2023

CAROLINA ISABEL HORTAS ESTEVES VIEIRA BATISTA

"UNDER LOCK AND KEY" — PARENTAL BEREAVEMENT AFTER LOSS OF A CHILD TO SUICIDE: A SINGLE CASE STUDY

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Dissertação apresentada à Faculdade de Ciências da Saúde da Universidade Europeia, para cumprimento dos requisitos necessários à obtenção do grau de Mestre em *Psicologia Clínica e da Saúde* realizada sob a orientação científica do *Doutor Miguel Venda Nery*, Professor Auxiliar da *Universidade Europeia* e do Doutor *Paulo Alexandre da Silva Ferrajão, Professor auxiliar da Universidade Europeia*

I dedicate this dissertation to Jorge A., who exactly 12 years ago decided to make the starry skies his home, taking pieces of my heart and soul with him in the process. I can only hope that I have made you proud.

Missing you always and forever,
wherever you may be.

"It amazes me what humans can do, even when streams are flowing down their faces, and they stagger on, coughing, and searching
and finding"

— Markus Zusak

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Ek is onvoorwaardelik joune.

palavras-chave luto; luto parental; suicídio; PSPT-C; estudo de caso; análise temática

resumo

Esta dissertação explora a experiência de luto de um pai que perdeu um filho para o suicídio. Utilizando uma metodologia de estudo de caso único e uma posterior análise temática, este estudo visa expandir e aprofundar o conhecimento científico atual sobre este tema, focando-se na experiência subjetiva e individual do participante em vez de proceder a generalizações dos resultados. Os resultados revelam sintomas consistentes com o processo de luto complicado. O participante descreve sintomas de culpa, confusão, vergonha e raiva, em particular nos primeiros cinco anos após a perda. O presente estudo explora ainda a possível sobreposição entre a Perturbação de Luto Prolongado (PLP) e a Perturbação de Stress Pós-Traumático Complexo (PSPT-C) num contexto de luto traumático. Paralelamente a isto, é ainda explorada a ausência de narrativas congruentes com uma genuína aceitação da realidade da perda, servindo-nos do modelo de Tarefas de Luto de Worden (2018) como base teórica para melhor compreensão e navegação do processo de luto. Foi ainda observado o surgimento do fenómeno de Crescimento Pós-Traumático (CPT). Em conclusão, este estudo destaca a urgente necessidade de investigação adicional sobre o tema de luto parental como consequência da perda de um filho para suicídio, providenciando insights valiosos sobre os obstáculos e lutas silenciosas dos pais enlutados. Isto contribui para o atual discurso sobre um tema emocionalmente carregado, contribuindo e desenvolvendo desta forma a nossa capacidade de oferecer o devido suporte e desenvolver atuais e futuras intervenções psicoterapêuticas para aqueles que navegam este desafiante caminho.

Keywords bereavement; parental bereavement; suicide; grief; CPTSD; case study; thematic analysis

abstract

This dissertation explores the bereavement experience of a father who have lost a child to suicide. Using a single case study methodology and a posterior thematic analysis, this research aims to expand current knowledge on this particular subject, focusing on the subjective and individual experience of the participant, rather than seeking generalizability with the results. Findings reveal symptoms consistent with complicated grief, with the participant describing feelings of remorse, confusion, shame, and anger, particularly in the initial five years following the loss. The study also explores the potential overlap between Prolonged Grief Disorder (PGD) and Complex Post-Traumatic Stress Disorder (CPTSD) in the context of traumatic grief. Additionally, the absence of narratives congruent with an acceptance of the reality of the loss are explored, using Worden's Tasks of Mourning (2018) as a theoretical Framework for understanding and navigating bereavement. It was also observed the emergence of post-traumatic growth (PTG). In conclusion, this study highlights the urgent need for additional research to expand our understanding of parental bereavement following the suicide of a child, providing valuable insights into the silent struggles of bereaved fathers. It contributes to the larger discourse on this emotionally charged phenomenon, improving our ability to offer support and therapeutic interventions to those navigating this challenging path.

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INTRODUCTION

The death of a child is widely recognized as one of the most traumatic experiences an individual can endure, causing immeasurable pain and anguish for parents (Bratt et al., 2018; Denhup, 2019; Dias et al., 2017; Toller, 2008). Parental bereavement in such circumstances is characterized as an intense and persistent process, given the profound and devastating nature of the loss (Arnold & Gemma, 2008). The complexity of parental bereavement stems from the challenging tasks parents face amidst extreme suffering, including the need to navigate new social, familial, and personal roles and identities within their changed environment (DeGroot & Carmack, 2013; Toller, 2008). The death of a child brings forth a tremendous negative impact on familial and marital dynamics, as well as in the social groups the parents belong to. In the aftermath of a loss of a child, parents must then grapple with the reevaluation and reorganization of familial and marital dynamics, all while contending with limited social support (Arnold & Gemma, 2008; Fernández-Sola et al., 2020; Hastings, 2000). Losing a child is a profoundly traumatic experience that disrupts one's identity and parents' own perception of self (Bonanno et al., 2001; Toller, 2008). A qualitative study by Gerrish and Bailey (2020) with mothers who lost a child to cancer found significant shifts in self-identity, affecting how they viewed themselves, others, and the world. This often led to profound feelings of emptiness and a need to rebuild their identity (McClowry et al., 1987; Toller, 2008).

Parental bereavement is seen as a permanent state of self-transformation (Hastings, 2000). Parents may find it challenging to return to their pre-loss selves, with the traumatic event becoming a pivotal point in their life story (Berntsen & Rubin, 2006, 2007). Research, though limited, suggests that parents bereaved by suicide face elevated risks of depression, distress, and shame compared to other causes of loss (Bolton et al., 2012; Séguin et al., 1995), with higher mortality rates reflecting their immense suffering (Denhup, 2017; Song et al., 2019). Mothers bereaved by suicide also have a higher suicide risk (Qin & Mortensen, 2003).

Suicide, as a complex phenomenon involving intentional self-inflicted death, arises from a blend of biological, psychological, social, and cultural factors (American Psychiatric Association [APA], n.d.; Joiner et al., 2005; Loa et al., 2007). Turecki et al. (2019) proposes the concept of a suicide spectrum, ranging from intentional death to parasuicidal behaviours, such as self-harm, suicidal ideation, and suicide attempts (Marques, 2013; Vilhjalmsson et al., 1998). Suicidal

behavior is linked to intense psychological distress, hopelessness, and emotional pain (Wolfe et al., 2019).

Globally, suicide ranks second amongst causes of death for those aged 15 to 29, with around 800,000 suicides annually and numerous attempts (World Health Organization [WHO], 2017). In Portugal, suicide-related deaths surpass 1,000 individuals annually (INE, 2016; DGS, 2016; WHO, 2006), though exact figures are elusive due to misclassified attempts. This profound global impact disrupts families and communities all over the world (Gabriel et al., 2021). In an attempt to better understand the intricate experiences of bereaved individuals who lost loved ones to suicide, researchers have adopted the term "suicide survivors". Suicide survivors face heightened psychological distress and self-destructive behaviors (Neimeyer, 2016), grappling with unique challenges during their bereavement process. Suicide survivors often experience feelings of guilt, shame and anger (Jordan, 2001, 2008), which can be exacerbated by stigma and trauma (Cvinar, 2005; Feigelman et al., 2009; Murphy et al., 2003).

Factors like family history, prior suicidal attempts, strained relationships (Ellenbogen & Gratton, 2001; Jordan, 2001; Cavanagh et al., 2003; Linde et al., 2017), and social support may mediate the bereavement process (Sveen & Walby, 2008; Jordan, 2001). Discovering the deceased's body post-suicide has also been found to induce trauma, therefore hindering the process of integration of grief (Jackson et al., 2014; Young et al., 2012).

Suicide, as considered a violent death, challenge our sense of a just, foreseeable and secure world, often leading to overwhelming feelings such as helplessness and a sense of constant vulnerability (Kaltman & Bonanno, 2001). Some authors propose the term "traumatic bereavement", referring to and describing the experience of losing a loved one suddenly or violently. It involves both grieving and coping with trauma and stress, often hindering the grieving process, and leading to functional issues (Raphael & Martinek, 1997). These traumatic events can result in symptoms akin to Post-Traumatic Stress Disorder (PTSD), complicating the grieving process (Kaltman & Bonanno, 2001).

Berntsen and Rubin's (2006) concept of event centrality suggests that traumatic memories and negative life events shape one's sense of self and influence how they perceive new information (Berntsen & Rubin, 2006; Teale Sapach et al., 2019). This centrality comprises three dimensions: traumatic memories become "reference points," creating a lasting sense of threat; events become "turning points," simplifying self-perceptions; and traumatic events erode a positive self-image

(Berntsen & Rubin, 2006, 2007). Event centrality results from integrating traumatic memories into one's autobiographical knowledge base (Vermeulen et al., 2019), with a strong link to increased post-traumatic stress symptoms (Barton et al., 2013; Blix et al., 2014; Groleau et al., 2013; Pacella-LaBarbara et al., 2020; Schuettler & Boals, 2011).

To better grasp the nuances of bereavement, researchers have proposed some theoretical frameworks. Worden et al.'s (2018) "Tasks of Mourning" model, underscores the active role of the bereaved individual, as well as their own individuality and subjectivity within the bereavement process. Considered part of the contemporary model approaches to bereavement, as opposed to the traditional ones (i.e., Kubler-Ross' Stages of Grief Model (1969), this model proposes the idea that, contrary to the rigid and sequential stages proposed in traditional grief approaches, a bereaved individual must accomplish the four main tasks in order to have a successful and healthy integration of the loss: (a) accepting the reality of the loss; (b) process the pain of the grief; (c) adjust to a world without the deceased (including external, internal and spiritual adjustments) and lastly, (d) find an enduring connection with the deceased amid embarking on a new life.

Attachment theory, as proposed by Bowlby (1969) and further developed by Ainsworth (1987), offers a valuable framework for understanding how individuals navigate the challenges of bereavement (Shaver & Fraley, 2008; Stroebe et al., 2005). When individuals suffer the loss of a loved one, their attachment system is activated, resulting in an array of emotional and behavioural responses that seek comfort in close relationships. In this context, bereavement evokes predictable responses including resistance, anger, yearning, despair, sorrow, isolation, and emotional withdrawal. Individuals adjust to their altered reality by maintaining a symbolic bond with the deceased, reestablishing a sense of security, and acclimating to the passage of time (Bowlby, 1980). Research found that avoidant attachment may delay grief (Mancini & Bonanno, 2012; Mikulincer & Shaver, 2007). Anxious attachment, on the other hand, may lead to more persistent thoughts and a sense of intense longing for the deceased and is related to worse bereavement outcomes, possibly including Prolonged Grief Disorder (Maccallum and Bryant, 2018).

In delving into the realm of parental grief after the death of a child by suicide, it becomes imperative to comprehensively grasp the intricacies of this unique experience. Male parents are an often overlooked and under-researched population, presenting, however, unique bereavement experiences due to the own familial and gender roles they assume. Due to this fact, research proves vital for crafting interventions that truly address the complexities of suicide bereavement. By

gaining a profound insight into the journeys of these survivors, particularly focusing on fathers who have encountered this specific type of loss, we aim to bridge existing gaps in current research. Employing a qualitative single case study approach, alongside with a thematic analysis methodology, this investigation seeks to offer a nuanced understanding of the lived experiences of fathers who have lost a child to suicide. Through an in-depth semi-structured interview conducted with a suicide loss survivor, our study seeks to address the following question: "*What are the intricate experiences that fathers undergo in the aftermath of losing a child to suicide?"*.

The present dissertation is structured into three primary sections: Background, Empirical Article, and Overall Discussion. In the initial section, we provide an overview of the current literature on the subject, establishing the theoretical framework for our study. The second section encompasses three chapters: Methods, Results, and Discussion. In this segment, we offer a brief characterization of our participants. Subsequently, we expand upon our chosen methodology, offering a comprehensive, step-by-step description of the development of our interview script and the entire extent of procedures for data collection and analysis. In the Results section, we present our primary findings, followed by a thorough discussion and analysis in alignment with the existing literature. Additionally, we present our key conclusions and acknowledge the study's limitations. The third and concluding section is the Overall Discussion, encompassing a succinct summary of the results, an exploration of potential clinical implications, and suggestions for future research.

BACKGROUND

1. Bereavement

Facing the loss of a loved one is undeniably one of the most challenging and profoundly painful experiences one can endure. Typically, a significant loss entails the detachment of something or someone of great importance or value in one's life. This can include the death of a loved one, the end of a relationship or even health-related issues. The definition of significant loss can vary between individuals based on their personal values and attachments. The emotional and behavioral responses that follow such a significant loss, whether material (e.g., death of a loved one) or symbolic (e.g., loss of a job or a divorce), are collectively known as grief, while the specific experience of confronting the death of a loved one is referred to as bereavement (Linde et al., 2017).

In this dissertation, we initially delve into the broader concept of grief, which encompasses the experience of loss in a general, broader sense. Afterwards, we narrow our focus to examine the specific experience of facing the loss of someone close. While bereavement can be considered a form of grief, these two concepts seem to be closely interconnected. In current literature, the terms 'grief' and 'bereavement' are often used interchangeably when discussing the same phenomenon, regarding the death of a loved one. To ensure clarity in this article, we will adopt the term 'bereavement'.

2. Integrated Bereavement

Since death is perpetual, so too is being bereaved. Bereavement assumes itself as a permanent state, although pertaining changes and evolving over time for most people, who are ultimately able to adapt to the loss and return to a revised, but meaningful and rewarding life without their loved ones (Simon, 2013). Even though this process is usually accompanied by intense suffering and exhaustion, in these circumstances treatment is not required. Linde et al. (2017) describes this process as integrated grief. In integrated grief, with the exception of periodic heightened periods around festive dates, anniversaries and/or other significant reminders of the loss, some longing and sadness still remain, but they are now less intense and have moved to the background. The deceased is therefore not forgotten but integrated in their lives symbolically.

