

RESEARCH ARTICLE

More than Grief and Resilience: The Posttraumatic Growth of Grieving Parents by Suicide in Bataan, Philippines

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Abstract

The death by suicide of a family member causes adverse disruption to the surviving family. However, a positive transformation following the loss of a loved one by suicide is possible. The present study seeks to describe and elaborate on the essence of a parent's experience in its attempt to overcome grieving and other adverse effects of a loss. Using a descriptive phenomenology design, the researchers conducted face-to-face and virtual semi-structured interviews with nine participants from the province of Bataan, Philippines. The participants are grieving parents who lost their child by suicide from the years 2018 to 2020. The findings revealed 7R of posttraumatic growth (PTG) or themes, namely: relationship with a higher being, reconstruction of parenting style, refined family relations, regard for others, redefined orientation of life, rediscovery of the self, and processing the loss of a child. Furthermore, each theme generated subthemes that elaborated and described a parent's firsthand grieving experience on PTG more in-depth, which can be a basis in making intervention programs and organizing support groups. It can also assist clinicians in knowing the factors that foster and elevate posttraumatic growth in grieving parents by suicide. This study will add to the knowledge of psychotraumatology, thanatology, and suicidology in the Philippines. Finally, further research into the themes of parenting style reconstruction and reprocessing child loss is highly recommended.

KEYWORDS:

descriptive phenomenology, grieving parents, posttraumatic growth, suicide, suicide survivors

1 | INTRODUCTION

Traumatic events are an unavoidable part of life. It cannot be disputed that traumatic events are both painful and life changing. They may, nevertheless, serve as a stimulus for individual growth. Trauma can be a silver lining that may lead to good transformation (Akhtar, 2017).

Posttraumatic Growth (PTG) is the term for the survivor's positive mental accommodation following a highly stressful situation or traumatic experience (Tedeschi and Calhoun, 2004). It is frequently observed in five broad domains: appreciation of life; relating to others; personal strength; new possibilities; and spiritual growth. Additionally, this construct has been shown to alter one's outlook on life, increase one's resilience to stress, and foster the development of prosocial feelings and behaviors such as compassion, non-judgmentalness, and hope (Jordan, 2020).

The suicide of a loved one is a traumatic event and one of the most damaging occurrences in life. It is also a leading cause of death internationally, affecting both first-world countries and all regions. Suicide is one of the leading causes of death, accounting for 700,000 deaths every year (World Health Organization, 2021). Additionally, it occurs across the lifespan, from childhood to old age, and is more prevalent in late adulthood. Suicide risk factors include having a mental condition and being in a severely stressful circumstance such as financial difficulties, chronic illness, relationship breakdowns, natural catastrophes, violence, or loss (World Health Organization, 2021).

It is a significant public health issue in society that can have long-term negative consequences for the families of the deceased or what are referred to as "suicide survivors" (Center for Disease Control and Prevention, 2019). Suicide is a type of traumatic loss, as Henry (2017) defines it as losses caused by an unexpected death, such as homicide or a motor vehicle accident. Direct exposure to the traumatic loss of a loved one or witnessing the dying state up close can result in survivor related trauma symptoms (Kristensen et al., 2012). Even if the survivor was not present at the time of the suicide, mental imagery about the death scene and dying process can trigger trauma symptoms (Jordan, 2020). The intense reliving of the event, avoidance of triggering reminders of the death, and physiological hyperarousal are all symptoms of trauma (Kaltman and Bonanno, 2003; Bonanno et al., 2007; Neria et al., 2007 cited by Jordan, 2020). Additionally, it may result in a number of negative consequences, including increased levels of grief (Krosch Finch, 2017), anxiety, depression, guilt, hopelessness, numbness, and anger (Lee et al., 2017). The mourning process for losing a loved one to suicide is more difficult than for other types of losses (Manthorpe, 2012; Peters et al., 2016 as cited by Lee et al., 2017). It could be attributed to the deceased's perceived intentionality, which results in guilt, rage, and a plethora of existential questions (Jordan, 2020).

