaches such as trying to maintain a positive attitude and looking after their physical and mental health, to more complex strategies such as keeping memories alive and rituals that helped ensure a continuing bond with their child. Some parents described the importance of celebrating their child’s birthdays (which was generally thought to be far more positive and preferable to mark the day of their loss). Others maintained a connection with their child through visits to their loved one’s gravesite or resting place.

The mothers of the present study expressed a great need to maintain bonds with their lost child, albeit adaptable or not. Continuing bond was seen in the response of bereaved parents, who continue to engage in symbolic caregiving behaviors such as

tending to their child's grave or keeping their memory alive by consolidating and sharing stories about their child with others, making photo albums, maintaining all clothing accessories of the deceased intact.

People who pass away frequently leave behind a substantial amount of personal items, including semaphores (carriers of meaning) for the grieving, memorabilia (or "melancholy things"; Gibson, 2004), and objects that take on symbolic meaning (e.g., they stand for particular characteristics of the beloved). According to psychoanalytical beliefs, they may transform into what children's transitional objects are at times of sorrow (Winnicott, 1971; Gibson, 2004).

Participants of the research reported that they have maintained their bond with the deceased by re-experiencing the relation, conversing with the dearly departed, sensing the existence of the deceased, being tied to the deceased's belongings, conducting rituals and ceremonies to include the deceased in their lives, and conversing about the deceased with others. As cited in Suhail et al., (2016), many researchers agree that such long-term continuing bonds are beneficial and adaptive (Epstein, Kalus, & Berger, 2006; Rando, 1993; Vickio, 1999).

The moment their child died and the events that followed were vividly remembered by their mothers as cherished memories. Parents held their departed child in their embrace and shared precious moments with him or her. The nurses in NICU urged parents to remain with their children especially mothers, something the mothers valued later. Even if the infant had only lived for a few hours, photographs of the child were treasured memories that were put on display. Photograph collections, baby books, and video recordings of the infant were all in the possession of the mothers. Giving away the

child's valuables was one aspect of grief work. Because it made the mother feel much better, the child's bedding, stroller, clothes, and other accessories were kept in storage soon after the death. They did not want to put all of the child's items away at once, which provides a chance for them to gradually give up the child. Some of the child's things were handed to them, but the mothers wanted to keep some of the apparel and toys as a keepsake. These artifacts were linked to a significant event, a reminiscence, or the child's fragrance.

According to Bowlby's theory, our attachment system gets activated when a loved one passes away (Knutsen, 2020). *Grief* is the reaction of the bereaved to the loss of a significant other. Bowlby noted that, just like the infant who continues to search for the significant other, a grieving individual may try to avoid or deny the reality of separation that death imposes (Walsh, 2021). Thus, in times of deep mourning, we use our attachment styles to cope with the trauma and adversity of such loss to regain our sense of security (Knutsen, 2020). According to this attachment perspective, grief is related to attachment issues specifically separation anxiety (Bowlby, 1969, 1973) and the emotional distress brought on by persistently futile attempts (such as search efforts: Parkes & Prigerson, 2010) at reconnection.

We infer that the continuing bond to the deceased child manifests itself in a variety of ways, some of which encourage adjustment and others which impede or exacerbate it. If all continues to go well, the strength of yearning will eventually fade away, and the grief and joy of reminiscing will be perceived as a bitter-sweet blend of sentiments known as 'nostalgic memories.' Both components appear to be felt at the same time at this point (Parkes & Prigerson, 2013). Some mothers have expressed a

desire to excavate their child's bodies and hug them. Others express how much they want to carry their baby in their arms. Any feelings you have in response to your loss are entirely natural.

Parents go through a crisis when they are grieving. They exhibited a distinct capability to perceive themselves and their circumstance in a favorable light, which served as a prime supporting factor. These findings indicate that in times of tragedy, people can reassess and reinterpret the situation to express gratitude and appreciation. As cited in Schweitzer et al., (2012), a Taiwan-based study by Yeh, Lee, and Chen (2000) found similar results, classifying the adjustment process of parents as a set of procedures that included confronting, maintaining family integrity, establishing support, and searching for spiritual significance.

The coping styles used by ten bereaved parents cover constructive coping (catharsis, continuing the bond with the deceased child (a symbolic representation), continuing the bond with the deceased child (linking objects), lifestyle changes, positive engagement in life, involvement in a recreational activity, seeking control over grief/acceptance of reality, seeking help/support, having a sense of responsibility, maintaining silence, spending time on social media, struggling, the importance of occupying oneself, time as a healer, strong belief on religion and spirituality), but also ineffective coping strategies (impatience, escape, not thriving), leading to use of positive and unhelpful defense mechanisms (acceptance, rationalization, avoidance, blaming, denial, distraction, and reaction formation), with distraction manifesting more (60%), followed by rationalization (50%), as compared to avoidance (40%), denial (40%),

Two out of five male participants' relied on avoidant coping strategies manifested as escaping and ignoring discussing the departed souls. They were the ones who tried to reduce their stress by smoking more than before. They kept their feelings to themselves. Decreased self-reported grieving was also linked to the interplay of task coping and positive religious coping among fathers. They also used emotion-focused coping strategies such as exercising and seeking social support. Some manifested getting away and forgetting the problem temporarily. Sometimes acting irritable and aggressively toward others. Few fathers reported relying totally on resigned acceptance i.e. accepting the problem as it is since they cannot do anything about it. Fathers particularly expressed that working intensively to avoid the pain of thinking about their loss was another example of avoiding.

One couple acknowledged that their marriage became troublesome after the death of their son, which they reported is due to other underlying issues that they have before the loss. Three couples (six participants) claimed that the loss of a child had a favorable influence on their marriage. The couples attributed this positive development to experiencing a stronger bond that just the two of them enjoyed following their devastating loss, and this positive change did not happen overnight.

Female participants also resort to problem-focused coping. They talked with other mothers who undergo the same experience, only one mother was getting counseling from a psychologist, and one mother reported having started to seek alternative reinforcement like engaging in new activities such as involving in the field of robotics and making robot models. All mothers have reported using an emotion-based coping strategy specifically using emotional venting, highlighting how they become emotionally very frustrated post-

loss and aggressively react to their spouse, offspring, and other family members. Few mothers (30%) believe they have failed as mothers. They blame themselves for what happened since their bodies failed them and they were unable to give birth to a healthy baby. Pollock (1961) mentions the feeling of anger against the death and displaced others. It is the displacement of hostility to the deceased and often directed to doctors and hospital staff (Pollock, 1961). Dickey et al. (2003) focus on the "culture of blame" to understand the people's attitudes towards medical staff in the face of death. Mothers specifically use relationships and discussing loss as their principal coping strategies, according to all of the participants. Parents reported reaching out to family and friends for relief and company, many reported that they retreated when they needed solitary time. Many reported that they went on the internet to find others who suffered a similar loss. This is supported by the literature. As cited in Welte (2013), women take solace in honoring their children after they have passed away, and they will develop rites that will serve as a continual memory of the child they have lost. Women will also actively seek out social connections and will concentrate on building those connections as a support mechanism (Walsh & McGoldrick, 2004).

Many reported having sought help from mental health professionals. For instance, attended counseling and therapy sessions and some even took drugs as advised by health practitioners.

Around the world, cultures and religions have a wide range of perspectives on death. Stoicism is the cultural norm in the United States. When it comes to death and grief, open communication is the exception rather than the rule. The majority of people's opinions are shaped by their upbringing. Some families, for example, believe that if they

don't talk about death, it won't become real, much as those who whisper rather than use the term "cancer" or refer to it as the "Big C." People pretend they don't know what they do know to protect others from suffering. Holding secrets may make anyone feel alone and secluded, and it forms a barrier at a time when removing them might be healing. Some individuals, on the other hand, find it easy and comforting to talk about death and be with the dying.

A few families have a strong history of reacting defensively amid bereavement that they pass down to their children. For many cultures, the reluctance to mourn honestly and openly is transmitted from generation to generation. Therefore, where family rules forbid genuine feelings from being expressed, the innate capacity to mourn is hindered, leading to prolonged grief and residing in the shadows of grief.