3. Complicated Bereavement: formal diagnostic

When the bereavement process is for some reason halted and/or the intense emotional responses persist over six (International Classification of Diseases 11th revision [ICD-11], 2022) or 12 months (Diagnostic and Statistical Manual of Mental Disorders, 5th edition (revised) [DSM-5-TR], 2022), we may be before a diagnosis of Prolonged Grief Disorder (PGD), also known as Complicated Grief in current literature. According to the DSM-5-TR conceptualization (American Psychiatric Association [APA], 2020), PGD can be characterized by two separation distress items: (a) an intense yearning/longing for the deceased and (b) an intense preoccupation with thoughts or memories regarding the deceased person. Concurrently, PGD also involves eight core symptoms that should have been experienced to a clinically significant degree following the death (e.g., feeling as though part of oneself has died; sense of disbelief about the death; avoidance of reminders concerning the irreversibility of the loss; intense emotional pain and/or emotional numbness; difficulty moving on with life post-loss; feelings of hopelessness and loneliness).

The purpose behind the extended time criterion for the DSM-5-TR conceptualization of PGD stands in response to a public concern about diagnosing grief-related disorders "too soon" after the loss of a loved one and the possible and consequent pathologization of the normal grieving process (Prigerson et al., 2021). It also recognizes the potential for symptoms to manifest at a delayed onset, specifically at or after the 12-month mark following a loss. For these reasons, and for clarity purposes, this paper will adopt the DSM-5-TR PGD conceptualization.

According to current literature, during the first few months following the loss, bereavement can vary both in intensity and nature, depending on a combination of personal, cultural, religious and loss-related factors, such as how the person died, if it was unexpected or not or even the type of relationship the person had with the deceased (Simon, 2013).

4. Parental Bereavement

The death of a child is widely recognized as one of the most traumatic experiences an individual can endure, causing immeasurable pain and anguish for parents (Bratt et al., 2018; Denhup, 2019; Dias et al., 2017; Toller, 2008). Parental bereavement in such circumstances is characterized as an intense and enduring process, given the profound and devastating nature of the loss (Arnold & Gemma, 2008). The complexity of parental bereavement stems from the challenging tasks parents face amidst extreme suffering, including the need to navigate new social,

familial, and personal roles and identities within their changed environment (DeGroot & Carmack, 2013; Toller, 2008). A qualitative study by Fernández-Sola and colleagues (2020), focusing how the loss of a child during the perinatal period affects parents' relationships with their social networks and within the family, found that the death of a child brings forth a tremendous negative impact on familial and marital dynamics, as well as in the social groups the parents belong to. In the aftermath of a loss of a child, parents must then grapple with the reevaluation and reorganization of familial and marital dynamics, all while contending with limited social support (Arnold & Gemma, 2008; Hastings, 2000). Another qualitative study conducted by Azeez and colleagues (2022), delved into the unique bereavement experiences of 16 fathers following neonatal loss. In the interviews, four primary themes emerged: (1) overwhelming feelings of bereavement, such as overwhelming grief, sadness, sense of loss and an overall difficulty coping with the intensity of their emotions; (2) constant sense of injustice, including feelings of unfairness, frequently questioning why this tragedy had occurred to them and their families; (3) difficulties with social support, frequently feeling misunderstood and/or unsupported by their own family, friends and healthcare professionals; and, lastly, (4) isolation, often described as a sense of being left out and/or unsupported both in their personal relationships and within their own community. The conclusion that arises from this study not only underscores that the bereavement experiences of male parents are often overlooked and insufficiently researched but also highlights that the particularities of the familial role that fathers assume contribute to distinct parental bereavement processes and experiences.

4.1. Identity fragmentation

According to Bonanno and colleagues (2001), bereavement also involves an experience of identity fragmentation, being particularly significant given the central role of parenthood in one's identity (Eckholdt et al., 2018). The loss of a child not only signifies the physical absence of the child but also disrupts both parental identity and individual identity (Toller, 2008).

A qualitative study made by Gerrish and Bailey (2020), who interviewed 13 mothers who lost a child to cancer, found significant results regarding a change in the mothers' self-identity. The majority of them described alterations in how they viewed themselves (i.e., personal transformations and changes in their self-perception), how they perceived others (i.e., changes in interpersonal relationships), or in their fundamental beliefs and perception about the world. Bereaved parents also frequently describe a profound sense of emptiness, which extends beyond

the physical absence to encompass a disorganization of their own sense of identity. The feeling of emptiness often described by bereaved parents could therefore not only be in regard to a physical absence but also to their own sense of identity disorganization (McClowry et al., 1987; Toller, 2008). Consequently, bereaved parents must engage in the process of rebuilding a new identity that integrates their experience of loss (Toller, 2008). In the study by Dias et al. (2017), parents often questioned whether they could continue identifying and presenting themselves as parents in society, reflecting the identity crisis they faced. Similarly, parents commonly engage in rumination, attempting to find answers to the question of *"who am I now?*" (Gerrish & Bailey, 2018). Successful reconstruction of identity offers bereaved parents a sense of stability and predictability amid the chaos and shattered preexisting beliefs and meaning in life caused by the loss (LaMontagneRiley et al., 2007).

Parental bereavement, and the consequent identity fragmentation inherent to this specific experience, is often described as a permanent condition, a state of perpetual change in the sense of self (Hastings, 2000). Parents frequently express the impossibility of returning to their pre-loss functioning, indicating the rapid integration of the traumatic event into their identity as a turning point in their life story narrative (Berntsen & Rubin, 2006, 2007). While research specific to this population remains limited, findings suggest that parents bereaved by suicide exhibit higher rates of depression, distress, and shame compared to those who have lost a child to car accidents (Bolton et al., 2012; Séguin et al., 1995). The heightened mortality rates observed among bereaved parents serve as a somber reflection of the immense suffering experienced by this population (Denhup, 2017; Song et al., 2019). Research found that mothers who lost a child to suicide were to face a higher risk of suicide compared to mothers who had experienced different causes of bereavement (Qin & Mortensen, 2003).

5. Suicide

When considering various forms of grief experiences, one of the most emotionally intense and potentially traumatic events within the realm of bereavement is the loss due to suicide. Suicide, as a multifaceted phenomenon, is the deliberate act of self-inflicted death (APA, n.d.). It represents a complex interplay of various biological, psychological, social, and cultural factors, making it a subject of significant scholarly attention and clinicians' concern (Joiner et al., 2005; Loa et al.,

2007). Suicide continues to emerge as a prominent global public health issue, constituting the second leading cause of death among individuals aged 15 to 29 years (World Health Organization [WHO], 2017). Turecki (2019) conceptualizes the idea that suicide can be better understood in a spectrum, as opposed to a singular occasion or event, and therefore including not only the act of taking one's life intentionally, but also suicidal behaviors. These would include self-harm or non-suicidal self-injuries, suicidal ideation (both passive and active) and suicide attempts (Marques, 2013; Vilhjalmsson et al., 1998).

The worldwide prevalence of completed suicides stands at approximately 703,000 per year, accompanied by a considerably larger number of suicide attempts (WHO, 2019). In the specific context of Portugal, the annual average of suicide-related deaths exceeds 1,000 individuals (Instituto Nacional de Estatística [INE], 2016; Direção-Geral da Saúde [DGS], 2016; WHO, 2006). However, correctly estimating the exact numbers of deaths by suicide proves itself as an arduous task, since a significant number of consummated suicide attempts end up being registered/classified as accidental deaths. The current lack of comprehensive national data and research on this subject underscore the importance of delving deeper into the specific aspects of suicide in Portugal. This necessitates conducting both qualitative and quantitative research to gain a more comprehensive understanding of the phenomenon, its underlying causes, and its impact on individuals and society in the Portuguese context. By doing so, we can develop more targeted interventions and support systems to address this pressing issue effectively.

This globalized phenomenon encompasses a profoundly tragic life event, exerting a devastating impact on the families and communities affected by the suicide, disrupting their usual routines and overall well-being (Gabriel et al., 2021). Given its substantial prevalence worldwide, it is expected that a significant number of individuals have been through the experience of losing a loved one to suicide. Given the particularities of this experience, researchers felt the need to better categorize and designate the group of individuals that have been bereaved by suicide: Suicide survivors. Suicide survivors (or survivors of suicide) defined as individuals who have experienced the suicide of someone within their social network, constitute a particularly vulnerable group susceptible to psychological distress and self-destructive behaviors (Neimeyer, 2016). Individuals who have been exposed to suicide are more likely to experience both passive and active suicidal ideation and more likely to engage in suicide attempts (Crosby & Sacks, 2002). Survivors therefore

encounter unique challenges that distinguish their grieving process from individuals bereaved by other forms of death.

Alongside the common experiences of grief, sadness, and disbelief that accompany all bereavement, suicide survivors frequently grapple with profound feelings of guilt, confusion, rejection, shame, and anger (Jordan, 2001, 2008). These intense emotional responses may be compounded by the influence of stigma (Cvinar, 2005; Feigelman et al., 2009) and the impact of trauma (Murphy et al., 2003).

6. Traumatic bereavement

In order to fully comprehend the bereavement process, it is important to understand how bereavement and trauma intertwine, especially when the loss comes from a violent death (e.g., homicide and/or suicide). The occurrence of a sudden, unexpected, and/or violent death could fundamentally challenge our preexisting notions of the world as a just, foreseeable, and secure place. Consequently, our sense of safety is shattered, giving way to sentiments of helplessness, vulnerability, and a loss of agency. Research has identified a connection between violent deaths and the emergence of symptoms associated with Post-Traumatic Stress Disorder (PTSD), which can further complicate the bereavement process for affected individuals (Bonanno & Kaltman, 2001). These traumatic events prove too overpowering and intense to allow for a healthy adaptation to the loss of a cherished individual, exceeding the bereaved person's capacity to effectively cope with the loss and depleting their available resources (Gabriel et al., 2021; Janoff-Bulman, 1992; Niemeyer, 2001). This will involve enduring a variety of emotional and psychological responses, including disbelief, anhedonia, and distress, which will have a significant impact on the individual's day-to-day functioning.

Furthermore, there is usually a heightened manifestation of anger and guilt. The presence of reminders related to the traumatic event becomes unbearable, eliciting unpredictable emotional reactions and pronounced physiological reactivity. Intrusive images and stimuli that serve as cues to the loss persistently and inevitably intrude upon the individual's consciousness. Difficulties in concentration, disturbances in eating and sleep patterns (such as nightmares, night terrors, and insomnia), are frequently observed. The afflicted person perceives life as devoid of meaning and purpose, experiencing significant impairments in their overall functionality (Gabriel et al., 2021; Jacobs et al., 2000).

Traumatic symptoms can be categorized into two groups: (a) *separation distress*, involving worrying about, yearning, and a disruptive search for the lost person, and (b) *traumatic distress*, characterized by emotional detachment, numbness, bitterness, lack of trust, and identification symptoms (Neria & Litz, 2004). Traumatic bereavement revolves around the challenges of dealing with both the separation distress caused by losing an attachment figure and the traumatic distress of adjusting to life without that figure (Prigerson et al., 1999). Consequently, individuals with traumatic bereavement exhibit intense, debilitating grief symptoms (e.g., yearning, loneliness) as well as symptoms associated with post-traumatic stress disorder (e.g., intrusive and distressing experiences related to the loss) (Prigerson & Jacobs, 2001; Prigerson et al., 1999).

Some scholars advocate the use of the term "traumatic bereavement" to describe the unique experience of losing a significant other through sudden, violent, or accidental circumstances (Raphael & Martinek, 1997; Stroebe et al., 2001). Survivors of traumatic bereavement not only face the loss and grieving process but must also cope with the trauma and resulting stress. The presence of post-traumatic stress as a consequence of a traumatic loss can impede the grieving process, leading to functional impairments following the loss. Existing data indicate that the mental health outcomes associated with traumatic bereavement follow a protracted and more adverse course, encompassing both post-traumatic stress and grief phenomena (Raphael & Martinek, 1997).

6.1. Event centrality

Berntsen and Rubin's (2006) concept of event centrality contends that memories of traumas and highly negative life events serve as pivotal reference points. These reference points organize less significant life experiences and shape an individual's sense of self, influencing how new information and events are interpreted and expectations for the future are generated (Berntsen & Rubin, 2006; Teale Sapach et al., 2018). Due to their profound emotional impact and lasting influence, these events become fundamental to an individual's self-concept (Berntsen & Rubin, 2006, 2007).

The authors describe three interconnected dimensions that contribute to the centrality of an event. Initially, traumatic memories become “reference points” within an individual's autobiographical memory. This establishment results in a persistent sense of threat, in which current experiences that share peripheral sensory details trigger recollections of the trauma. Second, certain events or a series of events become "turning points" in a person's life story, resulting in

simplified self-perceptions. Last but not least, traumatic events play a central role in personal identity by eroding a previously positive self-image (Berntsen & Rubin, 2006, 2007).

Event centrality results from the extensive integration of traumatic memories into an individual's autobiographical knowledge base (Vermeulen et al., 2019). It has been argued that the severity of post-traumatic stress symptoms increases when a traumatic memory becomes central to a person's life narrative and identity (Robinaugh & McNally, 2011). The relationship between event centrality, as measured by Centrality of Events Scale (CES; Berntsen & Rubin, 2006) scores, and post-trauma outcomes is strongly supported by empirical evidence. Multiple studies have found a positive correlation between event centrality and post-traumatic stress symptoms in diverse samples of trauma survivors (Barton et al., 2013; Blix et al., 2015; Groleau et al., 2013; Pacella-LaBarbara et al., 2020; Schuettler & Boals, 2011).

Individuals who have experienced the loss of a loved one to suicide can therefore exhibit distinct aspects of grief that contribute to the heightened complexity of the bereavement process (Sveen & Walby, 2008; Tal Young et al., 2012). In the past decades authors have tried to conceptualize the bereavement process, proposing different models and approaches in order to facilitate comprehension and consequently guiding clinical intervention in this specific population. Contemporary approaches to bereavement have started to gain some well-deserved attention from researchers and clinicians, who now realize some possible limitations to the more traditional models, such as the Kübler-Ross model (Kübler-Ross, 1969). This model outlines five distinct stages that individuals commonly experience when confronted with a terminal illness or impending death (Kübler-Ross & Kessler, 2005).