The paper intends to start addressing the gaps in PTG scientific knowledge in the context of child suicide in the Philippines. The researchers opted to concentrate only on parents since they are directly affected by profound grief after the death of their child (Rafael, 2006). This is because the parents will have to deal with not just loss, but also the concurrent occurrence of trauma and grief (Rafael, 2006). More significantly, since having a child provides them with purpose and joy, parents' love for their children is unconditional. Losing a child is so terrible that it may raise the grieving parent's chances of mental illness and death (Li et al. 2003, 2005; Rostila et al. 2012 as cited by Moor Graaf, 2016). The body of studies on the consequences of a child's suicide on parents' well-being implies negative effects (Jordan 2020; Mitchell et al., 2009), but has failed to discover the personal transformation after battling with the adverse effects of the traumatic loss (Lee et al., 2007). More studies should focus more on a thorough picture of the issue of suicide loss and its influence on grieving parents. Concentrating research exclusively on the negative consequences of traumatic loss provides a partial or incomplete picture. That is why it is necessary to look at the big picture by examining individuals' intrinsic motivation to positively reprocess traumatic events (Linley and Joseph, 2005). PTG is worth studying because it reveals the other side of survivors' experiences. It emphasizes the survivor's strength in the face of such traumatic loss. However, it is not a universal experience shared by all trauma or suicide survivors. The purpose of this study is to develop a lens that vividly describes the essence of the parents' construct through qualitative inquiry. Subsequently, quantitative methodologies such as scales or questionnaires are incapable of collecting all of the critical details and descriptions of PTG among parents. This is where phenomenology's advantage as a qualitative design comes into play. This design delves into the essence of a particular layer of human experience in order to comprehend the survivors. It seeks to answer the central question: "How do parents view and experience positive changes after the suicide of their child?"

The study's results provide insights to other grieving parents in nurturing their PTG, so as to assist mental health professional providers in developing interventions to facilitate PTG among suicide survivors. Lastly, this study will add to the knowledge of psychotraumatology (study of psychotrauma), thanatology (study of death), positive psychology (which emphasizes the positive influences in a person's life) and suicidology (study of suicide) in the Philippines.

2 | METHOD

2.1 | Study Design

The Descriptive Phenomenological Design allows the researcher to preserve the participants' "voice" without abstracting their perspective through analysis (Giorgi Giorgi, 2003 as cited by Meyers, 2019). The researchers were able to account for the participants' comprehensive understanding of PTG lived experiences.

2.2 | Participants

The researchers gathered as much data as possible from individuals who met the study's criteria. In the province of Bataan, nine participants qualified. Participants had to be between the ages of 30 and 60 and have lost a child to suicide between 2018 and 2020; the child's age had to be between 5 and 30 years old. Additionally, inclusion criteria must include at least a mean of 2.50 on the Post-traumatic Growth Inventory (PTGI) and a mean of 3.50 on the Texas Revised Inventory of Grief (TRIG). Meanwhile, parents on psychotropic medications and those undergoing psychological services such as psychotherapy and counseling were excluded. The participants' information is detailed in Table 1.

TABLE 1 Demographic Information of Participants

Participant code	Age	Relationship to the child	Suicide Method	Age of the child upon death	Gender of the Child	Months since the child passed away
Parent A	50	Mother	Hanging	21	Male	24
Parent B	51	Father	Hanging	21	Male	24
Parent C	59	Mother	Hanging	17	Male	19
Parent D	58	Father	Hanging	17	Male	19
Parent E	48	Mother	Hanging	20	Female	20
Parent F	45	Father	Hanging	23	Male	22
Parent G	43	Mother	Hanging	22	Male	15
Parent H	41	Father	Hanging	22	Male	15
Parent I	42	Mother	Hanging	17	Male	1

2.3 | Instrumentation

The first instrument used to determine the characteristics of the participants is referred to as the robotfoto. It is divided into two sections. The first section incorporated information about the selections' age, income, educational background, religion, civil status, and gender. Meanwhile, the second section contains inquiries about their child's death.

Certain levels of grief and posttraumatic growth were part of the inclusion criteria. Hence, two psychological tests were utilized as screening tools. The PTGI (Tedeschi and Calhoun, 1996) was used to assess parents' PTG. It contains 21 items ranging from 0 (not at all) to 5 on a 6-point Likert scale (very great change). It has a reliability of 0.71 according to the study of Yilmaz and Zarah (2017) and 0.93 in the study of Kroscha and Shakespeare-Finch (2017). Faschingbauer (1987) published TRIG. It measured the level of grief of the parents. It is divided into two scales: the present and the past. The internal consistency of TRIG is 0.86 among grieving parents (Martineková and Klatt, 2017).