Muslim people believe in the existence of an afterlife. They believe that the soul is taken to Barzakh by the 'angel of death.' This is a peculiar place where time doesn't exist and souls await the 'Qiyamah.'[12]

People from various major religions will look to their faith for support. For example, Azhar and Varma (1995) randomly assigned 30 Muslims who were clinically depressed after a bereavement to two groups of 15, one of whom received antidepressants and the other of whom received antidepressants and as well as 'religious psychotherapy,' which they defined as extracting views and beliefs about their emotional responses and addressing verses from the Quran and Hadith (teachings of the Prophets). They were also prompted to pray. The group that got Islamic religious therapy reported far less depression over the next year than those who only used psychiatric medications

[12] Day of Judgment / Day of Resurrection

specifically antidepressants. It's impossible to identify which aspect of "religious psychotherapy" is accounting for this change, but the study provides some interesting possibilities (Parkes & Prigerson, 2013).

Almost all of the participants drew strength from their religious convictions and acknowledged that death was God's will and hence should be borne with patience and humility. Some parents were also restrained from grumbling or grieving because of this belief. People acquired considerable fortitude from Prophet Mohammad's sayings and verses from the Holy Quran, allowing them to bear the loss with respect.

Many parents, specifically fathers (90%) described how their faith/religion and attending mosque five times a day for prayers had helped them cope. Many parents found faith and religion comforting. Religiosity and spirituality play an important role in reactions to death and grief. Religious commitment has been conceived as an ability to cope, which is often a favorable one when it encompasses aspects such as religious interconnectivity, a life meaning, and a mutual discourse across death and the afterlife (Bui, 2018). Work and other hobbies were also mentioned as coping techniques, along with keeping engaged and maintaining a schedule.

Some participants claimed they adopted praying, mindfulness, or supporting friends and family to help them regulate their emotions so they could focus on their existing responsibilities. Interpersonal and intrapersonal coping strategies may also seem to help bereaved parents thrive after a distressing event.

Some parents listed behaviors, places, or situations they shunned because they were fearful of their grieving outbursts. Parents gradually established themselves, selecting those they did not want to see again.

The healing of the lost child may also be accomplished in dreams. Dreams of grieving families can provide a plethora of data on their individual grieving experiences (Barrett, 1992; Begovac & Begovac, 2012; Garfield, 1996; Lundin, 1987; Wray & Price, 2005), particularly when the dead person appears as a character in the dreams. Dreams can also be a place where the bereaved and the deceased meet (Kübler-Ross & Kessler, 2007), it may assist the bereaved to form a relationship with them (Belicki et al., 2003) that will allow the distressed to cope more effectively with the loss (Worden, 2009).

The present findings indicate that dreams of the departed in a pleasant and serene state in paradise provided comfort and reassurance, and thus appeared to aid in the grieving process. Most participants stated that their dreams were relaxing or both pleasant and distressing, and few reported solely disturbing dreams and it was erratic for participants to advocate only negative themes. Even those who re-counted for having a negative-themed dream of the departed often also reported a positive-themed dream. This is an analogous pattern to the findings of Wright et al. (2014) who found that 55.3% of their bereaved sample reported their dreams of the deceased to be only pleasant, 31.1% to be pleasant and disturbing, and just 6.8% reported only disturbing dreams. It may be that the deceased's unpleasant dreams are attributed to one's grief and as recovery begins, the deceased's dreams become more pleasant over time, as Garfield suggested (1996).

Prevalent dream themes included visitation dreams, reassurance dreams, dead, dying, or ill dreams, precognitive dreams, and dreams as a coping tool. These themes substantially overlap with older iterations of dream content for bereavement. The majority of these dreams reported by participants were positive interactions with the deceased child (30%). Whereas 50% of the sample reported disturbing dream content

followed by feeling distressed after the dream. The child was dying or departing more frequently, but even in pleasant dreams, there's been invariably something to signal that all was not well. The majority of the participants reported positive post-dream reactions and felt that their dreams impacted their bereavement process. Participants reported they feel comfortable, contended, optimistic, peaceful, refreshed, and positive energies were channelized, and they feel lifted, whereas few reported blank, discomfort, misery, and heartbreak when awake.

It was concluded from this study that although some participants seemed to regard their dreams as void of any religious connotations, dreams still endorse significant spiritual and religious relevance for at least some participants and that these dreams also constitute a source of motivation, awareness, encouragement, and also guidance on decision making and lifestyles. Nearly all participants affirmed that they often contemplate their dreams for awareness, and even their actions and decision-making are based primarily on certain dreams. It was also indicated that dreams sometimes formed an essential innate resource in coming to terms with grief.

The findings of the present research are in congruence with the dual-process model of bereavement (DPM) which explains that it is probable that participants were still oscillating between sense-making and meaning-making, implying that adjusting to bereavement is a complex and oscillating process. As far as we know, humans are the only species on the planet that are meaning-seeking. Meaning-making is a uniquely human activity, a result of the way the human brain is formed.

Another objective of this study was to investigate bereaved people's experiences with posttraumatic growth (PTG). In the aftermath of trauma, many trauma survivors are

likely to perceive positive changes. When an individual can convert trauma and use adversity to their benefit that means they have attained post-traumatic growth.

Post traumatic growth (PTG) is often manifested by recognizing personal inner strength, valuing the significance of strong relations, and embracing an altered life philosophy, such as new strong spiritual insights. Psychological growth necessitates a working-through approach in which the trauma's pain and anguish are still evident. Since traumatic reality destroys underlying preconceptions about the world, this process entails cognitive restructuring, in which cognitive schemas are tested, transformed, and altered (Yilmaz & Zara, 2016).

Participants of the present study shared how they work through their grief experiences, ultimately waking to the heights of post-adversarial growth. Parents reported how they shifted their interests in terms of what makes their life worth living. They have a better understanding of the worth of their existence. They possessed the ability to do more with their lives. Some parents reported feeling more connected to the people around them, especially family members and friends. Some charted a different path in their life. Many were confident in their ability to deal with adversity.

Because the bereaved parents' well-being and the direction of the experience's result are determined by how they cope with the trauma, it should play a pivotal role in anticipating PTG. Problem-focused coping, for example, is likely to aid personal growth following stressful situations because it enables people to come to grips with their new life conditions through rumination, actively pursuing support, or actively adjusting to reality. Connecting with others and receiving help from them can also play a stress-buffering role in helping people relax and reduce negative affectivity.

Religion and spiritual beliefs, appear to be essential themes in PTG. Religiosity / spirituality has been proven to be a significant predictor of PTG in the present research. Regarding religious connotations, participants shared they own a clearer understanding of religious concerns. Some reported that they have become a more religious person.

According to a study on prayers and posttraumatic growth (PTG), it was found that those who pray experience enhanced PTG (Harris et al., 2010). PTG is positively associated with religious devotion and engagement in religious activities (Shaw et al., 2005). The religious connection was proven to be a favorable predictor of PTG among bereaved caregivers (Cadell, Regehr & Hemsworth, 2003). The phenomenon of traumatic incidents can be perceived as a divine sign, a test, or a signal to care, but the survivor finds meaning in their struggles in religious ceremonies, ritual practices, praying, and religious activities, which can provide an environment in which individuals can share their feelings, receive assistance and contribute to making upheavals more endurable (Yilmaz & Zara, 2016).

When it comes to gender and PTG, in terms of spiritual growth and development, higher levels of post-traumatic growth were reported significantly by both parents. The participants' signaled their PTG experiences through spiritual development which includes Spiritual development; *readjusting spiritual beliefs to encompass trauma (Acceptance through fate), strength from God (Faith),* (70%); The process of meaning-making; *acceptance of the changed world (working through the grief experience), finding purpose and inviting growth, living with grief* (80%); Personal strength; *facing fear (Moving forward with strength gained from prior adversity), the process of meaning-making (acceptance of changed world)* (100%); Realistic optimism; *Optimistic and*

celebrating life (renewed appreciation), positive transformation (feeling hopeful), recognition of strengths/resources/possibilities (100%).

Time since loss does not have any significant effect on Post-traumatic growth because the sample of bereaved parents was homogeneous, they experienced the death of their loved one from 2-5 years ago. PTG was also positively associated with problem-focused coping, social support seeking, religious coping, and avoidance. Freud accepted the way of recovery as "redirection of libido from the memory of the lost person to available survivors with whom discharge can occur (recathexis), thereby removing the cause of the pain and renewing opportunities for pleasure in life" (as cited in Hagman, 1999). The results revealed the importance of social support in mourning. According to the results, social support was strongly related to being able to mourn fully.

Although it is not a smooth path, researchers estimate that trauma can ultimately lead to renewed possibilities. According to one study by Wu et al., (2019), over half of trauma survivors undergo post-traumatic growth following a truly awful incident.