6.2. Stages of Grief

The first stage is denial, which involves a conscious or subconscious refusal to accept the reality of the situation, serving as a protective mechanism to shield individuals from overwhelming emotions and distressing thoughts. As the initial shock wears off, individuals may transition into the second stage of anger. During this stage, individuals may experience feelings of resentment, unfairness, and frustration, directing their anger towards themselves, others, or even a higher power. This emotional response is a natural reaction to the perceived injustice of the situation (Kübler-Ross & Kessler, 2005). Subsequently, the third stage of bargaining emerges, where individuals attempt to negotiate or seek a way to postpone or alleviate the impending loss. This stage is marked by a desire to regain control and find a solution, often involving pleas, promises,

or appeals to a higher authority. However, as the reality of the situation becomes increasingly evident, individuals may enter the fourth stage, which is depression. This stage is characterized by a profound sense of sadness, helplessness, and a withdrawal from social interactions. It encompasses a period of mourning and contemplation, as individuals grapple with the impending loss and confront their deepest emotions. Finally, the fifth stage is acceptance, where individuals come to terms with the reality of the situation and find a sense of peace (Kübler-Ross & Kessler, 2005).

Although this model is widely recognized as one of the most prominent approaches to mourning and bereavement, both within and beyond the scientific community, it has faced criticism due to its inherent limitations. The stages of grief model positions the individual in a predominantly passive role within their own bereavement process, as it imposes a rather inflexible structure through its stages. Traditional models advocate for a complete severance of the individual's connection with the deceased, whereas contemporary literature underscores the importance of maintaining an ongoing bond and symbolic relationship with the departed. Recognizing the constraints of traditional models, contemporary alternatives have emerged, highlighting the active role of the bereaved in their journey of adapting to loss (Gabriel et al., 2021).

6.3. Tasks of Grief

In light of the presented limitations and criticisms regarding traditional grief conceptualizations, Worden et al. (2018) proposes a "Tasks of Mourning" model approach to grief. In contrast to traditional model approaches, the author highlighs the active role the bereaved individual should play in their own bereavement process, emphasizing the bereaved's own individuality and subjectivity.

According to the author, the first task is to accept the reality of the loss. This involves accepting that the deceased is in fact dead and coming to terms about the irreversibility of the loss. When this task is not accomplished, the bereaved individual may struggle with some type of denial surrounding the loss (e.g., meaning and/or facts of the loss) and its irreversibility. It is not unusual for individuals who are stuck at this task to resort to denial behaviors, such as mummification or, the opposite, removing all reminders of the deceased in an attempt to erase his/her existence, as a way of denying and/or minimizing the pain.

The second task is to process the pain of the grief. This involves allowing oneself to fully feel the pain of the loss, both physically and/or emotionally (e.g., sadness, anger, anxiety, guilt,

depression and/or loneliness). Failure to acknowledge and/or process this pain may lead to physical symptoms manifestations (i.e., somatic manifestations). Some studies also observed different pain experiences and/or reactions according to the bereaved individuals' attachment style (e.g., Bonanno et al., 2004). Completion of this task, however, may be hindered by a subtle societal interplay. The discomfort around the bereaved individuals' feelings could potentiate their own avoidance around the pain of the loss or the denial of their need to grieve (i.e., saying, even if in an attempt to be helpful, "you shouldn't feel this way" or "life goes on"). When this task is not achieved, it results in *not feeling.* This can be expressed as minimizing and repressing the pain and/or avoidance behaviors and mechanisms (e.g., drinking, doing drugs, idealization of the deceased and/or avoidance of painful stimuli). Although these ensure the individual does not acknowledge the pain of the loss, they are usually fragile and short-lived.

The third task is to adjust to a world without the deceased. This will involve three main different areas of adjustments: (a) external; (b) internal; and (c) spiritual adjustments. The external adjustments focus on the impact of the death in the bereaved individuals' everyday life. Typically, the survivor/bereaved is unaware of all the deceased's roles until some time after the loss. Depending on the impact of the relationship and the role the deceased had in their life, this adjustment will arrive with different challenges to each individual (e.g., adoption of new social and familial roles).

The internal adjustments refer to the impact the loss had on the bereaved individuals' own sense of self. This will not only involve the adoption of the new identity roles (e.g., widower) but also the impact the death has on the individuals' own definition of self-esteem, sense of self-efficacy and their effect on their own self-definition.

Lastly, the spiritual adjustments concern the impact of the loss on the bereaved individuals' values, beliefs and sense of world. The death of someone we love can potentially challenge the entire foundation of our own world's perception, namely the perception of the world as a benevolent place, a world that makes sense and the own individuals' self-worth (Janoff-Bulman, 1992; Neimeyer, 2000; 2001). In order to regain some control and make sense of a now-challenged sense of the world, the bereaved individual will need to confront him/herself with the need to make the necessary readjustments to their own beliefs and searching for a meaning in the loss. Not being able to complete this task will result in failure to adapt to the loss, usually by the bereaved individuals' fostering their own powerlessness and not being able to develop the necessary coping

abilities and/or withdrawing from the outside world and, consequently, failing to meet their own environmental demands.

Finally, the fourth and final task is to find an enduring connection with the deceased in the midst of embarking on a new life (Field et al., 2003). Assuming itself as probably one of the most challenging tasks, it involves the compromise of simultaneously maintaining an emotional connection with the deceased, while also creating the necessary emotional space for the individual to go on with their lives. In a way, this will require a reconfiguration of the prior physical and external connection, to a now purely symbolic, internal and emotional one.

Holding on to the past attachment in a way that could prevent them from forming new ones may hinder the completion of this task. Failure to complete this task will result in stopping one's life: the bereaved individual will simply put a halt to living, not being able to move on from the loss and the pain that comes with it.

Some researchers have used Worden's tasks of mourning model as a theoretical framework for some studies. A study by Fast (2003) attempted to better understand the mourning process of individuals' who experienced multiple sudden deaths. In this case study, the author tried to comprehend how people responded to the Columbine killings "*nationally, as a community, and as individuals and family members"* (p. 484). He concluded that most bereavement processes can be better understood if analyzed and interpreted within Worden's Task of Grief model approach. Another case study, by Pacaol (2021), focused on the bereavement experience of a senior high school student who had lost both his parents during his childhood years. This study used thematic analysis to determine whether the application of Worden's Tasks of Grief would be a correct tool to map out the participants' bereavement process from childhood to adolescence, also concluded that Worden's model is a helpful tool in helping clinicians and their clients navigate throughout the mourning process, also highlighting the importance of the active role of the bereaved and the interconnectedness of the tasks that this model allows for.

There is, nevertheless, no single path or stage progression for responses to this type of loss. Instead, there is a wide range of experiences and longitudinal trajectories that might contain oscillations between different psychological and/or emotional states over time (Genevro et al., 2004; Maciejewski et al., 2007; Stroebe & Schut, 2010). Compared to other survivor groups, however, those bereaved by suicide tend to encounter more intense feelings of rejection, a higher propensity to conceal the cause of death, and heightened experiences of shame, blame, and social

stigmatization (Pompili et al., 2013; Sveen & Walby, 2008). It is important to note that although these reactions are not exclusive to individuals bereaved by suicide, they tend to be more pronounced within this specific population (Pitman et al., 2014).

Although there is a lack of comprehensive understanding regarding the experience of individuals who have lost a loved one to suicide, prior research examining the mental health outcomes associated with suicide bereavement has yielded inconsistent results. While some studies have in fact documented heightened levels of depression, anxiety, shame, and social isolation among individuals who have lost a loved one to suicide (Bailey et al., 1999; Jordan, 2008; Mitchell et al., 2009) others have failed to observe any significant differences when comparing suicide bereaved individuals to those who have experienced bereavement due to other causes of death (Callahan, 2000; Feigelman et al., 2009).

Some factors, however, seem to mediate the way in which the process of grief occurs and develops over time: factors such as a family history of mental disorders, prior suicidal attempts by the deceased, and strained family relationships (Cavanagh et al., 2003; Ellenbogen & Gratton, 2001; Jordan, 2001; Linde et al., 2017), as well as a lack of sufficient social support following the death (Jordan, 2001; Sveen & Walby, 2008), can further complicate the process of adapting to the loss. Moreover, individuals who have discovered the deceased's body following a suicide often describe this experience as highly traumatic, giving rise to flashbacks and intrusive thoughts (Jackson et al., 2014; Tal Young et al., 2012), thereby impeding the overall adjustment to the loss.

7. Grief trajectories

Although this process arrives with a multitude of challenges and suffering to the individual, these emotional responses usually subside to a less intense form of grief, generally between 6 to 12 months after the death of the loved one (Maciejewski et al., 2007; Nielsen et al., 2019). In a longitudinal study on widow's grief process, Bonnano and colleagues (2002; 2004) found that grief responses can fluctuate between consistently minimal, initially intense but subsiding, delayed but heightened over time and chronically high or prolonged (Bonnano et al., 2002; 2004).

7.1. Bereavement and attachment:

According to Shaver and Fraley (2008) and Stroebe and colleagues (2005), an influential framework for understanding grief adjustment is attachment theory. The attachment system is triggered when a loved one passes away, causing emotional and behavioural reactions that aim to

find comfort in being close to others. Bereavement, in accordance with attachment theory, is accompanied by predictable reactions like resistance, rage, longing, despair, sorrow, loneliness, and withdrawal. People gradually adjust by retaining a symbolic connection to the deceased, reestablishing a sense of security, and interacting with the new reality over time (Bowlby, 1980). Attachment theory, developed by John Bowlby (1969) and further expanded upon by Mary Ainsworth (1987), refers to the idea that an individual's capacity for establishing and forming emotional bonds in their interpersonal relationships stems from the early childhood bond and interactions between child and caregiver. There are four main attachment styles: (a) secure attachment; (b) anxious attachment; (c) avoidant attachment; and (d) disorganized attachment.

Secure attachment style is characterized by individuals who had caregivers who were consistently responsive to their needs and, consequently, provided a sense of a secure and safe base for exploring the world around them. Individuals with this type of attachment are comfortable with both intimacy and a sense of emotional closeness and with independence (Ainsworth et al., 1978).

Individuals with an anxious attachment style may have had inconsistent or unpredictable caregivers in early childhood, leaving the child in a permanent state of anxiety because of not knowing if their needs would be met. In turn, anxiously attached individuals could often worry about their relationships, fearing abandonment and/or rejection. These individuals may feel a constant need for reassurance and closeness in relationships, possibly becoming overly dependent on the attachment figure (Hazan & Shaver, 1987).

Having an avoidant attachment style translates to emotionally unavailable or overly intrusive caregivers. Children with avoidant attachment may have learned that their needs for comfort and emotional closeness were not consistently met, leading them to develop strategies for self-soothing and self-reliance. People with this type of attachment style are often uncomfortable with intimacy and closeness, and may keep emotional distance in relationships (Bowlby, 1969).

Lastly, we have disorganized attachment style (Main & Solomon, 1990). This type of attachment style typically arises in response to early experiences of trauma, abuse, neglect, or inconsistent caregiving. Children with disorganized attachment often face frightening or disorienting behaviors from their caregivers, making it difficult for them to develop a coherent attachment strategy. This can result in challenges such as difficulty trusting others, difficulty managing strong emotions, and a tendency to recreate patterns of disorganization in their adult relationships (Lyons-Ruth & Jacobvitz, 2016).

According to Mancini and Bonanno (2012), anxiously attached people may experience ongoing activation of their attachment system, which results in recurrent thoughts and exaggerated longing for the deceased. In contrast, attachment avoidance can lead to "delayed grief" in which attachment-related thoughts and emotions are repressed, preventing the urge to reach out for support (Mikulincer & Shaver, 2007). A latent-class analysis study by Maccallum & Bryant (2018) found that attachment anxiety, which involves dependence on others for security and fear of rejection, is associated with worse bereavement outcomes, including the development of Prolonged Grief Disorder (PGD).

In conclusion, the literature presented here emphasizes the significance of investigating and comprehending the complexities of parental bereavement following the suicide of a child. As Wortman and Silver (1989) point out, the study of bereavement, particularly in cases of traumatic loss such as suicide, contributes not only to the well-being of the afflicted individuals but also to a broader understanding of human resilience and adaptation. Therefore, continuing research in this area is essential for informing interventions and policies that can assist parents in navigating the complex journey of grief and healing following the tragic suicide death of a child.

Since bereavement is such an individualistic process, assuming different trajectories for each individual, it is crucial that researchers investigate these experiences from a qualitative perspective, providing voice to those who may feel as though theirs was lost in the silence of their own unspoken grief. Using a case study and subsequent thematic analysis, we will endeavor to gain a deeper understanding of the unique experience of a father who lost his son to suicide.

REFERENCES

Ainsworth, M. D. S. (1978). *Patterns of attachment: a psychological study of the strange situation.* Hillsdale, N.J. : New York, Lawrence Erlbaum Associates

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Arnold, J., & Gemma, P. B. (2008). The Continuing Process of Parental Grief. *Death Studies*, *32*(7), 658–673. https://doi.org/10.1080/07481180802215718

Azeez, S., Obst, K. L., Due, C., Oxlad, M., & Middleton, P. (2022). Overwhelming and unjust: A qualitative study of fathers' experiences of grief following neonatal death. *Death Studies*, *46*(6), 1443–1454. https://doi.org/10.1080/07481187.2022.2030431

Bailley, S. E., Kral, M. J., & Dunham, K. (1999). Survivors of suicide do grieve differently: empirical support for a common sense proposition. *Suicide & life-threatening behavior*, *29*(3), 256–271.