Semi-structured interviews elicited the essence of the parents' experiences with the traumatic loss of a child to suicide. The following key questions were asked during the interview:

What changes did you notice after your child died unexpectedly? "What positive changes have you noticed since the loss?"

"How have these positive changes aided your grieving process?" "What insights or lessons did you gain following the loss?"

2.4 | Procedure

The researchers used snowball sampling with the assistance of the Local Government Unit of Bataan. Following that, qualified candidates were provided with informed consent forms and, once approved, interviews were scheduled according to their most convenient time and location for the interview. The researchers conducted the interviews over a four-month period in the final quarter of 2020 and the first quarter of 2021. The interviews took place in private, al fresco areas, such as the selections' terraces,

farms, or other locations of their choice. During the face-to-face interview, the researchers adhered to the minimum public health standards set by the national government. Additionally, two candidates preferred virtual interviews via Messenger for safety reasons. All in-depth interviews lasted between 60 and 90 minutes. The interview protocol included questions to elicit the essence of their experiences. The parents' exact verbalizations were recorded using an electronic voice recording device. Additionally, the traditional "note and pen" method of jotting down significant observations and responses was observed.

2.5 | Ethics

Primarily, the study was approved by the University of Sto. Tomas-Graduate School's Ethic Review Committee. Prior to their participation in the study, informed consent was obtained, which they have a copy of. The informed consent form included a detailed explanation of all potential risks and benefits. Additionally, consent encompasses the study's nature, purpose, and intent. Additionally, the participants' rights were discussed, including their right to withdraw at any time without consequence, confidentiality, the right to know the study's outcome, and referral to a psychologist following adverse reactions. Additionally, all data collected during the study, including personal information associated with the participants' identities, was kept confidential. Following the interview, transcription, and validation, all audio recordings were deleted by comparing them to field text. Thus, privacy and confidentiality are ensured, and the selections are not harmed. Additionally, as a token of appreciation, each participant received a token.

2.6 | Data Analysis

The data analysis for the descriptive phenomenology followed Colaizzi's (1978, as cited by Sosha, 2012) seven-step procedure for phenomenological data analysis. Initially, recorded interviews of nine grieving parents were transcribed. Each transcript was re-read by the researchers several times for familiarization and to ensure that the response was clear. Then, for each transcript, we extracted the significant statements about PTG. On a separate sheet, each statement was recorded, along with its page and line number. Following that, we thoroughly reviewed the significant statements to determine their meanings. Following that, the formulated meanings were categorized, clustered into themes, and themes. Following that, the findings were incorporated into in-depth accounts of PTG. Then the findings were reduced by eliminating redundant and misinterpreted descriptions from the overall structure. Finally, for validation purposes, participants were given the research findings and asked to discuss them. To ensure understanding for all readers, the selection's verbalizations were translated from Filipino to English by an English language expert.

3 | RESULTS AND DISCUSSION

Seven main themes (7R) were extracted from the transcriptions regarding the views and experiences of PTG among the grieving after traumatic loss: relationship with a higher being, reconstruction of parenting style, refined family relations, regard for others, redefined orientation of life, rediscovery of the self, and reprocessing the loss of a child.

3.1 | Relationship with a Higher Being

Relationships with a higher being, spirituality, or religiosity are a recurring theme in PTG research (Rezaei et al. 2017; Henry, 2017; Calhoun et al., 2010; Yilmaz Zara, 2014; Bray, 2013), and it is frequently referred to in a variety of ways, including enhancing spirituality, spiritual prosperity, and so on. Additionally, it is one of Tedeschi and Calhoun's five initial domains (1996). Following the loss, the majority of parents thrive in their relationship with a higher being. He assisted them in enduring the anguish associated with severe loss and the grieving process. During their tough times, he became their lone consolation and helped them to see beyond the traumatic event's negative consequences.