Indigenous Aspects of Grief

The manner in which people manage their grief and mourning for loved ones who have died is a window into a culture and people. The cultural-religious worldview that organizes the public and private experience of loss and sorrow is the foundation of the beliefs and practices of Muslim residents of Israel. In Islamic tradition, which places high significance on accepting God's or Allah's will with calm and understanding, ritualized grieving and prolonged public expressions of grief are forbidden. The Two Track Model

of Bereavement is based on the contrast between managing memories and attachments to the departed and returning to functioning after a loss (Rubin, 1999).

We can discover a lot about a culture and about our shared humanity when we focus on losses that are a part of daily life (and in this case, the focus is on losses that are not related to the society's approach to conflict, sacrifice, or religious duty). A deeper understanding of Islamic methods for coping with loss can reflect our similarities without undermining or ignoring our differences because managing grief and mourning is a universal problem that all people must face. Ultimately, by understanding about the societal religious and cultural belief system surrounding how to manage loss and mourning, we have a window into the nexus of human relationships.

It is frequently helpful to classify and clarify distinct components and areas of the grief, mourning, and religious experience when considering cultural and psychological approaches to mourning. Rubin's organization of the psychological processes of responding to loss via a paradigm that views overt and covert responses along two particular axes has proved useful in allowing the observer to chart what aspects of response to loss are being considered at what period following death. According to the theory known as the "Two-Track Model of Bereavement," both successful and unsuccessful mourning are said to have two separate but connected outcomes (Rubin, 1981, 1984, 1999). Public and private reactions to loss that cover a wide variety of circumstances and dimensions make up the grief response.

The bereaved's bio-psychosocial self is shattered and altered by the loss of a loved one. The first track of the grieving reaction in the Two Track Loss Model deals

with the challenges and functional abilities after loss. One might say that the "goal" of this element of the mourning process is to accomplish a restoration to function that allows the bereaved to deal with and live in a reality in which the deceased is no longer united with the bereaved. Such a return to functioning is generally what people mean when they refer of someone as having "gotten over" the loss.

The second track of the model discusses the particular emotional attachment with the deceased and what is connected with that. The primary focus is on how one thinks about the departed and how loss affects how one experiences their relationship with the other. On this track, one may say that the purpose of the grief process is to achieve a restructuring of the relationship to past memories of the deceased. An emotional attachment to the belongings that connect one to the deceased, longing for them, and grief over their passing may be more or less pronounced. After a loss, the grieving process helps the bereaved rebuild their relationships with the deceased so that they can be reintegrated into their current life stories (Klass, Silverman, & Nickman, 1996; Rubin, 1984; Rubin, Malkinson, & Witztum, 2000, 2003).

Muslims come from a variety of racial, cultural, and linguistic backgrounds, yet they all hold the same fundamental convictions regarding the oneness of Allah (God) and the message contained in the Holy Qur'an. The contrast between this world's transience and the permanent home of the Akhirah (Hereafter) is a central topic of The Qur'an (Kristiansen & Sheikh, 2012).

Muslims believe that life and death are in accordance with Allah's will, and that each person's death has a predetermined time frame. After death, one enters the Hereafter,

the final destination. We are commanded to value our relationships with one another while keeping in mind that they ultimately belong to Allah because our earthly life is seen as a testing field and they are trusts from Allah.

Women and men in our culture do behave differently than one another especially when it comes to the mourning period, which may be due to social conventions that have evolved. Because they don't want to appear weak, fathers report restricting their emotional expression. Mothers voiced their concerns about their spouse's lack of emotion and reluctance to discuss their child's death. Mothers saw this as insensitive and believe their partner isn't grieving. Fathers are generally expected to be strong, and as a result, they may be provided or receive little social support. It should come as no surprise that parents are radically different in several ways, one of which is the area of grief. Taking into consideration the impact of gender differences on how we grieve, whether we are the ones grieving or a family member or friend, can be valuable.

Death ushers in the transition for the deceased into the Hereafter; the suffering of the dying may serve as a means of Divine recompense in this life, but many find comfort in the Prophet's statement that any kind of suffering, whether endured by the dying or the bereaved, may be a means of reward in the Hereafter (Sachedina, 2009). The Prophet said (Khan, 1994):

"No fatigue, no disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that".

Moreover, Allah is repeatedly described in The Qur'an as 'The Most Merciful, The Most Kind' and He is thus inherently aware of the intense pain associated with

losing a loved one and so in response sheds the sins of those who, despite the period of adversity, show patience, resolve and remain steadfast in their beliefs (The Holy Qur'an, 2000):

"Be sure we shall test you with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give glad tidings to those who patiently persevere".

"Who say, when afflicted with calamity: 'To Allah We belong, and to Him is our return'.

"They are those on whom (descend) blessings from Allah, and Mercy, and they are the ones that receive guidance".

Muslims' reactions to loss are influenced by the ultimate goal of life and the promises of solace, fortitude, and reward found in the Qur'an. The perplexity, anger, and denial indicated by grief models are significantly less likely to be present among Muslims than among individuals with a more secular outlook. However, emotions to loss are unique for each individual (Sheikh & Gatrad, 2008). Believers find solace in the knowledge that Allah is aware of all their suffering and that hardships are evidence of His compassion. In addition, even though a sense of loss is unavoidable, the notion of an afterlife carries with it the assurance that separation will only last a short while. This enduring bond, which is preserved by prayers (Dua) and a drive to "carry on with life" at a more profound spiritual level of faith in order to reunite in Paradise, provides comfort for the bereaved. This viewpoint may help prevent the harmful self-neglect that has been linked to an increase in risky behaviour, illness, and mortality in those who have experienced a loss (Stroebe, Schut & Stroebe, 2007).

Muslims are encouraged to be steadfast and to believe in the Providence of Allah. This does not imply that feeling sad or grieving indicates doubt. Instead, even though excessive weeping is severely forbidden in Islam, sorrow and tears are signs of a calm, spiritually awakened heart.

The type of relationship and how close you were to the departed can have an impact on how you cope with mourning. One of the most upsetting human experiences is the loss of a young child since it signifies the severance of the closest relationships that exist between humans. However, the assurance that their kid has died in a state of innocence (and hence has no judgement) and will refuse to enter Paradise without their parents provides parents with a great deal of solace.

However, some settings can make it difficult to locate meaning, which raises the possibility of abnormal grieving reactions. For instance, guilt, which is frequently exacerbated by exile from religious institutions, may worsen the grieving processes if the death was brought on by activities deemed un-Islamic, such as suicide or drug misuse, and among unmarried partners.

Bereavement affects more than just the person or family that has lost a beloved family member. It involves the religious community, which is intended to help the bereaved and those left behind by supporting them in a variety of ways as they adjust to their loss. In this time, fellow Muslims support each other emotionally and materially by sending condolences and helping with tasks like cooking or caring for children. Such assistance relieves family members of their responsibilities, allowing them to concentrate on coping with the sorrow.

It is without a doubt difficult to move on after losing a significant person. Some Muslims use their Islamic perspectives on death and grief as tools to better understand and cope with their losses. Muslims may find benefits in adversity rather than "dying from a broken heart," and if they do, they may be less likely to experience the negative impacts on physical health and psychological wellness linked to pathological reactions to grief.

Muslims are urged to visit the grieving individual, encourage them in their religion, provide them with food, and recite verses from the Qur'an to soothe them. The time of public mourning, known as ‘Hidad,’ lasts no longer than three days even though grief may never truly stop (mourning). This does not imply that Muslims should not feel sorrow when a loved one passes away. The faith permits one to express sadness during this time, although the expression is limited by custom.

Since losing a loved one is a distressing and terrible event, knowing that these reactions and sentiments are practically universal responses to grief and are not sinful may comfort the bereaved. People frequently experience shock, disbelief, denial, wrath, remorse, bargaining, despair, and acceptance after losing a loved one. Muslims are not only free to express these emotions; in fact, it would be detrimental for them to do so because doing so would prevent them from acknowledging the loss, allowing the various grief emotions to flow freely, possibly developing new skills, and channeling their emotional energy into a fresh start.