Barton, S., Boals, A., & Knowles, L. (2013). Thinking About Trauma: The Unique Contributions of Event Centrality and Posttraumatic Cognitions in Predicting PTSD and Posttraumatic Growth. *Journal of Traumatic Stress*, *26*(6), 718–726. https://doi.org/10.1002/jts.21863

Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy*, *44*(2), 219–231. https://doi.org/10.1016/j.brat.2005.01.009

Berntsen, D., & Rubin, D. C. (2007). When a trauma becomes a key to identity: enhanced integration of trauma memories predicts posttraumatic stress disorder symptoms. *Applied Cognitive Psychology*, *21*(4), 417–431. https://doi.org/10.1002/acp.1290

Blix, I., Birkeland, M. S., Hansen, M. B., & Heir, T. (2015). Posttraumatic growth and centrality of event: A longitudinal study in the aftermath of the 2011 Oslo bombing. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(1), 18–23. https://doi.org/10.1037/tra0000006

Bolton, J. M., Au, W., Leslie, W. D., Martens, P. J., Enns, M. W., Roos, L. L., Katz, L. Y., Wilcox, H. C., Erlangsen, A., Chateau, D., Walld, R., Spiwak, R., Seguin, M., Shear, K., & Sareen, J. (2013). Parents Bereaved by Offspring Suicide. *JAMA Psychiatry*, *70*(2), 158. https://doi.org/10.1001/jamapsychiatry.2013.275

Bolton, J. M., Spiwak, R., & Sareen, J. (2012). Predicting Suicide Attempts with the SAD PERSONS Scale. *The Journal of Clinical Psychiatry*, *73*(06), e735–e741. https://doi.org/10.4088/jcp.11m07362

Bonanno, G. A. (2005). Resilience in the Face of Potential Trauma. *Current Directions in Psychological Science*, *14*(3), 135–138. https://doi.org/10.1111/j.0963-7214.2005.00347.x

Bonanno, G. A., & Field, N. P. (2001, January). Examining the Delayed Grief Hypothesis Across 5 Years of Bereavement. *American Behavioral Scientist*, *44*(5), 798–816. https://doi.org/10.1177/0002764201044005007

Bonanno, G. A., & Kaltman, S. (2001, July). The varieties of grief experience. *Clinical Psychology Review*, *21*(5), 705–734. https://doi.org/10.1016/s0272-7358(00)00062-3

Bonanno, G. A., Papa, A., & O'Neill, K. (2001, June). Loss and human resilience. *Applied and Preventive Psychology*, *10*(3), 193–206. https://doi.org/10.1016/s0962-1849(01)80014-7

Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: A prospective study from

preloss to 18-months postloss. *Journal of Personality and Social Psychology*, *83*(5), 1150–1164. https://doi.org/10.1037/0022-3514.83.5.1150

Bowlby, J. (1969). Attachment and Loss, Vol. 1: Attachment. Attachment and Loss. New York: Basic Books.

Bratt, A. S., Stenström, U., & Rennemark, M. (2016, April 7). Exploring the Most Important Negative Life Events in Older Adults Bereaved of Child, Spouse, or Both. *OMEGA - Journal of Death and Dying*, *76*(3), 227–236. https://doi.org/10.1177/0030222816642453

Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. *Suicide & Life-Threatening Behavior*, *30*(2), 104–124. https://pubmed.ncbi.nlm.nih.gov/10888052/

Cavanagh, J. T. O., Carson, A. J., Sharpe, M., & Lawrie, S. M. (2003). Psychological autopsy studies of suicide: a systematic review. *Psychological medicine*, *33*(3), 395–405. Https://doi.org/10.1017/s0033291702006943

Cerel, J., Fristad, M. A., Weller, E. B., & Weller, R. A. (2000). Suicide-bereaved children and adolescents: ii. Parental and family functioning. *Journal of the american academy of child & adolescent psychiatry*, *39*(4), 437–444. https://doi.org/10.1097/00004583-200004000-00012

Crosby, A. E., & Sacks, J. J. (2002). Exposure to Suicide: Incidence and Association with Suicidal Ideation and Behavior: United States, 1994. *Suicide and Life-Threatening Behavior*, *32*(3), 321–328. https://doi.org/10.1521/suli.32.3.321.22170

Cvinar, J. G. (2005). Do Suicide Survivors Suffer Social Stigma: A Review of the Literature. *Perspectives in Psychiatric Care*, *41*(1), 14–21. https://doi.org/10.1111/j.0031-5990.2005.00004.x

DeGroot, J. M., & Carmack, H. J. (2013). "It May Not Be Pretty, But It's Honest": Examining Parental Grief on the Callapitter Blog. *Death Studies*, *37*(5), 448–470. https://doi.org/10.1080/07481187.2011.649940

Denhup, C. (2019). Bereavement care to minimize bereaved parents' suffering in their lifelong journey towards healing. *Applied Nursing Research*, *50*, 151205. https://doi.org/10.1016/j.apnr.2019.151205

Dias, N., Docherty, S., & Brandon, D. (2017). Parental bereavement: Looking beyond grief. *Death Studies*, *41*(5), 318–327. https://doi.org/10.1080/07481187.2017.1279239

Eckholdt, L., Watson, L., & O'Connor, M. (2018, February). Prolonged grief reactions after old age spousal loss and centrality of the loss in post loss identity. *Journal of Affective Disorders*, *227*, 338–344. https://doi.org/10.1016/j.jad.2017.11.010

Ellenbogen, S., & Gratton, F. (2001, March). Do They Suffer More? Reflections on Research Comparing Suicide Survivors to Other Survivors. *Suicide and Life-Threatening Behavior*, *31*(1), 83–90. https://doi.org/10.1521/suli.31.1.83.21315

Ellenbogen, S., & Gratton, F. (2001, March). Do They Suffer More? Reflections on Research Comparing Suicide Survivors to Other Survivors. *Suicide and Life-Threatening Behavior*, *31*(1), 83–90. https://doi.org/10.1521/suli.31.1.83.21315

Fast, J. D. (2003). After Columbine: How people mourn sudden death. *Social Work*, *48*(4), 484-491.

Feigelman, W., Gorman, B. S., & Jordan, J. R. (2009, July 10). Stigmatization and Suicide Bereavement. *Death Studies*, *33*(7), 591–608. https://doi.org/10.1080/07481180902979973

Feigelman, W., Gorman, B. S., & Jordan, J. R. (2009, July 10). Stigmatization and Suicide Bereavement. *Death Studies*, *33*(7), 591–608. https://doi.org/10.1080/07481180902979973

Fernández-Sola, C., Camacho-Ávila, M., Hernández-Padilla, J. M., Fernández-Medina, I. M., Jiménez-López, F. R., Hernández-Sánchez, E., Conesa-Ferrer, M. B., & Granero-Molina, J. (2020, May 14). Impact of Perinatal Death on the Social and Family Context of the Parents. *International Journal of Environmental Research and Public Health*, *17*(10), 3421. https://doi.org/10.3390/ijerph17103421

Field, N. P., Gal-Oz, E., & Bonanno, G. A. (2003). Continuing bonds and adjustment at 5 years after the death of a spouse. *Journal of consulting and clinical psychology*, *71*(1), 110–117. https://doi.org/10.1037//0022-006x.71.1.110

Gabriel, S., Paulino, M., & Baptista, T. M. (2021, September). *Luto: Manual de Intervenção Psicológica* (1st ed.). Pactor.

Genevro, J. L., Marshall, T., & Miller, T. (2004). Report on bereavement and grief research.

Gerrish, N. J., & Bailey, S. (2020). Maternal Grief: A Qualitative Investigation of Mothers' Responses to the Death of a Child From Cancer. *Omega: Journal of Death and Dying*, *81*(2), 197–241. https://doi.org/10.1177/0030222818762190

Groleau, J. M., Calhoun, L. G., Cann, A., & Tedeschi, R. G. (2013, September). The role of centrality of events in posttraumatic distress and posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(5), 477–483. https://doi.org/10.1037/a0028809

Hastings, S. O. (2000, December). Self-disclosure and identity management by bereaved parents. *Communication Studies*, *51*(4), 352–371. https://doi.org/10.1080/10510970009388531

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, *52*(3), 511–524. https://doi.org/10.1037/0022-3514.52.3.511

Instituto Nacional de Estatística [INE] (2016). *Portugal em Números 2016*. Lisboa, Portugal: INE, Instituto Nacional de Estatística. Available in https://www.ine.pt/ine_novidades/PN_2016/

Jackson, D., Peters, K., & Murphy, G. (2014). Suicide of a close family member through the eyes of a child. *Journal of Child Health Care*, *19*(4), 495–503. https://doi.org/10.1177/1367493513519297

Jackson, J. C., Pandharipande, P. P., Girard, T. D., Brummel, N. E., Thompson, J. L., Hughes, C. G., Pun, B. T., Vasilevskis, E. E., Morandi, A., Shintani, A. K., Hopkins, R. O., Bernard, G. R., Dittus, R. S., & Ely, E. W. (2014). Depression, post-traumatic stress disorder, and functional disability in survivors of critical illness in the BRAIN-ICU study: a longitudinal cohort study. *The Lancet Respiratory Medicine*, *2*(5), 369–379. https://doi.org/10.1016/s2213-2600(14)70051-7

Jacobs, D. G. (2000). Suicidal ideation in the United States. *Suicide and Life-Threatening Behavior, 30*(2), 177–178.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma.* Free Press.

Joiner, T. (2007). *Why People Die by Suicide*. Harvard University Press.

Joiner, T. E., Brown, J. S., & Wingate, L. R. (2005). The Psychology and Neurobiology of Suicidal Behavior. *Annual Review of Psychology*, *56*(1), 287–314. https://doi.org/10.1146/annurev.psych.56.091103.070320

Jordan, J. R. (2001). Is Suicide Bereavement Different? A Reassessment of the Literature. *Suicide and Life-Threatening Behavior*, *31*(1), 91–102. https://doi.org/10.1521/suli.31.1.91.21310

Jordan, J. R. (2008). Bereavement after Suicide. *Psychiatric Annals*, *38*(10). https://doi.org/10.3928/00485713-20081001-05

Kübler-Ross, E. (1969). *On death and dying*. New York, The Macmillan Company.

Levi-Belz, Y., Krysinska, K., & Andriessen, K. (2021, March). "Turning personal tragedy into triumph": A systematic review and meta-analysis of studies on posttraumatic growth among suicide-loss survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(3), 322–332. https://doi.org/10.1037/tra0000977

Linde, K., Treml, J., Steinig, J., Nagl, M., & Kersting, A. (2017, June 23). Grief interventions for people bereaved by suicide: A systematic review. *PLOS ONE*, *12*(6), e0179496. https://doi.org/10.1371/journal.pone.0179496

Loa Knizek, B., & Hjelmeland, H. (2007, October). A Theoretical Model for Interpreting Suicidal Behaviour as Communication. *Theory & Psychology*, *17*(5), 697–720. https://doi.org/10.1177/0959354307081625

Lyons-Ruth, K., & Jacobvitz, D. (2016). Attachment disorganization from infancy to adulthood: Neurobiological correlates, parenting contexts, and pathways to disorder. *Handbook of attachment: Theory, research, and clinical applications*, *3*, 667-695.

Maccallum, F., & Bryant, R. A. (2018, October). Prolonged grief and attachment security: A latent class analysis. *Psychiatry Research*, *268*, 297–302. https://doi.org/10.1016/j.psychres.2018.07.038

Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical

examination of the stage theory of grief. *Jama*, *297*(7), 716-723.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. *Attachment in the preschool years: Theory, research, and intervention*, *1*, 121-160.

Mancini, A. D., & Bonanno, G. A. (2012, August). The persistence of attachment: Complicated grief, threat, and reaction times to the deceased's name. *Journal of Affective Disorders*, *139*(3), 256–263. https://doi.org/10.1016/j.jad.2012.01.032

McClowry, S. G., Davies, E. B., May, K. A., Kulenkamp, E. J., & Martinson, I. M. (1987, September). The empty space phenomenon: The process of grief in the bereaved family. *Death Studies*, *11*(5), 361–374. https://doi.org/10.1080/07481188708252200

Mikulincer, M., & Shaver, P. R. (2008). An attachment perspective on bereavement. *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention.*, 87–112. https://doi.org/10.1037/14498-005

Mitchell, A. M., Sakraida, T. J., Kim, Y., Bullian, L., & Chiappetta, L. (2009). Depression, Anxiety and Quality of Life in Suicide Survivors: A Comparison of Close and Distant Relationships. *Archives of Psychiatric Nursing*, *23*(1), 2–10. https://doi.org/10.1016/j.apnu.2008.02.007

Murphy, S. A., Johnson, L. C., Chung, I. J., & Beaton, R. D. (2003, February). The prevalence of PTSD following the violent death of a child and predictors of change 5 years later. *Journal of Traumatic Stress*, *16*(1), 17–25. https://doi.org/10.1023/a:1022003126168

Neimeyer, R. A. (2016). Meaning Reconstruction in the Wake of Loss: Evolution of a Research Program. *Behaviour Change*, *33*(2), 65–79. https://doi.org/10.1017/bec.2016.4

Neria, Y., & Litz, B. T. (2004). Bereavement by traumatic means: the complex synergy of trauma and grief. *Journal of loss and trauma*, *9*(1), 73–87. Https://doi.org/10.1080/15325020490255322

Nielsen, M. K., Carlsen, A. H., Neergaard, M. A., Bidstrup, P. E., & Guldin, M. B. (2019). Looking beyond the mean in grief trajectories: A prospective, population-based cohort study. *Social Science & Medicine*, *232*, 460-469.