3.1.1 | Understanding the Reasons

Understanding the higher being's reason is the initial subtheme that resulted in the formulation of the meaning following their loss. The parents saw it as a test, and they are confident that they will overcome it in the future. Furthermore, they were aware that there was an underlying reason for their experience (Dansart, 2016, and Lichtenthal et al., 2013). These interpretations

helped them survive the agonizing loss. Whether they are unaware of the higher being's motivation or the purpose of the test, their faith is so unwavering that they know it is ultimately for their benefit. Their grieving process is inextricably linked to their faith's grit. As one parent stated:

I always approach Him and readily accept that He has a reason, saying, "Lord, I know that you have a reason for everything, and I understand that you know everything that happens." (Parent C).

3.1.2 | Getting Strength

Parents who are grieving may find strength in their partner, children, and friends. Above all, the majority of them communicated that their strength comes entirely from a higher being. This fortitude will aid them in navigating the waves of grief and other negative consequences of their traumatic loss. They are confident that they can overcome any obstacle through faith. As expressed verbally by a parent:

Be strong in the Lord wherever you go. You ought to think of him all the time and say, "My Lord." (Parent C).

3.1.3 | Focusing on Purpose

While the pain of the loss remains with them, it does not prevent them from anchoring their lives with meaning. Their divine purpose is inextricably linked to serving the higher beings and others, which they regard as one of the most vital aspects of life (Lee, 2017). Their mission is to extol the virtues of the higher being by spreading his word and demonstrating concern for others. As some parents have stated:

If you need to deliver the words of God, then do it. Do what you should for the sake of your fellowmen. Share what you have with your neighbors. (Parent A).

3.2 | Reconstruction of Parenting Style

The second theme focuses on parenting changes that are absent from the majority of studies examining PTG in parents or suicide survivors. However, this theme was solely reinforced by Smith et al. (2011), who concluded that suicide survivors had developed a greater awareness of certain aspects of their lives. The parents who took part in the study are very likely to improve their parenting style. They attributed their child's traumatic death to poor parenting. They have since reconstructed their parenting style, as they do not wish to repeat the experience with their remaining children. They adopted a proactive and preventative stance. Notably, the parents have a constructive adaptive strategy that includes what to do after the loss (Levi-Belz et al., 2021).

3.2.1 | Admission of Parental Faults

Parenting is not an easy task for parents. The majority of them have numerous children, ranging from three to six. As a result, they perform a variety of functions, ranging from household chores to job related tasks. They concentrate more on the functions that will meet the family's needs. As a result, they neglected some of their duties as parents. They recognize that their parenting style is not perfect and that they have their share of flaws. This subtheme resulted in numerous parental modifications. As expressed verbally by one parent:

Parents are always not perfect. We also have our shortcomings. (Parent A).

3.2.2 | Effective Parental Communication

The parents recognized that simply meeting their children's daily needs and ensuring their physical health is insufficient. To begin a pleasant conversation with their children by knowing what their day is like. Nagging, cursing, and hurling painful words at them will not help, even more so if they make a mistake. They should not regard them as inferior or subordinate, but as co-equals or friends. As a result, they can facilitate proper conversation, and their children can open up freely to them during times of difficulty. As shared by a parent:

We should talk to our children. Ask what their problem is, what occurred at school or what happened to their classmate. We must at least ask a few questions that relate to where they went, like "Are you still okay there upstairs?" "What more do you need?" because we are not certain what's going on inside our children's minds. (Parent I).

3.2.3 | Fair Parental Attention

Parenting should, to the extent possible, be inclusive of all children. Attention, affection, and support should be distributed evenly. Following the traumatic incident, grieving parents became more aware of being subjected to favoritism and unequal treatment. As uttered by one of the parents:

You must be fair in loving your children. Do not give any indication that you favor one or a few of them; simply love them all equally. (Parent B).

3.2.4 | Consistent Parental Roles

Several of the deceased children were starting their own businesses, marrying, and having children. Nonetheless, the parents recognized the importance of continuing to fulfill their parental responsibilities. Regardless of their age or status, it is critical to continue to listen to, communicate with, and bond with them. Thus, they can continue to share their struggles and difficulties. As one parent mentioned:

You must not forsake your child, even if they are married, or even if they are still strong. Also, don't let them be influenced by others. (Parent G).

3.3 | Refined Family Relations

Relationships can help us understand the significance of our lives (Niemiec and McGrath 2019), which relates to the third theme. The family system is thrown into disarray following the suicide of one member. However, in the context of the time, it resulted in more refined family relations. It emphasizes the importance of improving family relationships in terms of perceived closeness and quality time spent together. The majority of parents agree that a significant change in their family relationships is beneficial. Their family relationship becomes more warm and intimate, which is consistent with the Lee et al. (2017) study. This theme generated five sub-themes.