It is permissible to cry and express grief over the death of a loved one, however, extreme lamentation is discouraged. Mehraby (2003) states that in Islam it is permitted to

weep softly, before someone had died, at the time of death, and after. A number of respected Hadiths (sayings of the Prophet Muhammad) describe that on several occasions the Prophet Muhammad (peace be upon him) cried when one of his loved ones died. For example, when the Prophet re-visited the grave of his mother he cried, and encouraged others to weep - this was many years after her death (the Prophet's mother died when he was at the age of six). Likewise, after the Uhud battle, when burying one of his companions, 'Uthman ibn Madh'um', the Prophet Muhammad also shed tears. Again, when giving the news of the death of Ja'far and his companions in the battle against the Romans, he spoke with tears streaming down his face.

Although, wailing, eulogizing and tearing one's clothes are still common among some Muslims, such conduct is discouraged in Islam (Mehraby, 2003). A few words are allowed to be said when crying over a deceased person, but words should be true and not accompanied by wailing and expressions of dissatisfaction with the decree of God. For instance, when the Prophet's son, Ibrahim, died, the prophet said, "We are very sad for your death, O Ibrahim", This is not an indication of discontent with the decree of God or complaining against Him (ibid.).

Just as abortion, suicide is strictly prohibited in Islam, ('Don't commit suicide since God is merciful to you,' Surah 4, verse 29). Muslims believe that because every soul and life is the creation of Allah, no one has the right to take their own or another person's life. Muslims frequently view those who take their own lives as having abandoned Islam. Because shame, guilt, and resentment are so prevalent in suicide, it is the most difficult grief crisis for any family to deal with.

Offering condolences to those who are mourning the deceased is regarded as a valuable act of goodwill. It is appropriate to remind them in mourning of the fragility of life and the fact that Allah is the sole owner of everything while expressing sympathy and sadness. It is possible to emphasize God's mercy and the prospect of meeting the deceased loved one again in the future. Condolences are often given within the first three days after a death, although they can be prolonged for much longer depending on the family's situation and the convenience of people who are travelling a great distance.

Muslims who have experienced a loss of a loved one may turn to their religious teachings for comfort (Mohamed Hussin, Guàrdia Olmos, & Liisa Aho, 2018). Muslims believe that they go back to God once they die, which might console grieving friends or family. They might be able to externalise their agonising loss if they believe that death is God's will (Rubin & Yasien-Esmael, 2004). They might view it as a sign that their departed relative is in a secure location (Yasien-Esmael, & Rubin, 2005).

Driven by collectivism, the whole community assumes responsibility for providing the mourning individuals and families with emotional, social, and practical support (Suhail, Jamil, Oyebode, & Ajmal, 2011). To console the soul of the deceased, prayers are said and the Quran is recited. These occasions offer a chance to express and strengthen religious convictions once more. Additionally, they provide one an opportunity to put the past behind them and go on with their lives, which is something that Islamic teachings strongly endorse (Esposito, 2009).

The bereaved may experience a tough emotional transition when adjusting to the loss of a loved one, yet religion can aid in the bereaved's grieving process. Beginning with

the Qur'an, Islamic religious literature has devoted a lot of time to discussing death and grief. Islam places special emphasis on how one should adjust to loss and offers a comprehensive system of beliefs and a perspective on life that views loss as a normal turning point in each person's journey through life.

Limitations and Recommendations

The sturdiest feature of this study is that information on the grief experiences of parents living with the loss events was gathered through qualitative interviews using the IPA approach, which allowed the participants to provide a perception in an environment free of external factors.

Participants' personal experiences as "the experiential expert(s)" were explored through semi-structured interviews (Smith & Osborn, 2003, p. 57). This method is regulated by the concept that participants may deliberately or unconsciously manipulate their responses to obtain the interviewer's approval. Efforts were made to address this issue by getting familiar with the interview context, utilizing an open, inquiring, and non-judgmental approach, and reassuring participants to talk freely and broadly about their experiences.

Furthermore, the strength of this study pertains to the homogeneity of the sample. As with other studies in this area, the present investigation had a representation of spouses, resulting in a representation of distinctive parental styles of obliging the death of a child. I feel that the results presented in this thesis represent the real-life experience of parents who lost their children. All of the participants recruited for this study fulfilled the inclusion criteria of the research at the time of the first interview. Likewise, recruiting

both fathers and mothers to this study allowed for the exploration of the lived grief experiences of fathers, something that hasn't been explored in previous research.

This study's methodology and findings have certain drawbacks. By default, nature of method limits generalization. First, while IPA is an important qualitative research method for the identification of complex and interconnected themes, these themes are unique to the experiences of the ten parents in this study and were not intentionally sampled as indicative of a general populace of grieving parents thus difficult to establish external validity.

The research's generalizability is confined since the data was collected only from the province of Punjab specifically; Islamabad, Rawalpindi and Taxila city, which restricts the generalizability of the findings obtained. Future research should include a more representative group encompassing a sample from other provinces of Pakistan. However, the goal of this study was not to generalize; rather, it was to explain and comprehend what was occurring in the study's particular context.

Another limitation is that the sensitive topic may impose limitations on the study. Participants who hesitantly responded to questions about losses may affect the results by concealing correct or sensitive data. During the interviews, there is a risk of psychological harm, discomfort, or suffering. During the interview, participants were cautious about revealing some of their life experiences.

Potential risks include possible distress due to the emotional content of the questions and the reliving of grief experiences. To overcome these emotional disturbances, immediate short-term counseling was provided. To reduce the risk, the

participants were told beforehand about how long the interview would take, offered the option of where and when the interview would take place, guaranteed that the research was intended to increase insights rather than trying to judge or criticizing, and motivated to ensure a high standard of regulation over the way of the interview discussion.

A principle of *beneficence*— the responsibility to assist or serve the patient as a professional—requires acting responsibly to assist grieved parents. Considering that there is at least enough hope, involving them in a psychotherapeutic discourse about the existing or potential worth of their life seems a mandatory step to discharging an obligation of beneficence. Identifying "reasons for living" is considered an integral element of that discussion. Similarly, psychotherapy that targets parents' grief, incorporating rubrics specifically designed to redress loss and bereavement, could prove vital in helping grieved parents get a fresh psychological vantage point from which to assess their existence and its relevance.

The impact on the grieved family is similar to that of a domino effect, in the sense that it is not only parents' lives that alter indefinitely but also siblings' lives, considering it to be an ignored research area.

The impact on the grieved family is similar to that of a domino effect, in the sense that it is not only parents' lives that alter indefinitely but also siblings' lives, considering it to be an ignored research area. More research is needed to investigate whether increased psychosocial support is required in people who have lost a child to assure that living siblings are not ignored or deserted.

The results from the present research raise the question of whether grieving is different following perinatal loss (loss of an infant through death via unintended or

involuntary loss of pregnancy by miscarriage, early loss) (less than 20 weeks), stillbirth (> 20 weeks gestation), or neonatal loss (newborn through 28 days of life) (Robinson *et al.* 1999, DiMarco *et al.* 2002). Another area, worthy of exploration.

Research can be carried out on four distinct attachment styles (secure, avoidant, anxious, and disorganized) of parents, as people with different attachment styles are likely to grieve and express themselves in different ways after a significant loss.

The present research has highlighted the culture-specific characteristics of PTG. As clinical interventions have the potential to increase PTG, psychologists can design active cognitive and problem-focused culturally designed interventions associated with PTG.

The influence of policy will help government agencies implement the laws for providing compassionate leave during the absence, such as permitting an employee to take paid leave after the death of a closed one. Such policies constitute an important influence on the experience of grief reactions owing to the insinuations for both perceived and instrumental social support, disenfranchisement, and acknowledgment of the loss.

Multidisciplinary research can be conducted by involving computer-scientists, robotics and engineers. Scientists can develop visual reality technology tools to allow a grieving parents' to talk to a virtual copy of their dead child (inventing Vive VR Goggles)

Implications

The current phenomenological study uncovered and understands the multifaceted experiences of bereaved women who experienced child loss and their meaning to them.

There is no one-size-fits-all solution or miracle cure that will solve or prevent all issues. Experts and volunteers can do a lot to help, in addition to the kind of concern and care that can and usually is provided by family and friends. This is why supervision and training are necessary.

The insights and understandings that emerge as a result of this research carry tremendous potential value for use on personal, professional, and societal levels.

Specifically, this research points to the following outcomes and implications.

Theoretical and Practical Implications

Findings suggest that the recognition, understanding and living of a spiritual way of life, however defined by the grieved parents, is intersubjective. On the basis of the culturally bound PTG elements that were explored, indigenous scales and religious based psychotherapy can be developed. Spirituality and religion are critical sources of strength for many clients. They are the bedrock for finding meaning in life and can be instrumental in promoting healing and well-being.