Pacaol, N. F. (2021). Acceptance, Endurance, and Meaninglessness: A Qualitative Case Study on the Mourning Tasks of Parental Death From Childhood Experience to Adolescence. *OMEGA - Journal of Death and Dying*, 003022282110244. https://doi.org/10.1177/00302228211024465

Pacella-LaBarbara, M., Larsen, S. E., Jaramillo, S., Suffoletto, B., & Callaway, C. (2020). Event centrality following treatment for physical injury in the emergency department: Associations with posttraumatic outcomes. *General Hospital Psychiatry*, *67*, 77–82. https://doi.org/10.1016/j.genhosppsych.2020.09.002

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, *1*(1), 86–94. https://doi.org/10.1016/s2215-0366(14)70224-x

Pompili, M., Sher, L., Serafini, G., Forte, A., Innamorati, M., Dominici, G., Lester, D., Amore, M., & Girardi, P. (2013). Posttraumatic Stress Disorder and Suicide Risk Among Veterans. *Journal of Nervous & Mental Disease*, *201*(9), 802–812. https://doi.org/10.1097/nmd.0b013e3182a21458

Pompili, M., Shrivastava, A., Serafini, G., Innamorati, M., Milelli, M., Erbuto, D., Ricci, F., Lamis, D., Scocco, P., Amore, M., Lester, D., & Girardi, P. (2013). Bereavement after the suicide of a significant other. *Indian Journal of Psychiatry*, *55*(3), 256. https://doi.org/10.4103/0019-5545.117145

Prigerson, H. G., Boelen, P. A., Xu, J., Smith, K. V., & Maciejewski, P. K. (2021). Validation of the new DSM-5-TR criteria for prolonged grief disorder and the PG-13-Revised (PG-13-R) scale. *World Psychiatry*, *20*(1), 96–106. https://doi.org/10.1002/wps.20823

Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., Raphael, B., Marwit, S. J., Wortman, C., Neimeyer, R. A., Bonanno, G., Block, S. D., Kissane, D., Boelen, P., Maercker, A., Litz, B. T., Johnson, J. G., First, M. B., & Maciejewski, P. K. (2009). Prolonged Grief Disorder: Psychometric Validation of Criteria Proposed for DSM-V and ICD-11. *PLoS Medicine*, *6*(8), e1000121. https://doi.org/10.1371/journal.pmed.1000121

Qin, P., & Mortensen, P. B. (2003). The Impact of Parental Status on the Risk of Completed Suicide. *Archives of General Psychiatry*, *60*(8), 797. https://doi.org/10.1001/archpsyc.60.8.797

Raphael, B., Martinek, N., and Wooding, S. (2004). Assessing traumatic bereavement. *Assessing Psychological Trauma and PTSD*. Edited by J. P. Wilson and T. M. Keane. New York: Guilford Press. 492-510.

Robinaugh, D. J., & McNally, R. J. (2011). Trauma centrality and PTSD symptom severity in adult survivors of childhood sexual abuse. *Journal of Traumatic Stress*, *24*(4), 483–486. https://doi.org/10.1002/jts.20656

Schuettler, D., & Boals, A. (2011). The Path to Posttraumatic Growth Versus Posttraumatic Stress Disorder: Contributions of Event Centrality and Coping. *Journal of Loss and Trauma*, *16*(2), 180–194. https://doi.org/10.1080/15325024.2010.519273

Séguin, M., Lesage, A., & Kiely, M. C. (1995). Parental Bereavement After Suicide and Accident: A Comparative Study. *Suicide and Life-Threatening Behavior*, *25*(4), 489–498. https://doi.org/10.1111/j.1943-278x.1995.tb00241.x

Shaver, P. R., & Fraley, R. C. (2008). Attachment, loss, and grief: Bowlby's views and current controversies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 48–77). The Guilford Press

Simon, N. M. (2013). Treating Complicated Grief. *JAMA*, *310*(4), 416. https://doi.org/10.1001/jama.2013.8614

Song, J., Mailick, M. R., Greenberg, J. S., & Floyd, F. J. (2019). Mortality in parents after the death of a child. *Social Science & Medicine*, *239*, 112522. https://doi.org/10.1016/j.socscimed.2019.112522

Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in Coping with Bereavement: A Theoretical Integration. *Review of General Psychology*, *9*(1), 48–66. https://doi.org/10.1037/1089-2680.9.1.48

Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *OMEGA - Journal of Death and Dying*, *61*(4), 273-289.

Sveen, C. A., & Walby, F. A. (2008). Suicide Survivors' Mental Health and Grief Reactions: A Systematic Review of Controlled Studies. *Suicide and Life-Threatening Behavior*, *38*(1), 13–29. https://doi.org/10.1521/suli.2008.38.1.13

Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, *14*(2), 177–186. https://doi.org/10.31887/dcns.2012.14.2/iyoung

Teale Sapach, M. J. N., Horswill, S. C., Parkerson, H. A., Asmundson, G. J. G., & Carleton, R. N. (2018). Centrality of Traumatic Events: Double Edged Sword or Matter of Valence? *Cognitive Therapy and Research*, *43*(2), 374–386. https://doi.org/10.1007/s10608-018-9983-9

Toller, P. W. (2008). Bereaved Parents' Negotiation of Identity Following the Death of a Child. *Communication Studies*, *59*(4), 306–321. https://doi.org/10.1080/10510970802467379

Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature Reviews Disease Primers*, *5*(1). https://doi.org/10.1038/s41572-019-0121-0

Vermeulen M, Brown AD, Raes F, & Krans J (2019). Decreasing event centrality in undergraduates using cognitive bias modification of appraisals. Cognitive Therapy and Research, 43(1), 214–225

Vilhjalmsson, R., Sveinbjarnardottir, E., & Kristjansdottir, G. (1998). Factors associated with suicide ideation in adults. *Social Psychiatry and Psychiatric Epidemiology*, *33*(3), 97–103. https://doi.org/10.1007/s001270050028

Wolfe, K. L., Nakonezny, P. A., Owen, V. J., Rial, K. V., Moorehead, A. P., Kennard, B. D., & Emslie, G. J. (2017). Hopelessness as a Predictor of Suicide Ideation in Depressed Male and Female Adolescent Youth. *Suicide and Life-Threatening Behavior*, *49*(1), 253–263. https://doi.org/10.1111/sltb.12428

Wolfe, K. L., Nakonezny, P. A., Owen, V. J., Rial, K. V., Moorehead, A. P., Kennard, B. D., & Emslie, G. J. (2017). Hopelessness as a Predictor of Suicide Ideation in Depressed Male and Female Adolescent Youth. *Suicide and Life-Threatening Behavior*, *49*(1), 253–263. https://doi.org/10.1111/sltb.12428

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing Company. https://doi.org/10.1891/9780826134752

World Health Organization [WHO]. (2019). *Suicide Worldwide* (No. 978-92-4-002664–3). WHO. Retrieved 2023, from https://www.who.int/publications/i/item/9789240026643

World Health Organization. (2022). *ICD-11: International classification of diseases* (11th revision). https://icd.who.int/

Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of consulting and clinical psychology*, *57*(3), 349.

METHODS

A single-case study is a way to learn specifics and details about one person's experience to better understand a problem or concern. We employed a qualitative single case study method approach for this study, with thematic analysis serving as the foundation for the analysis performed in this work. Case studies are a valuable approach used to thoroughly comprehend a specific topic by closely analyzing information from a reliable and credible source. These studies, in turn, aid other researchers in gaining a comprehensive understanding of the subject matter being investigated (Patton, 1990).

The experience of losing a child to suicide constitutes a deeply profound and emotionally complex event that gives rise to unique aspects and phenomena. Although some qualitative research on the subject of parental grief after suicide has been recently published (e.g., Creuzé et al., 2022; Shields et al., 2019; Zavrou et al., 2023), the current literature has predominantly emphasized quantitative methodologies for exploring this phenomenon (e.g., Bolton et al., 2013; Kawashima & Kawano, 2019; Kreicbergs et al., 2007;). However, we perceive a notable dearth of qualitative investigations concerning a topic that is inherently unique and profoundly distressing to those undergoing it. This scarcity of qualitative methodologies represents a gap in scientific knowledge, limiting our comprehensive understanding of this complex and deeply personal experience. Since we are aiming at gaining a deeper knowledge and understanding of the individual and intricate experience of parental grief in consequence of offspring suicide and, therefore, are not looking to make generalizations, we decided that a single case study would better serve the purpose of this study: allowing us a deeper understanding of the participant's experience and a way to explore the research questions proposed, and lastly, serve as a valuable foundation for future researchers interested in this particular subject.

4.1. Participant Selection

Qualitative case studies use purposive sampling (Willig, 2008) to ensure that the participant is able to be an information rich source on the topic in question (Creswell et al., 2007). For this case study, we selected the participant in accordance to the inclusion criteria determined (i.e., having lost a child to suicide within the past decade). The participant, which from this point on will be referred to as "J." in order to preserve his anonymity and privacy, is a Portuguese male, aged 63 years old, who lost one of his sons to suicide approximately 6 years ago.

4.2 Instruments

For the reasons mentioned above, we have decided to explore the experience of parental grief in consequence of a loss by suicide and the potentially traumatic aspects of that same experience employing a single case study methodology, utilizing a semi-structured interview for that same purpose. Due to its adaptability and effectiveness in enabling the interpretation of data, the semi-structured interview emerges as the primary and most often used method of data collecting in qualitative research (Willig, 2008). Semi-structured interviews serve as a valuable research methodology for delving into the nuanced facets of participants' experiences, affording them the opportunity to openly share their personal narratives. In comparison to structured interviews, semi-structured interviews exhibit a more adaptable and less rigid framework (Smith, 2015). The balance between allowing participants to recount their experiences in their own words while simultaneously steering the conversation toward the main key research themes, this instrument allowed us to better capture the multifaceted nature of human experiences (Smith, 2015), and, in this particular case, the experience of parental loss after offspring suicide.

4.3. Procedures

4.3.1 Creation of the interview script:

The interview script was constructed based on current scientific literature. An extensive review of the current literature on grief and bereavement (e.g., Stroebe et al., 2010: study on continuing bonds; Nilsson et al., 2022: existentialist experiences of being a suicide survivor), suicide (e.g., Hultsjö et al., 2022: interview study of suicide survivors), and trauma (e.g., Robinaugh & McNally, 2011: study about trauma/event centrality) was conducted to gain insights into the potential experiences and prevailing emotions that were likely to arise during the interviews. After thorough examination, four main themes were identified, complemented by an additional sociodemographic data category.

These themes are as follows: (1) Tasks of Mourning: this category aimed to understand the participant's grief experience, drawing insights from Worden's (2008) conceptualization of grief; (2) Contextualization of the Experience: this category focused on exploring the unique characteristics (i.e., how and by who the death notification was delivered), events (i.e., rituals and ceremonies), and/or unforeseen circumstances that shaped each participant's individual experience

of grief, providing contextual understanding of the experience; (3) Event Centrality and Personal Identity: This category primarily explores how the loss of a child to suicide impacts the participant's sense of identity and life narrative, with a particular focus on aspects that might be perceived as traumatic; and lastly, (4) Continuing Bonds and Social Support: This category examined how the participant's grieving process was shaped by social support (or, conversely, by its absence), while also focusing on the participant's continuing and now-symbolic relationship with the deceased.

The decision to limit the number of pre-established themes was deliberate, allowing for the possibility of novel categories to emerge during the course of the interview. Once the a priori categories were firmly established, the interview script was meticulously drafted to ensure coherence and consistency during data collection. The final interview script contained approximately 16 open-ended questions, who focused on exploring the pre-established themes and four additional sociodemographic questions and was later subjected to validation.

4.3.2 Validation

The research team consisted of 2 additional clinician-researchers with training in both thematic analysis and treatment of grief and psychological trauma. Once the interviews were completed, inter-coder validation was carried out. In the first stage, the research team independently and blindly coded approximately 10% of the collected material, using the categories defined a priori as the theoretical basis for the analysis. To this end, the transcriptions were read extensively to fully and holistically comprehend the data collected; A line-by-line analysis was conducted to infer both overall and specific meanings and lastly, the narratives that generated specific meanings were then labeled and identified according to recurring themes found.

On the second stage, and after the coding was completed, the research team met to compare and discuss the results, both sharing the labeled codes and the rationale underpinning their decisions. A Cohen's Kappa analysis was conducted, and a significant level of agreement was achieved ($\kappa = 0.89$). Afterwards, the data was thoroughly reexamined and extensively discussed until mutual consensus was reached on the categories that initially lacked agreement. Throughout this process, various themes were grouped and consolidated into higher-level categories, as we came to an agreement that these themes pertained to the same underlying constructs. Having obtained inter-coder validation, the remaining interviews were coded. In the end, a total of 6

categories (the prior four core categories and two additional ones) divided into several subcategories were identified. Those are as follows:

Table 1

Final themes

Theme
1. Tasks of Mourning:
a. Acceptance of the reality of the loss
b. Processing of the pain of the loss
c. Maintenance of a continuing relationship with the deceased
d. Adjusting to a world without the deceased
i. Internal adjustments
ii. External adjustments
iii. Spiritual adjustments
2. Contextualization of the Experience:
a. Unfinished business;
b. Ceremonies and rituals;
c. Days before the death;
d. Causal attribution;
e. Death notification;
f. Suicide framework;
3. Event Centrality and Personal Identity:
a. Emotional expression;
b. Self-disclosure;
c. Future perspectives and plans;
d. Somatic manifestations and physical health;
e. Relational and social impact of the loss;
f. Loss centrality
4. Continuing Bonds and Social Support:
a. Relational dynamics;
b. Social support;
c. Attachment style
d. Maintenance of the deceased's identity
5. Risk Factors:
a. Pre and peri-suicide;
b. Past losses
6. Grief Reactions:

a. Processing of the experience;
b. Sense of hopefulness

4.3.3 Ethical considerations

The research protocol for the present study underwent review and received approval from the Ethics Committee of Universidade Europeia in November 2022 (APPENDIX A). Furthermore, the study adheres to the guidelines outlined in the General Data Protection Regulation and Law no. 58/2019 of 8 August 2019 (Enforcement Law). In accordance with the Helsinki Declaration' guidelines, to ensure participant confidentiality and privacy rights, stringent measures were implemented to ensure anonymity throughout the research process. The participant was fully informed of all aspects of the study and what their participation would entail. They were made aware of their right to withdraw at any moment without facing any consequences. A written informed consent containing all this information was signed after verbally explaining it to the participant.