3.3.1 | Stronger Bond

After the loss, the enhanced relationship with the partner and the remaining children was reported. Primarily, their marriage was put to the test during and after the trauma. They clung to each other instead of filing for legal separation. Henry (2017) found that parents with partners reported more social support and cohesiveness. They rely on one another, offer support, and provide comfort to one another (Levi-Belz, 2019). Likewise, most parents said their remaining children were closer to them. They could enjoy the simple things they couldn't do previously. This is when they actually value and appreciate their children. A new reality sets in: their departed child will not return, and the other children look up to them (Dansart, 2016). Focusing on the loss will not help them move forward. As stated by a parent:

We are much closer now. That was the time that we felt that we truly needed each other. We are obligated to share, for better or worse, our joys and sorrows as a couple. Whenever we have a problem, we talk more, we laugh and fiddle with our grandchildren. As for my kids, we are okay now. We are still together and talk about things that we were not able to do before. Now, we bond more often, treating them as my buddies. I realized then that befriending my children allowed them to open their hearts to me. (Parent B).

3.3.2 | Striving Hard for the Family

When they drew strength from their family, it motivated them to return to work and do their best (Niemiec and McGrath 2019). Rather than dwelling on their child's death, grieving parents are inspired to give their all and work tirelessly for the remaining family members. As a result, parents' motivation to provide a good life for their children increases. And they will continue to

do so as long as they are capable of overcoming any obstacles that arise. Indeed, their relationship with their family plays a significant role in fostering their PTG (Duan et al., 2015). As one parent has said:

I am focused on my family, and do my very best to make a living. I show them every day what I need to provide for them, such as being complete when eating and loving them unconditionally. (Parent B).

3.3.3 | Reconciliation with the Family

A clear example of family disruption following a loss is miscommunication among family members, including the parents' siblings or extended family. As a result, it generated negative emotions, hurtful words, and exacerbated the pain associated with the loss. However, with the passage of time, it results in reconciliation, compelled by mutual love and concern. Reconciliation with other family members heightens the awareness that family is truly there to support you until the end.

Back in the day, I was a bit distrustful. But after what happened, I realized how they loved me. I saw their support. Even if there was an issue that they neglected my child, that they did not look after him, now I realized that I thought of them wrongly. They did not abandon, leave nor forsake my son. Right now, we are okay in the family. (Parent E)

3.4 | Regards for Others

This theme emphasized the grieving parents' interpersonal relationships outside of their immediate family. Following the loss, they expressed gratitude for others' sympathies, which resulted in sharing insights with neighbors, friends, and friends of their deceased child. The majority of parents reported having regard for others. They maintain effective relationships with others both during and after the loss (Moore et al., 2015) and discover a new purpose that may benefit them. In general, this theme focuses on the value of others during the grieving process of parents and how they can give back to them through the partition of insights. This relates to the concept of "commitment pattern" coined by Dansart (2016). The survivors are reclaiming their lives by dedicating themselves to a cause that promotes suicide prevention. On the contrary, it refutes Peters et al. (2016) research that suggests suicide survivors feel compelled to remain silent about their loved ones' deaths due to stigma and a sense of being a burden to others' discomfort. Sympathy appreciation and insight partition are two subthemes.

3.4.1 | Sympathy Appreciation

The parents receive outpourings of sympathy from their deceased child's friends, neighbors, and even their own friends during the wake and funeral. Their compassion was greatly appreciated and helped them cope, especially in light of the fact that their child was adored by so many. This relates to Dansart's (2013) memory building, which depicts parents coping with the legacy of a child's suicide by preserving the deceased child's reputation. The grieving parents' gratitude for others' sympathies, combined with a positive memory of their deceased child, brought them comfort. As claimed by one of the parents:

During the last night of wake of my son, I witnessed how people loved us. A typhoon struck our place and yet, many came to mourn and offer their condolences. Acquaintances, my son's pals, even those that we do not know but they know us were there to comfort us. The whole of Bagac told us how good was my son. (Parent A)