A key area emerging from the current results is indigenous cultural myths and superstitions related to death. Most cultures and cultural beliefs have very distinct "origin-of-death mythologies," which seek to explain why and how people die. Death-related mythical entities and entities are also ubiquitous, regardless they genuinely cause death or simply foretell of its impending arrival. Even basic superstitions are shared through generations, with the significance and roots of the superstitions being veiled but not forgotten with time. As a consequence, people's perceptions of what happens when someone is dying are frequently erroneous. Lacking accurate information might heighten our anxieties and perhaps cause extra suffering for the dying and eventually the bereaved.

Debunking myths and learning the truth about death might help make these most terrible of times a little less mystifying.

Another key area emerging from the current results is the stigma associated with suicide bereavement. The need to educate and inform the public is compulsory in an attempt to eliminate stigma associated with suicide bereavement.

While previous researches has focused on dream content, the results of the present research show that cultural and religious connotations of dreams cannot be ignored. Although dreams are a popular topic in the literature on grief, further investigation is required to determine who is experiencing them, what patterns and themes are happening, and whether they are aiding one's grieving process. Hence more the researchers will be able to research dreams during grieving, the more healthcare providers and professional therapists will be able to stabilize the experience of grieving and use the dreams as a healing resource in therapeutic settings. Furthermore, a comprehensive case study can be conducted to see how dreams benefit us.

The findings suggest that mental healthcare professionals as well as institutions provide parents with support and counseling services after child-loss to aid emotional development.

Counseling services could be provided to help families retain a feeling of normalcy (as parents reported in this research that it helped them). Furthermore, parents may be helped to understand the implications of the experience on their marital relationship, to recognize the pressures that the experience has been proven to have on

their relationship, and to develop a stronger feeling of unity in struggling with an inevitably traumatic time.

The lived experience of grief has both a physical and emotional impact on both spouses. Beyond assessing grieved parents' reactions to loss, the findings might have ramifications for the kind of therapy available to grieving parents. Hence training must be provided to healthcare professionals who are providing post-loss support, to assist patients in comprehending mortality, with a focus on providing care for bereaved families, particularly in the areas of hospice care, grieving, and thanatology. Along, they should consider the psychological state of the grieved parents, offer adequate assistance and support and collaborate empathetically. The use of psychoeducational strategies may be particularly beneficial to educate parents on the multi-layered grieving process and developmental standards. For this holistic aspect of care should be prioritized, like opportunity to say good bye to a losing child who is dying is more important for families and should be facilitated if and where possible.

As cited in Neimeyer (2016), bereaved individuals seeking professional help with their grieving want answers to questions about recovery and ultimately they want to know how to make meaning out of the meaninglessness of their lives (Neimeyer & Thompson, 2014). The longer-term adjustment of the bereaved may best be supported by facilitating reintegration into the social group. Newly bereaved adults choose to attend groups, in part, to learn from one another about the emotional, physiological, cognitive, and spiritual/existential grief reactions they are having and to talk to others about coping and adapting to life soon after the death of a loved one. Here the caring person may have to help the bereaved grieve and mourn the old roles that have been lost, the previous

status and identity that must be relinquished, and the lost forms of gratification. It is probably in this area particularly that the bereaved is helped by the role models offered by others who have passed through these processes, such as members of self-help groups; and by those who can assist with tasks linked to the social structure of reintegration, for instance, training for new roles or work; and by those who offer realistic opportunities for socialization. Thus, those in contact with the bereaved individual, either personally or professionally, may be able to offer support, comfort, and consolation to the bereaved in several ways.

In Pakistan, there is a big disparity between the demand and availability of mental healthcare treatments. Bereaved parents also need the help and support of healthcare professionals as well as institutions based on ethnicity and religion. Therefore, grief management and bereavement intervention programs should be instituted by healthcare organizations and social institutions to provide parents with support and counseling services after child loss. Another key reason is the government's apathy in providing mental health treatments. Suffering due to mental illnesses is largely silent.

Conclusion

One of the primary aims of the research was to examine the lived experiences of grieved parents about psychological disturbances and what meaning parents attribute to that experience.

An ideological take on life is only half until it embraces death. Though the terms thanatology and orthothanasia are comparatively new entrants to our lexicon,

understanding death and developing a healthy attitude about death are critical components of a well-balanced lifestyle.

The indigenous research on parental grief is limited, and the current study intends to fill in the gaps by eliciting the experiences of parents who have lost their children of various ages, involving neonates, younger kids, and adolescents.

The tragedy of losing a child had a profound and life-altering effect on the families that participated in the research. The nature of parenting and what it meant to be a parent were tested and lived as an internal struggle. All of the parents exhibited an enduring bond with their child, one that would withstand even the most traumatic situations. The study's phenomenological nature indicated that parents went through a contemplative adjustment in which they re-evaluated themselves, their beliefs, the relevance of the family system, and how they hope to keep getting on with their lives.

Grief reactions to a loss can be quite diverse. While generalizing about such a very individual perspective is challenging and even unjust, numerous determinants of the depth of grief have surfaced. The severity of the loss, or the extent to which the parents subjectively perceives a feeling of loss, greatly influences the amount of grief experienced. The meaning ascribed to the survivors' loss and others in the surrounding sociocultural settings influences the individual experience. Religious faith, for example, is one of the core belief systems, influence this meaning. Strong spiritual, cognitive, and/or emotional perspectives are beneficial in guiding the grieving process productively.

As we conclude we can see, there are a broad array of symptoms that can afflict our grieving bodies. Generalized pain and discomfort, difficulty breathing, extreme

anxiety and restlessness, headaches, exhaustion, feeling heaviness in the body, and muscle weakness are some of the other symptoms parents reported. Grief has so many repercussions on our physiology that it's nearly hard to list them all. However, it is crucial to realize the profound effect that grief may have on our bodily systems. We place great emphasis on our emotional suffering and psychological damage than on our physiological suffering.

Crying and discussing your child may be efficient ways to vent your emotions. One may likely feel the need to share their experience several times. This is natural, and one should embrace intuition to communicate since it will help people understand what has happened.

It is, therefore, necessary to manage both. We know what we should be doing: exercising, eating well, and sleeping well. However, while we are grieving, these are not our primary concerns or even possible. It can be challenging to get through the day. Indeed, this is most often one of the final tasks we should do or have the strength to do. It is not essential to consume a huge meal. Small portions can be consumed during the day. Even if one does not feel hungry, make sure he/she drank plenty of water. One will eventually realize that one has more strength and will be able to expand their activities.

Ultimately, traumatic experiences might cause bereavement to transform for the better. Unfortunately, several of the protracted adaptation challenges that come into people's lives when they are confronted with mortality are caused by using inadequate coping mechanisms. Personal adjustment to loss can be fostered and functioning can be

enhanced when bereaved parents use coping strategies that nourish and help facilitate interpersonal cohesion, efficiently cope with stress, and settle tensions.

Even though there is no set timeline in which a survivor should experience growth, growth is not an immediate aftereffect of the trauma which is worth noting; rather, the survivor should deal effectively with the unpleasant strains of emotional trauma. Religious coping, on the other hand, aids bereaved parents in restoring meaning to their lives and reconstructing their shattered life narratives relating to the departed.

Clinicians ought to be mindful and sensitive to grieving people's susceptibility and highlight the importance of adaptive coping, religious, and social support. Effectively trying to cope and social support make it possible for bereaved individuals to acknowledge the feeling of loss and endure a broad variety of emotional manifestations, including disrupted responses, silent reflections, strenuous crying, gestures of guilt and shame, anger, and desolation, while also maintaining their dignity and ability to perform in stressful situations.

Post-traumatic growth (PTG) defines the individual's growth, at least in some areas, has exceeded what was existent before the crisis happened, which is referred to as posttraumatic growth. Not only has the person survived, but he or she has also gone through significant changes that exceed the prior status quo. PTG is more than just a return to normalcy; it is an incident of enhancement that can be profound for certain people. It looks for affirmative responses in five domains namely: gratitude for life, interpersonal relationships, new life prospects, inner strength, and spiritual growth.

"Post-traumatic growth (PTG) occurs when a person with PTSD unveils new ways to interpret their life experiences to live their lives differently than before the trauma," explained Dr. Marianne Trent.

In conclusion, current research shows that time cures most pain and that well-intentioned experts can cause harm as well as healing. The pathways we tread as we grieve will lead us to unfamiliar territory. There will always be a piece in our hearts where we miss people who have died, despite wherever they take us.