4.3.4 Data collection

Since we opted for purposive sampling (Willig, 2008), the participant was referred to us through a known clinician and colleague from the psychiatric institution where the participant resided. After extending a telephonic invitation, the participant was informed about their right to decline participation. During this call, a comprehensive overview of the research project's purpose, the timing and manner of their involvement, and the utilization of the data was provided. Additionally, the participant was assured of their right to withdraw from the study at any point without facing any consequences. The participant willingly accepted the invitation.

Once written informed consent was obtained, we conducted two in-depth, semi-structured individual interviews. These interviews were spread across two consecutive days, with durations of approximately 1 hour and 30 minutes for the first session and 50 minutes for the second session, respectively. Both interviews were audio recorded and later transcribed, before proceeding to analysis. Throughout the interviewing process, if the participant displayed noticeable distress, we offered the option to switch to a different topic or return to the sensitive subject later, based on their preference. Given the emotional nature of the topics discussed, after the interviews concluded, the

participant was asked about their feelings concerning sharing their experience. A brief emotional assessment was conducted, during which the participant expressed feeling *"relieved" [sic.]* and "*happy to finally share [his story]" [sic.]*. Additionally, the participant expressed gratitude for contributing to the improvement of both future clinical practice and scientific knowledge on the subject.

Given that the first interview unfolded over a considerable duration, it allowed for a comprehensive exploration of the four core pre-established categories. In parallel, it offered an opportunity to delve into the participant's experiences encompassing the most traumatic aspects surrounding the pre, peri, and post-suicide phases of the loss of his child. The second interview aimed to further investigate and clarify specific themes raised during the initial interview, while also examining the evolving dynamics within the participant's family, perceived social support and relationships over time.

4.3.5 Data Analysis (Thematic Analysis)

To analyze both interview transcripts, we adopted a combination of thematic and categorical analysis following the methodology proposed by Bardin (2009). We also used MAXQDA 2022 (VERBI Software, 2021) as a tool to support us in both the organization and coding process of the interview data. While we initially established four core categories before constructing the interview script to guide the interviewing process, we remained open to the emergence of new themes during the interviews. To ensure the integrity of the inductive analysis, we refrained from imposing any preconceived ideas or conceptualizations about the participants, as this could hinder the required reflexivity in our approach. Therefore, we opted for an inductive analysis modality, employing an open coding technique (Bardin, 2009; Willig, 2008). This allowed us to explore the data without any predetermined assumptions, enabling the discovery of novel insights and themes directly from the participants' narratives.

RESULTS

After the completion of coding for all the interviews, a total of six primary themes surfaced. These were further categorized into their respective subcategories, as outlined in Table 1. Among these six main themes, the four initial core categories were retained, while two additional themes emerged: "risk factors" and "grief reactions." The ensuing sections will provide an in-depth exploration and description of the aforementioned categories and themes.

1. **Tasks of Mourning:**

This theme constitutes one of the pre-established core categories for the interview process. Drawing on Worden's (2018) grief conceptualization, this theme is divided into four main aspects corresponding to the four tasks outlined in his model: (a) acceptance of the reality of the loss; (b) processing the pain of loss; (c) maintaining a continuing bond with the deceased individual; and (d) adapting to a world without the deceased person, encompassing external adjustments, internal adjustments, and spiritual adjustments, respectively. Throughout the interview, narratives, thoughts, and descriptions congruent with these four tasks emerged.

Acceptance of the reality of the loss

However, it became apparent almost immediately that the participant divided his grieving process into two distinct phases. Having lost his child six years ago, J reveals that for the initial five years, he never discussed nor emotionally approached the topic. The first time he verbalized his son's death occurred approximately one year ago, and the second instance was during the interview. It is within this timeframe, this separation between the "before" of verbalization and the "after," that the most significant transformations in his grieving process took place. It would not be imprudent to suggest that if this interview had taken place a year ago, the responses would have been entirely different. Equally, it would not be imprudent to hypothesize that a year ago, there might not have been the willingness for J to participate in this study. It is within this temporal division of his autobiographical narrative that we witness the fulfillment (or commencement) of the first grieving task (i.e., acceptance of the reality of the loss), alongside a profound internal conflict. While he felt compelled on one hand to acknowledge his son's death, on the other hand, he went to great lengths to avoid any reminders of the death and the emotional pain it entails. During the initial five years,

he often describes a complete avoidance of any stimuli or events associated with his child's loss, sometimes even unconsciously."

> *"I've accepted it [loss of his child], yes. But sometimes there are some phases where it still doesn't seem real… For example, every night I pray to God to look after him… I've never forgotten... in that time, from one year ago. It's something I also don't understand, why before that it didn't happen… I mean… I still prayed. I prayed and asked God to take care of my other children... but his name wasn't mentioned. It was only after I shared and analyzed this topic out loud… that I stopped forgetting every day…" [sic.]*

Processing the pain of loss

Only when he discusses his son's death with a friend for the first time does he gradually start to open up to the idea of accepting his son's passing. This, in turn, allows him to approach the emotional pain that he had been avoiding so intensely. Over the years, excessive alcohol consumption, heightened by the grief of losing his son, led to his voluntary admission to a psychiatric institution where he now resides. This excessive drinking served as his main coping mechanism, providing a sort of detachment from a reality that he found overwhelmingly distressing and could not come to terms with.

> *"I was in a phase where I started at 6 a.m … and only finished at 3, 4 a.m of the next day [pauses]. It was a very complicated cycle… I started with a coffee and whisky as soon as I woke up… several whiskeys in a row, followed by beer… […] The alcohol was already excessive before [the loss] … but now, with the situation… it became from early mornings to late nights, from "coffin to grave…" I don't know, it's like people used to say… it was a refuge... It was my refuge." [sic.]*

Maintaining a continuing bond with the deceased individual

During the course of the interview, he elaborates on how he has managed to maintain a symbolic connection with his deceased son. He achieves this through the prism of his faith and spirituality, drawing solace from these aspects of his life. He articulates that his belief system has allowed him to perceive his son's presence in a symbolic and comforting way, providing a source of ongoing connection and comfort. Additionally, he shares insights into the adjustments he has undergone following the loss, particularly in the spiritual realm. He underscores that the experience of losing

his son has prompted him to deepen his engagement with his religious beliefs. He perceives this deepened spiritual connection as a means of bridging the gap between the physical realm and a sense of continued presence of his son in a spiritual dimension.

> *"In some aspects, I feel like... it strengthened it [religious beliefs] ... Why did it strengthen it? It's not that I wasn't [a religious person] ... But I was much more neglectful... very neglectful... but it strengthened it [pause]. And it's funny, because today he's never forgotten in my nightly prayers… [long pause, gets emotional] But it wasn't always like that... It's because... because… I just didn't work like that... [sighs] I only cared about keeping appearances…" [sic.]*

Adapting to a world without the deceased person

Shifting focus to the external adjustments he navigated, one recurring theme is the silence and the emotional weight it carries to him. He described silence as one of the most painful reminders of the absence and loss of his child.

> *"The house went silent... [pause] Other people were home, but... [long pause] It was extremely difficult." [sic]*

In the course of the interview, he repeatedly emphasizes a significant point: as he gradually began to come to terms with the loss, particularly in the last year, he observed a noticeable transformation within himself. He reflects on how this experience of profound loss compelled him to delve into his own self-concept, even confronting the aspects of himself that he might have considered less positive. This process of introspection and self-examination, though challenging, played a crucial role in fostering his personal growth. Through this difficult journey, he gradually found the ability to acknowledge and embrace different facets of his identity, ultimately leading to a more profound self-acceptance.

> *"There was a very big transformation at the level of the Self... [I am] much closer to people... much more attentive to details... to what I say and what I do... "*

2. Contextualization of the Experience:

This theme aims to provide a more objective and factual characterization of the loss itself, alongside contextualizing the emotional and affective experiences inherent in the common processes of any form of loss. This approach seeks to gain a deeper understanding of the

characteristics, events, and factors associated specifically with suicide. This theme is divided into six primary categories: (a) unfinished business; (b) ceremonies and rituals; (c) days before the death; (d) causal attribution; (e) death notification; and (f) suicide contextualization.

Ceremonies and rituals, causal attribution and death notification

Throughout the interview, these topics were explored, gathering information that delineated the participant's experience of loss. At the time of his son's suicide, the participant's son was 18 years old and had chosen death by hanging. He left no letter or explicit reason, and it was the eldest son who discovered his body. There was no formal death notification; it was only brought to attention after the body had already been removed. All religious funeral ceremonies and rituals were performed (i.e., wake, funeral, and seventh-day mass), as well as informal ceremonies conducted by the school community where his son was a student.

Days before the death

He describes the days before the suicide as *"banal, they were normal days... he was in a good mood, on his computer listening to his music and playing his games, he always talked a lot..." [sic]*. He also mentions that what haunts him the most to this day is not knowing why, stating that it would have been easier if his son had left a letter or an explanation. He frequently describes the unexpected nature of the loss.

> *"One thing I've always wondered to this day is why.... It's just that not even the people close to him... found any clue... nobody found any clue... [...] There was never any... sign. It was something that I... Me and the mother and I don't know what... if we had... nobody... nobody... always the same kind of behavior. The same behaviors, the same things. There was no sign. There was no... [...] that's why it was even more of a shock." [sic.]*

Unfinished business

Regarding unfinished business, he mentions his inability to go to the cemetery. He states that since the funeral, he hasn't been able to return there, and he believes that "*the resolution to my grief*

involves going to the cemetery. [sic.]" Over the past year, he has expressed a desire to go there, but he feels he's not capable of doing it alone: "*I know that if I go alone, I will completely fall apart."* [sic.] Alongside this, he describes his greatest regret as not having been a better father, demonstrating high levels of self-blame for his son's death.

> *"What I still regret the most is that I didn't enjoy it more [gets emotional]... and I don't just mean with him, I mean with everyone... because... for me [voice shakes, gets emotional] I went through... glasses and glasses and glasses in those streets... I'd go out in the morning and come in at dawn... [pause] [...] and maybe because of my temper at the time towards myself... he... [pause] didn't open up... didn't open up about his things very much... I understand today, I understand perfectly... I know how patient he was, he saw his father almost all the time [gesture of drinking from a bottle]... maybe, if my behavior had been different towards him... him and... me... if I had been different, would it have happened?"*

3. Event Centrality and Personal Identity:

This theme delves deeply into the participant's perceptions and experiences surrounding the loss of his child, viewing it as a pivotal event that has significantly shaped his life narrative. It's divided into five subcategories: (a) emotional expression; (b) self-disclosure; (c) future perspectives and plans; (d) somatic manifestations and physical health; and lastly, (e) relational and social impact of the loss. This theme seeks to understand how this loss has become a defining reference point, dividing his life into distinct periods: the time before his son's passing and the time after. The emotional impact of this separation is profound, serving as a demarcation between two distinct phases of existence.

Emotional expression

As the participant shares his narrative, the weight of the loss is palpable. The descriptions he provides convey not only the event itself but also the emotional and psychological aftermath that continues to reverberate in his life. Through his words, it becomes evident that his son's death has become etched into his identity. This pivotal event holds a place of central importance, influencing his sense of self and his place in the world. Within these descriptions, there is an ongoing struggle with the emotional intensity of reliving the events. The participant's narrative portrays moments of vivid re-experiencing, where he is transported back to the pain and anguish of that time. This

haunting reconnection with the past underscores the enduring impact of the loss and underscores the event's role as a constant presence in his life story. Interestingly, the participant's narrative also hints at moments of dissociation, where the events were felt and described as “seeming surreal” or distant from his own reality (*“It’s like it didn’t really happen to me... it feels like something I saw in a movie” [sic.]*). This aspect adds a layer of complexity to his experience, suggesting that his psyche may have employed dissociation as a coping mechanism to manage the overwhelming emotional weight of the loss.

Through his account, it becomes clear that the loss has woven itself into the very fabric of his existence. The narrative transcends mere description; it becomes a vehicle for processing and making sense of an event that has indelibly altered his life's trajectory. The participant's experience reflects the intricate interplay between memory, identity, and the enduring emotional impact of a significant loss.

> *"[pause] The most present emotions... Basically, it's the images of those three days...[voice trembles, becomes emotional] it's the image when I saw the body... and then during... and the final part... there were two... the time after Mass when they closed the casket... [pause, stutters] and then when the grave opened... because the only time... that I was able to... I didn't cry, I screamed... it was when they closed... they took me out of the scene... which... [stutters] is that thing, your voice gets stuck and it's impossible to speak... they had to grab me and take me out... [...] That was five years ago and those images are still there (gets emotional)"*
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> *"On first impressions, what I can say is that my eldest daughter [...] arrived [at the location of the body] and started calling out to me [...] "Dad!" and I turned to the mother, and look, I even said: "Who is it?". [long pause] I didn't recognize my own daughter..."*

Somatic manifestations and physical health

He also describes certain physical health issues (e.g., cardiac problems) and links their exacerbation to the passing of his ex-father-in-law, which occurred just a few months before his son's death. Regarding somatic aspects, he mentions struggling with persistent intermittent insomnia during the initial months, and he expressed that his *"nervous system was significantly affected."* He notes that he lost the ability to cry since the funeral, a capacity he only regained within the past year, saying, "*Now I cry over everything and nothing! [laughs]"*

“Over the past year... I was existing in somebody else’s body … well, to be more practical... (long pause) I was existing in somebody else’s body”

Future perspectives and plans

Regarding future perspectives, the participant expresses great concern for his children and a desire to improve for their sake, also expressing the wish to be closer to them and to be a "better father" for them. He also shares that his divorce from his ex-wife was already in progress before his son's suicide, but that the tragedy further solidified the decision.