3.4.2 | Insight Partition

The parents' newly discovered purpose is to share their insights with others in order to prevent them from experiencing pain due to suicide. Typically, the insights were shared with parents during a routine conversation. The parents agreed that proper parenting styles, which include listening to them, treating them as friends, and facilitating healthy conversation, are necessary. Additionally, other insights were shared with the friends of their deceased child: their parents truly love them, they will not be forgotten, and they should avoid suicide. As some bereaved parents have stated:

It is quite different, really that is why I told other youth in our area because my son had also friends there. I tell them, "Don't resent your parents if you are being reprimanded; they just love you that's why." I constantly tell this to all the youth in our place. They may opt to forget their parents, but parents will not forget their children. (Parent A)

To all the parents out there, whether their children are rebellious or not, guide and love them, equally love all your children. Because they are your children, no matter what, and you will regret it once they are gone. (Parent C)

3.5 | Redefined Orientation of Life

These are life orientations that were taken for granted prior to the loss but not in the present. Redefining the orientation of life is the fifth theme that tackles the conversion of seemingly mundane things into appreciation and value. The parents learned that life is precious and worthy of being lived to its fullest. Meanwhile, it has two sub-themes: expressing love and seizing life.

3.5.1 | Expressing Love

Clearly, the parents adored their loved ones. It is the primary factor that motivates them to work tirelessly. However, communicating their love language is a different matter, and they admit that they are incapable of doing so. They now recognize that it should be expressed verbally and non-verbally. As one of the parents put it:

Cherish the person while they are still with us. Let them feel your love and tell them that you love them. (Parent E)

3.5.2 | Seizing Life

Their deceased child's suicide served as a catalyst for learning to make the most of life (Dansart, 2016). The recognition that life is extremely fragile and brief was deeply internalized. It is not death, but life itself that compels them to seize life (Moore et al., 2015). They desired to be healthy, to prioritize their family over money and work, and to pursue their passions (Smith et al., 2011). To appreciate life while one still has it has become a mantra for the majority of parents. As one of the parents described it:

I only have a few years to stay in this world, so why shouldn't I enjoy it with my family. As long as we are living, let us enjoy our lives. If you want to go to the beach, then go for it. Let us enjoy life while living. It is forbidden to get sick. You also need to protect yourself because it will only happen once. Not two or three more times. You only live once, so it needs to be appreciated. (Parent A)

3.6 | Rediscovery of the Self

In the months following the loss, a shattered sense of self reverberated throughout the parents' lives. Their personalities were significantly altered. However, parents are gradually rediscovering themselves by engaging in activities that are reassuring to them, strengthening them, and increasing their awareness of their own capabilities.

3.6.1 | Establishing Activities

Following the traumatic loss, the parents seek distractions that will allow them to temporarily forget about their pain. As a result, various activities were established. These activities are both feasible and therapeutic in their own right. The majority of parents live in rural areas that are densely forested with trees, rivers, and trees. Their activities are inextricably linked to their geographical location. Rather than rebuilding their lives in the aftermath of their child's suicide, they are actively moving forward (Dansart, 2016) through proactive activities. As parents have stated:

To cheer me up, I plant and trim grass. I go to the woods, or I would go to the farm to enjoy myself. (Parent H)

I'm trying to have myself, early in the morning; I'm starting to ride the tricycle. (Parent F)

3.6.2 | Focus on Personal Strength

Some parents also emphasize the importance of developing personal strength. Though they gain strength from others, they believe that strength should be directed toward themselves as well. At the end of the day, they have only themselves to contend with. Utilizing their personal strengths will aid them in navigating the life challenges brought about by their child's death.

(McGrath and Niemiec 2019). As mentioned by a parent:

Be brave and strong within yourself, for only you can help yourself and people around you are just there to support you. (Parent E)

3.6.3 | Self Discovery

Some parents realize how strong they are, which has never been known before. They said that the first year was the most challenging, and they felt that they couldn't overcome it. However, the majority passed the year of grieving and agreed that the situation right now is much better than it was in the first few months. This is in line with the study by Smith et al. (2011), in which parents were considered to have a greater awareness of who they were or self-discoveries after a traumatic event. One of the parents has stated:

I've always thought that I was weak, but I am strong. That's what I proved to myself. I am strong, and I am brave. Because I don't admit defeat. (Parent E)

3.7 | Reprocessing the Loss of the Deceased Child

Instead of focusing on irrational beliefs such as "this is my fault" and "my life will never get better," they focus on the loss's rational thought and optimistic view. It is true and is perceived by the parents as the reality of not having their beloved child. However, some of them can use cognitive coping mechanisms (Michael, C., Cooper, M. 2013) in spite of the loss that leads to acceptance and gratitude. Respecting decisions and gratitude were the two generated sub-themes that included two sub-themes with verbalizations from the parents.