Death is considered to be an elephant. It's colossal and intimidating. Even though everyone knows it's out there, you avoid it, dismiss it, and avoid talking about it. Probably eventually, you will realize it's practically difficult to ignore the elephant's presence.

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ANNEXURES

Annexure A1

INTERVIEW PROTOCOL – ENGLISH VERSION

Paths To Post-traumatic Growth: An Interpretative Phenomenological Analysis of Reactions and Strategies of Grieved Parents

Ph.D. Study

I want to ask you questions related to your experiences of grief after the loss of your child. I want to know what are the psychological, emotional, and psycho-social factors associated you're your grief experiences. In the light of your honest responses and true accounts of your life I will be able to develop a sense of your grief experiences phenomenon and will also be able to give suggestions and recommendations for the improvement of the general mental health associated with grief experiences.

A. Introduction & Self-Assessment

1. Purpose of the interview
   Prompt: principle purpose of today's conversation
2. Introduction

B. Grief experiences

3. Can you tell me when and how the loss occurred?
4. Where were you when you got news about death?
5. What is grief according to you? What was your experience with grief?
6. What changes do you feel in your emotions and physiological changes in time of grief?
7. For how long you have been in this condition?
8. Have you been through any other bad times recently before this loss?
   Prompt: your perception, feelings, and reactions.

C. Living with Grief

9. What was the most difficult thing in the time of grief?
10. What did you learn about yourself and others in times of grief?
    Prompt: expressed sympathy, anger, abhorrence, upset, apprehensive

D. Social Experiences and Marital Relationship

11. After you lost your child, how do you feel your family influenced you in various aspects, including favorable or unfavorable aspects?
12. How and to what extent grief has affected your marital life and social relations?
    Prompt: Social gatherings, Recreations, Social responsibilities, Social role
    Prompt: relations with spouse, marital life, relations with family, friends, colleagues, neighbors, and relations with other society members.

E. Coping Strategies in Grief

13. How you have experienced the loss with time? Tell me about your life now, as compared to before?
14. What was helpful or unhelpful in times of grief?
15. What actions you have taken to overcome the feeling of loss/grief?
16. Are there particular actions you wanted to take but haven't? Please describe.
    Prompt: Whether positive or negative strategies have been employed?

F. Regrets

17. Have you ever felt a feeling of remorse? If yes, how do you deal with them?

G. Cultural, Religious, and Spiritual Beliefs

18. What is your position around cultural assumptions of getting over and moving on from loss?
19. How do you perceive your healing journey of loss concerning religion?

H. Exploring Dreams and its symbols

20. Have you ever dreamt of a departed soul? How often has the lost person appeared in your dreams? Do you believe your dreams have any meaning?

I. Would you like to add anything more?

J. What message would you want to pass on to others with similar experiences?

Thank You for your time and Cooperation

Annexure A2

INTERVIEW PROTOCOL – URDU VERSION

الف. تعارف اور خود تشخیص

۱.انٹرویو کا مقصد

۲. اپنے بارے میں کچھ بتایئں

ب. پرملال تجربہ

۳.کیا آپ تفصیل سے بتا سکتے ہیں کہ یہ سانحہ کب ہوا ؟ اس دن کیا خاص بات ہوئی؟

٤. آپ اس وقت کہاں تھے جب آپکو اس سانحے کا پتا چلا؟

٥. آپ کے خیال میں غم کیا ہے اور اپنے اس غم کو کیسے محسوس کیا؟

٦.غم کے وقت آپنے ذہنی اور جسمانی طور پر کیا تبدیلی محسوس کی؟

۷. آپ ذہنی اور جسمانی کوفت میں کب تک مبتلا رہے؟

۸.کیا اس نقصان سے پہلے بھی آپ پر کوئی مصیبت آچکی ہے؟

ج.غم کے ساتھ زندگی گزارنا

۹.غم کے وقت سب سے مشکل چیز کیا تھی؟

۱۰. آپ نے اس غم میں اپنے متعلق کیا جانا اور دوسروں کے بارے میں کیا محسوس کیا؟

د .سماجی تجربے اور ازدواجی تعلقات

۱۱.اپنے بچے کو کھونے کے بعد، خاندان کے لوگوں نے آپکی زندگی کے محتلف پہلوؤں کو کیسے متاثر کیا؟ بشمول سازگار یا ناگوار پہلوؤں میں

۱۲ .غم نے آپکی ازدواجی زندگی اور معاشرتی تعلقات کو کس حد تک متاثر کیا ہے؟

س. غم کو قابو پانے کی حکمت عملی

۱۳.آپنے وقت کے گزرنے کے ساتھ ساتھ اس دکھ کو کیسے محسوس کیا؟ آپ مجھے اپنی زندگی کا پہلے اور بعد کا موازنہ بتایئں

۱٤ .غم کے دوران کس عمل نے تحفیف کی اور کس نے اضافہ کیا؟

۱٥ .اپنے غم کے احساس پر قابو پانے کے لئے کیا اقدامات کئےہیں؟

۱٦ .اس غم کو کم کرنے کے لئےکیا آپ کچھ ایسے اقدامات کرنا چاہتے تھے لیکن نہیں کر سکے؟ ان پر کچھ روشنی ڈالیں

ہ. پچھتاوے

۱۷ .کیا اپنے کبھی پچھتاوا محسوس کیا ہے؟ اگر ہاں، تو آپ ان کے ساتھ کیسے نمٹتے ہیں؟

ر. ثقافتی، مذہبی اور روحانی عقائد

۱۸ .اس حادثے کے اثرات سے نکل جانے کے بعد معاشرتی اور عمرانی حالات یا سوچ کس نہج پر ہے؟

آپ مذہب کے حوالے سے اپنے نقصان کے شفا بحشس سفر کو کس طرھ سمجھتے ہیں؟

ز. خواب اور انکی تعبیر

۲۰ .کیا متوفی کبھی آپکے خواب میں آیا ہے؟ اپکا پیارا کتنی بار آپکے خواب میں نمودارہوا ہے؟ اور کیا آپکے خوابوں کا کوئی مطلب ہے؟

۲۱ .کیا آپ اسکے علاوہ کچھ اور بیان کرنا چاہتے ہیں؟

۲۲.آپ متشابہ تجربہ رکھنے والوں کو کیا پیغام دینا چاہتے ہیں؟

Annexure A3

CONSENT FORM

Research Title: Paths to Posttraumatic Growth: An Interpretative Phenomenological Analysis of Reactions and Strategies of Grieved Parents

Researcher: Urwah Ali

Please read this form carefully and then indicate at the end whether or not you consent to participate in the study.

I have been given information about *Paths to Posttraumatic Growth: An IPA of Reactions and Strategies of Grieved Parents* research and discussed the research project with Mrs. Urwah. She is conducting this research as part of a Ph.D. degree in the Department of Psychology at the National University of Modern Languages, Islamabad. This research study involves assessing the reactions and strategies associated with loss.

VOLUNTEER PARTICIPATION

- I understand that I am voluntarily participating in this research and I am free to choose not to participate or withdraw from the research at any time. If I withdraw, the data will not be used in analyses and they will be deleted from the database.
- I am aware of the duration of participation.

MAINTAINING CONFIDENTIALITY

- Confidentiality will be maintained in my responses.
- My name will be altered or removed when my responses will be quoted in my thesis, presentations, reports, publications, or workshops.

AUDIO RECORDING

- Audio recordings of the interviews are one part of this research. The recordings are done to make sure that everything you say is kept as a record. This will help me as I go through and analyze the information I receive from all of the participants. After each interview it will be transcribed, transcription will be double-checked against the audiotape and then the audiotape will be destroyed. The researchers are the only ones who have access to the tapes. To help protect confidentiality, all audiotapes will be destroyed once they are transcribed.

POTENTIAL BENEFITS AND RISKS

- The auxiliary beneficial effects of participation may include the experience of contributing to research studies. It will acknowledge your significant contribution to the broader scientific culture and society as a whole by helping us be cognizant of knowledge of the grieving process. Yet, the only potential risk with taking part in this study is that you might experience emotional or psychological discomfort. These feelings may occur as the result of such grief-related queries that focused exclusively on recalling the relationship with the deceased child and your experiences of grief after they passed away. In conjunction, some consider that responding to questions and discussing their grief experiences may prove beneficial in their cathartic process.
- The interviews will be performed in such a way that no harm can be caused. However during the interview session, if you feel uncomfortable, the interview will be stopped and emotional distress will be discussed. I am a certified Clinical Psychologist from the Government of Pakistan and qualified to help you through any emotional suffering.