"because thinking about it today... she put up with it for a long time (gets emotional)... who can put up with a guy who leaves the house at dawn, comes home at dawn... doesn't do a damn thing at home... goes out drunk, comes in drunk... I mean, she put up with it for a long time.... [...] when the situation happened, I disappeared. Whenever she tried to talk about it, I left the house. I couldn't deal with it"

Relational and social impact of the loss

He also mentions that the relational and social impact of the loss has been felt more significantly over the last year. J describes:

"I want to be better for them... deep down... I don't know if it's that guilt... it could be, but it could have other aspects, but deep down it's trying to be better... better... because I think that by being better for me I can be better for them. [...] Why? When I became closer... when I started to want to know... "how are you?... how was it?"... before there was no dialogue... everyone was in their own corner, as they say."

4. Continuing Bonds and Social Support:

This theme focuses on exploring narratives that encompass descriptions of maintaining ongoing connections with the deceased, as well as the relational and familial dynamics preceding the loss, and the perceived social support following the loss. It may address topics related to the ability to keep the lost person "alive" in memory, preserving their identity in its entirety (including both positive and negative aspects). Idealized descriptions are common. This theme is divided into the following categories: (a) relational dynamics; (b) social support; (c) attachment style; (d) maintenance of the deceased’s identity.

Navigating the emotional complexities experienced by the participant, made delving into this theme occasionally challenging. Sustaining ongoing bonds with the departed individual entails acknowledging the harsh reality of the loss. It's only when we squarely face the irreversible nature of this loss that we can begin to symbolically rebuild our connection. In the case of J, who intentionally shunned any reminders of his son's absence, sometimes even avoiding acknowledging his existence during the initial five years, it was only within the last year that he allowed himself to openly converse, reflect, and emotionally engage with memories of his son.

Maintenance of the deceased's identity and attachment styles

He often shares descriptions of his son, although these narratives occasionally exude an idealized and sometimes superficial tone. This apparent narrative disparity actually mirrors the emotional disconnect he occasionally alludes to and holds himself culpable for. He depicts his son as "*unfailingly perfectionist, always at hand, overflowing with affection, and decidedly outgoing. He was never at a loss for words! [chuckles]."* He further discloses his son's perpetual drive for excellence in whatever he undertook. Recalling the closeness his son shared with his siblings, he adds that his son was "*the 'baby' of the family... the youngest!"*.

Social support

About a month following his son's passing, J initiated his voluntary admission to a psychiatric institution. He clarifies that while it was voluntary, his motivation was "not for my own sake." As his struggles with alcoholism deepened, his family convened to express their concerns over his deteriorating mental and physical condition. In 2017, he commenced his hospitalization, an arrangement he still maintains. He expresses noteworthy progress and the sustained maintenance of his sobriety. At present, he exercises full autonomy within the institution

> *"Deep down, but deep down it wasn't for me... we had a conversation at the kitchen table, the three of us, 'Dad, you have to get treatment, you need help'... [pause] Because I was already in such a state... I couldn't even get to the sofa anymore and I ran out of strength... So I accepted... I accepted straight away... she took care of the paperwork and on December 4th, 2017, I was admitted to hospital."*

Over the past 6 years, he engaged in group psychological interventions and a few individual sessions, alongside psychopharmacological treatment. He notes that both approaches primarily targeted alcoholism resolution, and he declined any attempts to therapeutically explore his son's

death. He asserts that despite having access to psychological support within the institution, he never felt truly supported. However, he attributes part of this to himself, stating, "*Perhaps it's partly my fault, because I didn't open up to anyone either. Everything was locked away in a drawer, kept under lock and key."*

Relational dynamics

His family continued to visit him regularly, but he describes isolating himself from both family and friends, until about a year ago. During his time at the institution, he developed a close friendship with one of the auxiliary staff members, and it was with her that he ultimately shared his entire experience for the first time. He frequently mentions her throughout the interview, describing an almost paternal relationship with her. He presents this connection as the most significant relationship in his current life, as well as the driving force behind his journey of grieving integration.

5. Risk Factors:

This theme focuses on the exploration of potential risk factors for the integration and processing of grief throughout the participant's experience. During the interview, two main categories emerged: (a) past losses, predating the suicide (whether real or symbolic), and (b) pre and peri-suicide factors, referring to events and circumstances that could exacerbate the loss and subsequent grieving process. In J's case, two primary losses were identified: the passing of his ex-father-in-law, occurring about 1 year prior to his son's death, with whom he had an extremely close relationship, and the process of divorcing his son's mother. He describes an amicable divorce, having continued to live together until his hospitalization. However, he expresses significant self-blame for the divorce throughout the interview, assuming emotional responsibility for the marriage not succeeding.

Regarding potentially aggravating factors for the grieving process concerning the suicide itself, certain elements stand out. These include the absence of a formal death notification, which hindered greater emotional preparedness to handle the situation at the time; the lack of a "letter" or justification/explanation for the suicide; and delays in bureaucratic and forensic procedures.

> *"It's just that then it became even more painful because it lasted... [pause] it lasted until Wednesday...? Because I don't know what... the removal of the body for the autopsy was delayed...*

It happened on the weekend... and on top of that, the doctor who was supposed to perform the autopsy was many kilometers away. And the funeral was only on Wednesday at 9:30 in the morning [long pause; sic]"

He often describes the unexpected and traumatic nature of the loss as the main exacerbating factors for his grieving process.

6. Grief Reactions:

This theme focuses on exploring narratives and/or descriptions of emotional, behavioral, and/or cognitive states associated with the recovery of a new sense of hope. It may also involve unexpected improvements in mood and the perception of the loss experience itself. It also delves into the processing (emotional, cognitive, and behavioral) of the loss experience.

Throughout the interviews, he frequently describes significant improvements in his mood and a newfound sense of hope for himself and the future, with these changes beginning to emerge over the past year. It was during this period that he allowed himself, for the first time, to delve into his more vulnerable and deeper aspects, initiating a process that, painful as it may be, is seen as inevitable for a healthy integration of grief and loss into his life.

"I don't know... in the span of a year... I've even said... I've changed more in a year than in 60-something years... [laughter]"

Having embarked on this introspective journey, he openly shared several reflections with me. He disclosed that, for the first time, he had mustered the courage to verbalize and take accountability for the issues that contributed to the dissolution of his marriage, his personal shortcomings, his perceived failures as a father, and his determined efforts to effect positive change. In fleeting moments, I observed a gradual shift away from his idealized perception of the relationship he had with his late son. This marked the inception of a process where he was fostering a more authentic, wholesome, and fundamentally human understanding of that very bond. Starting a year ago, he allowed himself to genuinely grapple with the fear, distress, and pain stemming from this experience. As of now, he feels more empowered and perhaps even symbolically more connected to the memory of his lost son.

"That subject, that theme... only came to light about a year ago... all this time... it was as if I was locked in the dark... I don't know... it was hidden. [long pause] She used to say... 'You can't be so cowardly as to hide your own feelings...' I mean... it was one of the things that I believe was good for me in here... but I don't know... if it was fear, if it was dread before, of... even thinking about it. That's why I tidied it up and closed it, under lock and key... and that's it..."

DISCUSSION

To the best of our knowledge this is the first paper focusing on a qualitative approach to the specific bereavement experience of a father after the loss of a children to suicide. Often, fathers represent a profound understudied area of research, especially in regard to grief and bereavement' experiences, even though some literature suggests gender-based differences between maternal and paternal grief experiences (e.g., McNeil et al., 2021). Among these differences, we highlight the cultural and societal pressure that fathers should be "stronger" and should not discuss their feelings and emotions over the death of his child (e.g., Proulx et al., 2016; Alam et al., 2012; Donovan et al., 2021) and a more frequent tendency to self-isolate and avoidant behaviors (e.g., Kavanaugh et al., 2004; Wood & Milo, 2001). These differences get even more notable when referring to traumatic losses, in particular with suicidal deaths. Parental bereavement following offspring suicide is undoubtedly an extremely sensitive and often uncomfortable topic for all those involved in its study. It is an emotionally heavy subject that requires a high degree of sensitivity and a concern for emotional debriefing and self-care for both participants and researchers. Perhaps, precisely due to the sensitivity of the topic, it becomes challenging to find participants willing to share their most intimate, frightening, and burdensome experiences, thoughts, and emotions with researchers who, in their initial encounter, are nothing else but mere strangers. However, these parents, mothers, family members, and friends, often invisible and overlooked, frequently shrouded in self-isolation and social stigma, are the ones who most need solid, evidence-based support and firsthand knowledge that qualitative research allows. Suicide survivors demonstrate a range of negative health impacts as well as higher levels of suicidal ideation and greater suicide risk (Mogensen et al., 2016).

As a single case study, our intention is not to generalize but to delve deeper into understanding a highly individual and unique phenomenon experienced of this individual. Our aim is, above all, to contribute new insights into parental grief after suicide to scientific knowledge, encouraging

future studies and enabling mental health professionals to access new and diverse perspectives and personal narratives on a topic that still remains taboo and is rarely openly shared.

The findings of this article have managed to address some of the initial questions posed prior to its writing and are largely in line with the current literature. J. exhibits symptoms consistent with the diagnosis of complicated grief (e.g., emotional numbness, identity disruption, avoidance of reminders of the loss, intense emotional pain; APA, 2022), particularly in the first five years after the death of his son. This aligns with current literature that indicates the development of Prolonged Grief Disorder (PGD) is common in cases of unexpected or extremely violent and traumatic deaths (i.e., homicide and suicide; Szuhany et al., 2021). Although grief following suicide shares some similarities with the grieving process after other types of death, the literature suggests that suicide survivors often face distinct challenges. Feelings of guilt, confusion, peer rejection, shame associated with the cause of death, and anger (whether directed inwardly or outwardly; e.g., Jordan, 2008; 2001) are frequent and may further complicate the effects of stigma (e.g., Feigelman et al., 2009; Cvinar, 2005) and trauma (e.g., Murphy et al., 2003) inherent to the grief process following suicide (Tal Young et al., 2012). It is however important to acknowledge that self-blame, guilt, and shame are frequently experienced by parents who have lost a child. A systematic review conducted by Duncan and Cacciatori (2015) provides evidence that feelings of guilt and shame are associated with more intense grief reactions, while self-blame is linked to posttraumatic symptoms, anxiety, and depression in bereaved parents (Martin et al., 2021). Some studies also highlight that individuals who have experienced the loss of a loved one due to suicide are more prone to developing symptoms of post-traumatic stress disorder (PTSD) compared to those who have experienced other forms of bereavement (e.g., Zisook et al., 1998). A significant proportion of suicide methods result in substantial physical harm and those left to find the body (or, in J. case, are present at the death scene) may struggle with recurring images from that moment (Callahan, 2000).

However, the impact on his sense of self, identity, and the centrality that his son's suicide assumes in his autobiographical narrative, alongside the difficulties demonstrated in maintaining interpersonal relationships (even though predominantly present and more emphasized in the first 5 years post-suicide), raises the possibility of an overlap between the diagnostic framework of Prolonged Grief Disorder (PGD) and Complex Post-Traumatic Stress Disorder (CPTSD). In brief, and in accordance with the International Classification of Diseases-11 (ICD-11; World Health

Organization, 2019), the concept of CPTSD is defined based on the core symptom clusters of PTSD (e.g., re-experiencing, avoidance, and sense of threat), with the addition of three new symptoms, referred to as Disturbances in Self-Organization (DSO): affective dysregulation, negative self-concept, and disturbances in relationships (Guo et al., 2021; Karatzias et al., 2021). In the specific context of this case study, it can be hypothesized that in cases of traumatic grief, challenges in maintaining interpersonal relationships may be more relevant to the maintenance (or difficulty thereof) of the symbolic relationship with the deceased object: the difficulty in maintaining continuing bonds with the lost child and the subsequent dissociation of negative aspects of the child in an attempt to preserve and sustain an emotional connection with them. This could give rise to behaviors of idealizing the departed individual, which could hinder the accomplishment of the essential tasks required for integrating the process of bereavement into one's life and identity. In essence, the difficulties in interpersonal relations could extend to complications in forming a healthy psychological bond with the deceased, ultimately impeding the necessary progression towards a more adaptive grief processing and eventual healing. To the best of our knowledge, there are currently few articles published that attempt to explore the association between CPTSD and parental grief. Further research (both qualitative and quantitative) is needed to investigate the potential link between CPTSD and traumatic grief. Regarding the participant's internal and emotional experiences within the grieving process itself, their narratives also align with the themes present in the current literature. Survivors of suicide frequently struggle to comprehend the cause of death and the decision to take their own lives. Messages left by the deceased (i.e., letters) may help them comprehend their loved one's decision, but still many unanswered questions remain, such as their own role in the chain of events (Tal Young et al., 2012). Frequently, death by suicide is seen as a preventable event, making it easier for the survivors to get caught up in self-blame (Cvinar, 2005). In this particular case it was frequent hearing the participant asking himself *"maybe if I had acted differently*" or *"maybe if I had been around more" [sic.*]. Feelings of remorse, shame, and shock are reported among parents who have lost a child to suicide (e.g., Maple et al., 2010) and are considerably higher when compared to the experience of their spouses and children (Reed & Greenwald, 1991). Some studies also pointed out the age of the suicide victim as a substantial predictor of the intensity of grief (e.g., Schneider et al., 2011).

Although identifying the attachment styles present in their familial dynamics would prove useful and might have brought forth some interesting insights to the participants' own bereavement

process (e.g., Shaver & Fraley, 2008; Stroebe et al., 2005), the data collected throughout the interview proved insufficient to correctly and safely identify the attachment styles of both the participant with his parents and with the deceased son. For this reason, we opted not to include attachment theory in this discussion. In the future, it could be interesting and useful for researchers to serve themselves of attachment theory to better understand the complexities and potential outcomes of parental bereavement processes in consequence of losing a child to suicide.