3.7.1 | Respecting Decision

The majority of parents were unaware of the reason for their children's suicides. They are still eager to understand why people commit suicide at the moment. Despite this, they accepted the loss and acknowledged that their child made this choice on his or her own (Gilo, Feigelman and Levi-Belz 2020). Additionally, several of the deceased children attempted suicide multiple times prior to committing suicide successfully. As a result, some parents respected the act of suicide committed by their children. As uttered by a parent:

That, we thought that, that is what he really wanted, and we can't do anything about it. None, you can't blame him for not telling. That is what he wanted. (Parent F)

3.7.2 | Gratefulness in spite of the loss

At first, parents grieve their loss of being unable to be with their child. It's excruciatingly painful and heartbreaking. Rather than dwelling on the pain, parents reflect on the years spent with their children and express gratitude. As such, their gratitude will alleviate their child's suffering in the afterlife. Whether or not their child is still alive, their love for them endures. They will not, in essence, be forgotten. One of the parents mentioned:

Let him go. Instead of thinking, remembering, it will just make you miserable. It's like you are the one making him suffer. That is why I keep telling myself when I remember him and feel sad, "Son, thank you for being with us for twenty-two years. I hope that you are finally happy in the afterlife, we will never forget you. We love you very much. (Parent A)

The study demonstrated that all selections demonstrate PTG in similar and disparate ways. It is critical to remember that positive changes do not preclude them from experiencing the negative consequences of the traumatic loss. Another thing to consider is that the traumatic death of a child should not be viewed as a desirable event. The traumatic loss was labeled by the parents as one of the worst things that had ever happened to them. The death of a child is inevitable, but the traumatic loss should not have happened. Thus, PTG is anchored on coping positively with a traumatic loss.

3.8 | Conclusion and Recommendations

Suicide is a traumatic and overwhelming experience. Others are rarely comfortable verbalizing the beneficial effects of this type of loss. The researchers were able to obtain accurate and first-hand accounts of grieving parents' PTG in Bataan, Philippines through semi-structured interviews conducted virtually and in person by answering the central question, "How do parents view and experience positive changes after the suicide of their child?" Seven major themes with associated subthemes emerge: relationship with a higher being, reconstruction of parenting style, refined family relations, regard for others, reorientation of life, rediscovery of self, and reprocessing of the deceased's loss, which is in a way similar to the original domains of PTG by Tedeschi and Calhoun (1996). Mental health professionals should recognize this positive transformation and growth among grieving parents and utilize it in providing their services when facing the negative effects of traumatic loss.

It is significant to note the study's limitations for future researchers who want to venture into this construct. First, the method used to commit suicide by the deceased child was hanging only. Other ways of committing suicide, such as poisoning, falling, firearms, etc., should be explored as well. Furthermore, the semi-structured interview should be done face-to-face to note the participants' non-verbal cues. Also, for clarity of answers during the interview, since the internet connection is not stable from time to time (one of the limitations brought by the pandemic), PTG among suicide survivors during the pandemic should be studied, to clarify the sameness and peculiarities of their post-traumatic growth before and during the pandemic. Lastly, the sample size should be increased to gather more verbalizations that add up to findings and the possible generation of other important themes. Thus, a grounded theory design can also be employed to note the exact stages of PTG after a traumatic loss.

Additionally, it is critical to investigate two under-researched topics: reconstructing parenting styles and reprocessing the loss of a deceased child. Reconstructing parenting styles following the suicide of a child can be studied via phenomenology and grounded design. Future research in this area may yield findings that can assist parents in effectively rearing their children and preventing suicide in their homes. Likewise, research focusing on cognition or reprocessing of the loss is worthwhile research that could fill the gap in knowing what the factors or triggers that can positively accommodate the loss. More so, it can provide a foundation for intervention programs aimed at eliciting PTG via cognition.

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