Your signature acknowledges that you have been informed about the research project, that your questions have been addressed, and that you accept to participate in it. A copy of this form will be shared with you.

_____ _____

(Signature of Participant) (Date)

Annexure A4

DEMOGRAPHIC FORM

Instructions: Please respond to each of the following questions

Age of child at death…….

Gender of baby…….

Cause of death……..

Time since the child's death *(year)* ……..

Age, at the time of child's death……

Family system *(joint/nuclear)*……...

Duration of marriage *(grieving parents)* ……

Number of children *(surviving)* ……

Education…….

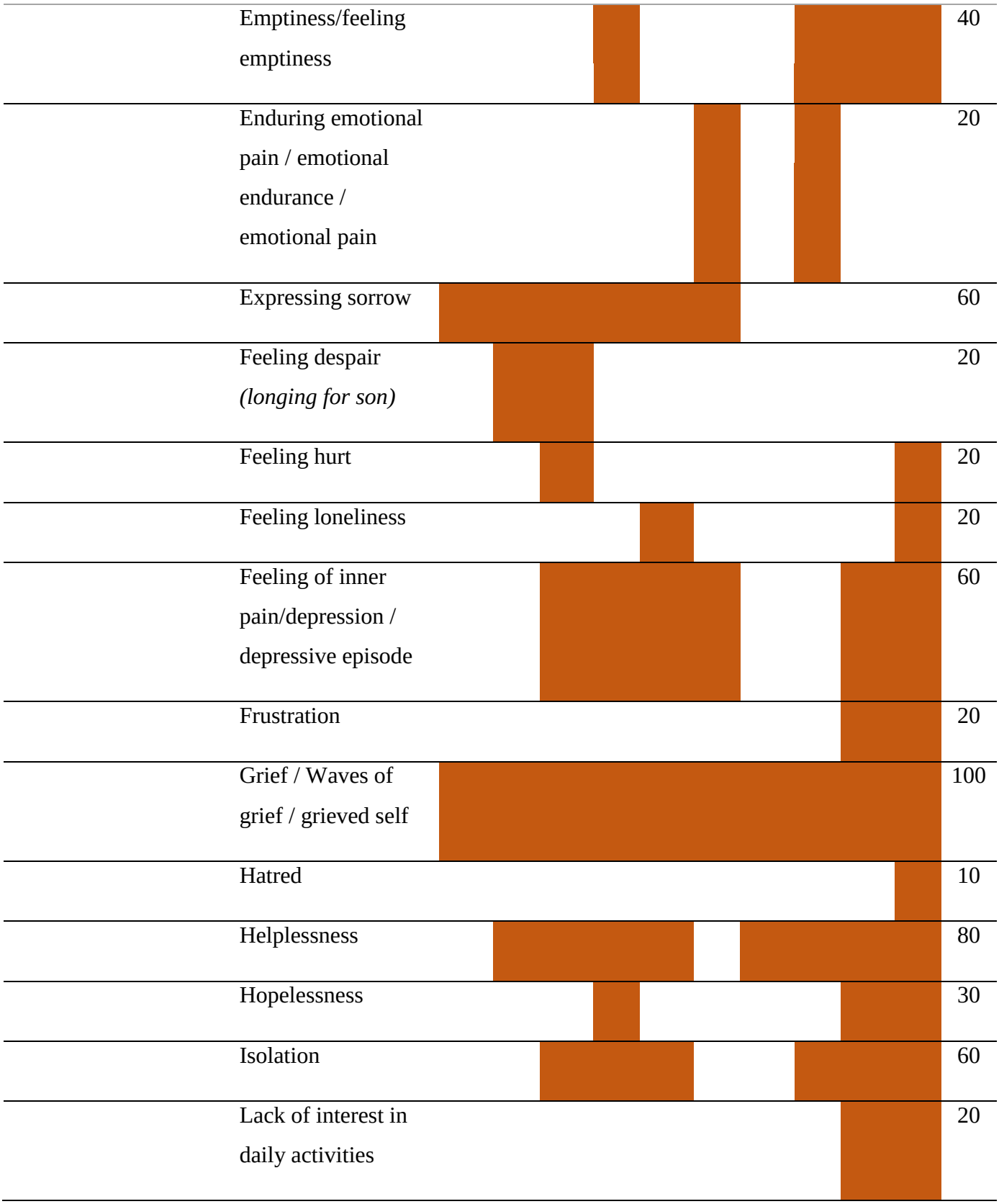
Annexure A5

RECURRENT THEMES

Lived Experience before Loss		
Psychological and physical disturbances *(before loss)*	Apprehensive	90
	Emotional bonding	10
	Expectation of being an authority figure	10
	Experiencing fear	10
	Experiencing sorrow	10
	Feeling of hope / Hopeful	20
	Helplessness	20
	Hypothetical assumptions	20

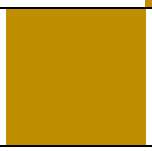
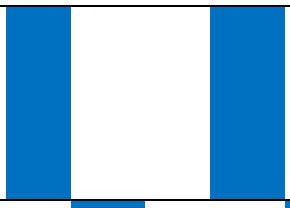
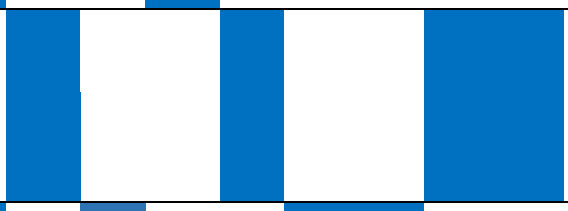
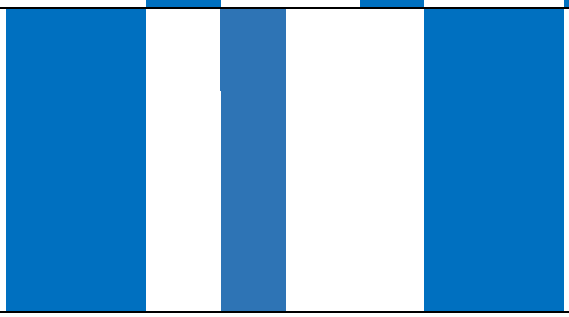
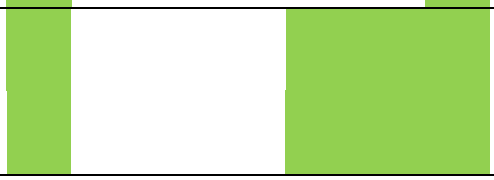
	regarding son's odd behavior	
	Life before loss	10
	Premature birth	10
Belief about future	Wishful thinking	10
Reliving past	Remembering life experiences	20
Psychological coping before loss	Distraction	10
	Religious coping	10
Deteriorated Health	Health Condition	10
Lived Experience after Loss *(Physiological Consequences and Psychological Disturbances)*		
Deteriorated Health	Experiencing loss of strength	100
	Experiencing physical deterioration	10
	Feeling physical hurt	10

	Health condition	60
	Negligence regarding health	10
	Physiological consequence / disturbance	20
Psychological disturbances *(after loss)*	Account of somatic emotions and feelings	10
	Ambivalence about personal mortality	20
	Anger	50
	Anxiety / Apprehensive	20
	Bargaining	30
	Counter-factual thoughts	20
	Disheartened / dejected	10
	Disintegrating	20
	Distressed	30
	Disturb sleep	10
	Emotional disturbance	100

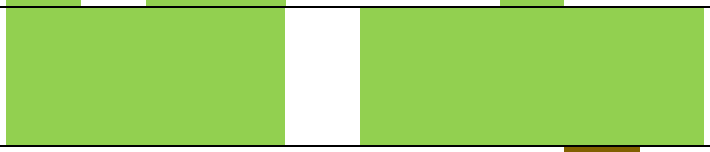
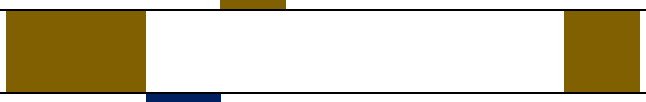
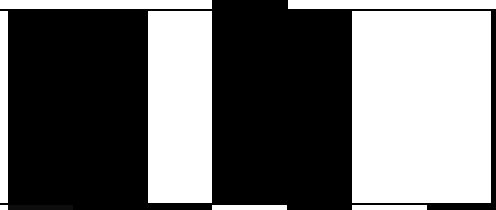
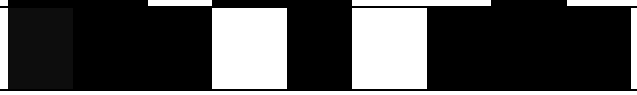

Emptiness/feeling emptiness
40
Enduring emotional pain / emotional endurance / emotional pain
20
Expressing sorrow
60
Feeling despair *(longing for son)*
20
Feeling hurt
20
Feeling loneliness
20
Feeling of inner pain/depression / depressive episode
60
Frustration
20
Grief / Waves of grief / grieved self
100
Hatred
10
Helplessness
80
Hopelessness
30
Isolation
60
Lack of interest in daily activities
20

	Mental deterioration	50
	Missing *(feeling loneliness)*	20
	Missing physical presence of the dead child	30
	Restlessness condition at home	30
	Seeing dead body	20
	Self-hatred	10
	Shocked	10
	Stressed	30
	Suicidal ideation	40
	Symbolic attachment	40
	Traumatized *(flashbacks)* / Traumatic news / Psychological trauma	50
Personal Characteristics	Altruistic/selfless	20
	Being stubborn	10

	Change self-perception	10
	Negative self-image	10
	Positive self-image	10
	Pre and post perceptual attitude towards a child funeral *(Pre and post-death impact)*	30
	Sense of responsibility	10
	Strong sense of self	10
Self vs pain	Defending against implications that it's me	10
	Lack of control over self	10
Loss		
Description of loss	Comparing the loss of a child with the loss of other important family members	10
Loss of a child	Description of the dead body	30

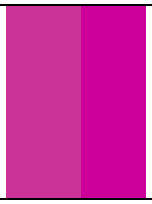
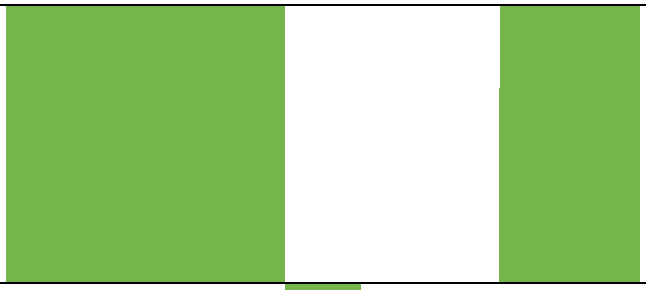
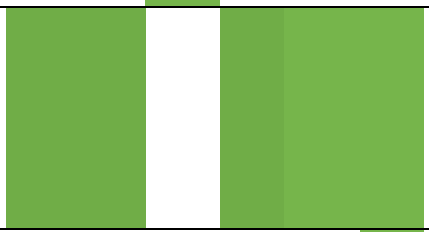
	Feeling of loss		30
	Losing the eldest child		20
	Losing youngest child		10
	Physical connection with the dead body		20
Marital relationship			
Disturbing relationship before loss	Disturb marital relationship before child loss		10
	Disturb marital relationship post child loss		40
Supportive relationship	Care for spouse / caring relationship after loss / supportive husband / supportive wife		50
Coping			
Constructive coping	Catharsis		20
	Continuing the bond with the deceased child (a		40

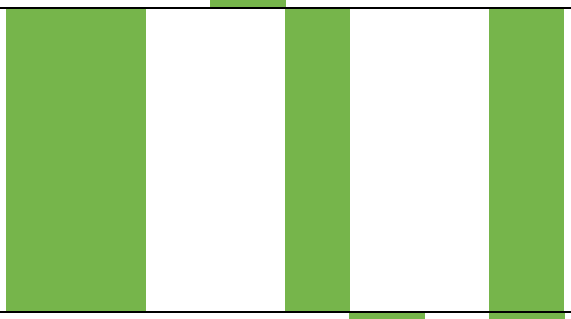
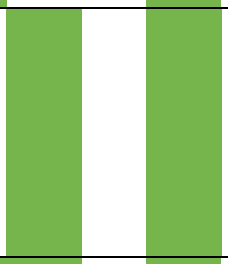
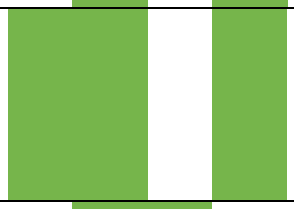
	symbolic representation)	
	Continuing the bond with the deceased child (linking objects)	20
	Lifestyle changes	10
	Positive engagement in life	20
	Recreational activity	10
	Seeking control over grief / Acceptance of reality	30
	Seeking help/support	20
	Sense of responsibility	10
	Silence	10
	Social media	10
	Struggling *(A gradual sign of acceptance)*	50

	The importance of occupying oneself		10
	Time as a healer		40
Religion and spirituality	Faith and spiritual belief		90
Ineffective coping	Difficulty coping		10
	Distressed		10
	Unhelpful coping		30
Defense mechanism	Acceptance		10
	Avoidance		40
	Blaming		20
	Denial		40
	Distraction		60
	Rationalization		50
	Reaction formation		10
Regret			
Despondency	Guilt		10
	Personalization / Responsible for death / self-blame		50
	Regret		70
Social relationships			

Perceived psychosocial support during the times of grief	The significance of contact with other family members / familial support / staying connected / emotional support	100
	Care group	10
	Social support	20
	Support from work	10
Lack of social support	Barriers to assessing support	20
	Complains towards society	40
	Feeling a lack of emotional support from immediate family members	40
Socio-cultural and Religious Influences		
Cultural impact and practices	Cultural influences regarding the death	30
	Cultural influences regarding gender	10
	Cultural myth	20
	Cultural pressure of losing a male child	10

Societal influences	Pressure from family and neighborhood	20
	Socio-cultural pressure / societal pressure	50
	Suicide of child and stigmatization	20
	Superstitions *(following dead person and pregnant women)*	10
	The cultural influence of money on death incidence/events	10
Spiritual beliefs	Impact of evil eye / Jealousy	30
Dreams		
	Dream as a coping tool	40
Dream content	Disturb dreams *(feeling distressed after dreams)*	50
	Dreaming of deceased being ill	40

Visitation dreams	Pleasant dreams / Reassuring dreams		30
	Predictive / Precognitive dreams		10
	Traumatic dream due to distressing emotions		20
Dreaming and culture	Dream relevance to cultural ideas		10
	Strengthened belief in dreams		10
Dreaming and religion	Religious belief		20
PTG			
Spiritual development	Readjust spiritual beliefs to encompass trauma *(Acceptance through fate)*		60
	Strength from God *(Faith)*		10
Process of meaning-making	Acceptance of changed world *(working through grief experience)*		50
	Finding purpose and inviting growth		10

	Living with grief		10
Personal strength	Facing fear *(Moving forward with strength gained from prior adversity)*		40
Realistic optimism	Optimistic and celebrating life *(Renewed appreciation)*		20
	Positive transformation *(feeling hopeful)*		30
	Recognition of strengths / resources / possibilities		20

After the whole phase was accomplished, ten super-ordinate themes, along with 29 sub-themes, emerged. Following the preliminary series of analyses and discussion with the supervisor, quite a few modifications were done to the names of the super-ordinate themes, the sub-ordinate and emergent themes, and how they were clustered. This procedure was reiterated several times before the final clustering of themes that best reflected the experience of the participants was determined. This resulted in a final compilation of ten super-ordinate themes, namely – lived grief experiences (before and after loss), personal characteristics, loss, marital relationship, coping, regret, social relationships, socio-cultural and religious influences, dreams, and PTG. These ten super-

ordinate themes encompassed several sub-themes. The final master table of super-ordinate themes can be seen in Table 4.

Annexure A6

LIST OF ABBREVIATIONS

Sr. No	Abbreviations
1.	DSM-IV-TR = Diagnostic and Statistical Manual of Mental Disorders
2.	DSM-5 = Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5)
3.	ICD-11 = International Classification of Diseases and Related Health Problems, 11th Revision
4.	SIDS = Sudden Infant Death Syndrome
5.	TMSB = Tripartite Model of Suicide Bereavement
6.	DPM = Dual-Process Model
7.	PTG = Post-Traumatic Growth
8.	APA = American Psychological Association
10.	IPA = Interpretative Phenomenological Analysis
11.	IPR = Interview Protocol Refinement Framework
12.	BASAR = Board of Advanced Studies and Research