In terms of the final categories, they brought forth some interesting insights, raising intriguing hypotheses. As some of the predetermined categories were based on Worden's task model (2008), this case study allowed us to explore firsthand the various proposed tasks. In this particular case, during the interview process and its subsequent coding, the hypothesis arose that there may not be proper processing of the pain of loss without first truly accepting it. Throughout the interview, the absence of narratives fitting the operational definition of the acceptance of loss became evident. A narrative emerged (especially in the first 5 years) that vehemently avoided any stimulus that confronted the reality of the loss, leading to a series of self-destructive behaviors and avoidance-based mechanisms of emotional regulation. It's only when he verbally expressed his son's death for the first time, that a change in his narrative was observed. Despite the frequent dissociation and fragmentation, marked by the conflict and fluctuation between the inevitable pain of confronting the reality of loss and the self-destruction of trying to escape that pain, it's evident that he began his (still initial) process of grief integration.

On the other hand, the category labeled 'experience processing' takes on very similar contours to the construct of 'delayed grief', similarly proposed by Worden (2008). Although, as previously mentioned, it's a heavily debated concept amongst researchers and clinicians due to a lack of scientific evidence, it's still a phenomenon often observed in psychotherapeutic practice contexts. In this particular case, the processing of the experience of his son's suicide (and the narratives coded within this category) is reminiscent of the beginning of a bereavement process that one would expect to occur shortly after the loss. However, given the specificities and unique characteristics of a suicide death, in this particular case study, it is easily observable the beginning of a mourning process, even if it comes “delayed”. This delay in processing the experience of death often occurs in response to an intense and overwhelming emotional response to the loss, demanding emotional resources the bereaved wasn't prepared for at the time. The phenomenon of delayed grief is also often observed in situations of suicide (Worden, 2008).

Lastly, another conclusion became evident. Throughout the interview, content emerged that indicated a 'newfound sense of hope', bringing profound self-transformations. These changes began after the process of grief integration had started. It's when the participant begins to genuinely process his grief experience that he can simultaneously confront the reality of his son's loss and his own day-to-day reality, which he had avoided for 5 years. This allowed for a deep introspection and internal reorganization.

This phenomenon is known in the literature as Post-Traumatic Growth (PTG). Initially proposed by Calhoun and Tedeschi (2006), PTG describes a sense of psychological, emotional, and/or spiritual growth and transformation as a result of overcoming lived adversities. This concept, increasingly present in the current literature, has emerged as one of the principal ramifications of trauma. It's a potential outcome of the traumatic experience, albeit coexisting with its pathogenic consequences. Throughout his discourse, the reordering of priorities in his life and the need for greater familial closeness are highlighted, alongside a more positive mood, hope for the future, and a decrease in avoidance behaviors toward the pain of loss. All of these align with the current state of the art, which identified PTG as positively associated with time passing after suicide, the use of more adaptive coping strategies, and seeking support. Additionally, a systematic review and meta-analysis conducted by Levi-Belz and colleagues (2021), identified perceived social support and self-disclosure as significant mediators. In J.'s case, the beginning of his PTG process is identified after the close relationship he developed with his friend and the subsequent self-disclosure and verbalization of his experience. *'I don't know… in the span of a year… I've changed more in a year than in my 60-something years… [laughs].*' The literature also suggests that it's not the traumatic event itself that inherently causes PTG, but rather that it serves as a potential catalyst for constructing meaning from the experience (Calhoun & Tedeschi, 2006): a crucial step for the proper and adaptive integration of the potentially traumatic experience into the individual's identity and autobiographical narrative.

Overall, our study highlights the pressing need for additional research that can expand our understanding and scientific knowledge of the bereavement experienced by parents in the aftermath of a child's suicide. It is essential to acknowledge that the insights derived from this study not only illuminate the profound mental anguish and enduring impact experienced by bereaved parents but also underscore the critical importance of providing a voice to those who may feel silenced amidst the tumultuous journey of bereavement. While this research represents a substantial advancement

in our comprehension of the subject, it also encourages further investigation that can add to the larger conversation about this highly impactful and emotionally charged phenomenon, ultimately strengthening our ability to offer comfort, support, and therapeutic interventions to those who tread this difficult path.

OVERALL DISCUSSION

The empirical article presented in the current dissertation successfully addressed the main objective of our investigation, which was to better understand the particular bereavement experience of a father who lost his child to suicide, but also brought forth some interesting answers to other specific objectives that emerged prior to writing this dissertation.

Our main objective and research question was to try to better understand and identify the intricate experiences that fathers undergo in the aftermath of losing a child to suicide. Since we opted for a single case study methodology, we therefore cannot generalize our results to the remaining population. Rather, we seek to provide a deeper comprehension of a particular individual's experience, encouraging further research and broaden current perspectives on a still-taboo subject by providing valuable insight into parental bereavement following the loss of a child to suicide. Our research represents an important contribution to current bereavement and suicide literature, presenting itself, to the best of our knowledge, as one of the first qualitative studies to explore the individual experience of paternal bereavement in consequence of offspring suicide.

The sensitivity of the subject could explain the difficulties and obstacles in finding participants who are willing to openly discuss their personal and burdensome experiences. Nonetheless, it is crucial to give voice to these parents, who often suffer in silence and isolation, as they are the ones most in need of evidence-based support and understanding. Survivors of suicide frequently experience negative health effects and are at an increased suicide risk (Mogensen et al., 2016).

In spite of indications of gender-related differences in the grieving process, fathers have been underrepresented in bereavement research (McNeil et al., 2021). These distinctions include societal expectations for fathers to remain stoic and withhold emotional expression (Proulx et al., 2016; Alam et al., 2012; Donovan et al., 2021), which frequently results in self-isolation and avoidance behaviours (Kavanaugh et al., 2004; Wood & Milo, 2001). In the context of traumatic losses, such as suicide, these distinctions become even more pronounced, making this an emotionally charged and frequently underdiscussed research topic (Tal Young et al., 2012).

Our findings align with current literature, with the participant displaying symptoms consistent with complicated grief, notably in the first five years following his son's death. Survivors of suicide frequently experience remorse, confusion, shame, and anger, which complicates their

grief (Jordan, 2008; Feigelman et al., 2009; Cvinar, 2005). These emotional responses may be amplified if the death is perceived as preventable, thereby fostering feelings of guilt (Cvinar, 2005).

The participant's struggle to maintain interpersonal relationships and the centrality of his son's suicide in his autobiographical narrative raise questions about the overlap between PGD and CPTSD. In line with ICD-11 (WHO, 2019), CPTSD builds upon the core symptom clusters of PTSD (e.g., re-experiencing, avoidance, and sense of threat) and introduces three additional symptoms, known as Disturbances in Self-Organization (DSO): affective dysregulation, negative self-concept, and disturbances in relationships (Guo et al., 2021; Karatzias et al., 2021). In the context of this case study, it is hypothesized that traumatic grief may be linked to challenges in maintaining interpersonal relationships, particularly affecting the symbolic and continuing relationship with the deceased child. This can manifest as unhealthy idealization behaviors of the deceased, which may impede the accomplishment of the necessary tasks for integrating the bereavement process into one's life and identity.

Lastly, the final themes of the study also provide some intriguing insights. The lack of narratives indicating acceptance of loss could suggest a delay in the bereavement process ("delayed gried": Worden, 2008), a phenomenon frequently observed in suicide cases (Worden, 2008). In addition, a newly discovered sense of hope and post-traumatic growth (PTG) arose, reflecting a profound transformation of the Self, as also identified in current literature. It may be important to note that PTG may not result directly from the traumatic event, but rather from the construction of meaning, a crucial step in assimilating the experience into an individual's identity and narrative (Calhoun & Tedeschi, 2006).

In conclusion, this empirical article has provided valuable insights into the complex and deeply personal experience of paternal grief following the tragic loss of a child to suicide. As we continue to explore this emotionally charged terrain, it is our hope that this research sparks further inquiry, fosters empathy and support for bereaved parents, and ultimately leads to more effective therapeutic interventions for those who walk the challenging path of parental bereavement after suicide.

Limitations:

Although our study supports certain findings from current and previous literature regarding parental bereavement following the loss of a child by suicide, it's important to acknowledge some

limitations. Firstly, as this is a single case study, it's not possible to make generalizations to the overall population. It would be interesting and relevant to conduct multiple case studies in a sufficient number to achieve content saturation, aiming to solidify the creation of a grounded theory model and subsequently allow for the generalization of the findings. Additionally, it would be valuable to qualitatively compare the grieving experiences of fathers and mothers.

Secondly, the interviews were conducted using a semi structured format. Despite the interviews being done with the intention of minimizing bias, four core categories were predetermined to be addressed during the interviews. Consequently, the interviews were inclined towards these specific domains, potentially introducing bias into the obtained outcomes. Third, due to the nature of our study being cross-sectional rather than longitudinal, we were unable to analyze the progression of the participants' process of grief over a period of time. Since our participant exhibits some dissociative and PTSD symptoms, alongside his alcoholism problem, some temporal disorganization/bias and memory errors could have occurred. Conducting this experiment in future research would yield intriguing results.

Clinical Implications:

This study focuses on an understudied population in current literature regarding parental grief after offspring suicide, focusing on the emotional experience of fathers, whom are often forgotten (or, at least, less easily accessible). Although this is a single case study, and therefore is not possible to pursue generalizations of the results here discussed, this paper still offers valuable insights that can contribute to a broader understanding of grief dynamics in similar contexts. The study highlights the complexity of paternal grief and suggests that mental health professionals should adapt their counseling strategies to account for the unique challenges faced by grieving fathers. This may involve addressing issues related to feelings of guilt and self-blame, idealization of the deceased, and the preservation of a symbolic relationship with the deceased child. Since the preservation and maintenance of this same relationship presents itself as a particular challenge for the parents who have lost a child to suicide, it could be important that therapists further explore the concept of continuing bonds in an attempt to help fathers navigate their emotions and find meaningful ways to sustain a connection while still progressing through the grief process, helping them come to terms with unresolved feelings of responsibility and working towards a more balanced view of their child.

Clinicians should also be aware of the avoidant tendencies in bereaved parents, and should therefore assist them in understanding the long-term consequences of avoidant-focused mechanisms, working side-by-side with the client to incentive better and more healthy and adaptive coping mechanisms. It is crucial that therapists and clinicians focus on elaborating and integrating therapeutically the "negative" emotions and grief reactions that emerge.

This case study underscores the impact of grief on identity, and therapists can support fathers in reconstructing their sense of self post-loss, acknowledging the role of the deceased child in their lives and identity, integrating the now-symbolic relationship with the deceased. Professionals should also emphasize the importance of fully processing and integrating grief into the clients' life, addressing the emotional challenges that come with it and help clients in their meaning-making process, gradually adapting to a new reality without denying or dissociating from the pain. Understanding the dynamics between family members and social support network is crucial, and counselors could help fathers navigate these dynamics and facilitate open communication between family members.

This single case study suggests opportunities for future research on parental grief following the suicide of a child. Clinicians and researchers could conduct larger studies to validate these findings and devise targeted interventions in collaboration. It is essential to recognize that the conclusions derived from a single case study are preliminary and context-dependent. Clinicians should approach these implications cautiously and consider the broader literature and diverse clinical cases to develop comprehensive and effective therapeutic approaches.

REFERENCES

Alam, R., Barrera, M., D'Agostino, N., Nicholas, D. B., & Schneiderman, G. (2012). Bereavement experiences of mothers and fathers over time after the death of a child due to cancer. *Death studies*, *36*(1), 1-22.

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Bardin, L. (2009). Content analysis. Lisbon, Portugal: Edições 70, LDA.

Berk, M. S. (2022). Editorial: Suicide prevention in youth. *Child and Adolescent Mental Health*, *27*(4), 325–327. https://doi.org/10.1111/camh.12604

Bolton, J. M., Au, W., Leslie, W. D., Martens, P. J., Enns, M. W., Roos, L. L., Katz, L. Y., Wilcox, H. C., Erlangsen, A., Chateau, D., Walld, R., Spiwak, R., Seguin, M., Shear, K., & Sareen, J. (2013, February 1). Parents Bereaved by Offspring Suicide. *JAMA Psychiatry*, *70*(2), 158. https://doi.org/10.1001/jamapsychiatry.2013.275

Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., Carr, D., & Nesse, R. M. (2002). Resilience to loss and chronic grief: a prospective study from preloss to 18-months postloss. *Journal of personality and social psychology*, *83*(5), 1150–1164. https://doi.org/10.1037//0022-3514.83.5.1150

Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and aging*, *19*(2), 260–271. https://doi.org/10.1037/0882-7974.19.2.260

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101.

Callahan, J. (2000). Predictors and correlates of bereavement in suicide support group participants. *Suicide & Life-Threatening Behavior*, *30*(2), 104–124. https://pubmed.ncbi.nlm.nih.gov/10888052/

Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2006). *Handbook of posttraumatic growth: Research & practice.* Lawrence Erlbaum Associates Publishers.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The counseling psychologist*, *35*(2), 236-264.

Creuzé, C., Lestienne, L., Vieux, M., Chalancon, B., Poulet, E., & Leaune, E. (2022, October 11). Lived Experiences of Suicide Bereavement within Families: A Qualitative Study. *International Journal of Environmental Research and Public Health*, *19*(20), 13070. https://doi.org/10.3390/ijerph192013070

Cvinar, J. G. (2005, January). Do Suicide Survivors Suffer Social Stigma: A Review of the Literature. *Perspectives in Psychiatric Care*, *41*(1), 14–21. https://doi.org/10.1111/j.0031-5990.2005.00004.x

Donovan, L. A., Wakefield, C. E., Russell, V., Fardell, J., Mallitt, K. A., Hetherington, K., & Cohn, R. (2021). Variables associated with grief and personal growth following the death of a child from cancer: a mixed method analysis. *Death studies*, *45*(9), 702-713.

Duncan, C., & Cacciatore, J. (2015, March 11). A Systematic Review of the Peer-Reviewed Literature on Self-Blame, Guilt, and Shame. *OMEGA - Journal of Death and Dying*, *71*(4), 312–342. https://doi.org/10.1177/0030222815572604

Feigelman, W., Gorman, B. S., & Jordan, J. R. (2009, July 10). Stigmatization and Suicide Bereavement. *Death Studies*, *33*(7), 591–608. https://doi.org/10.1080/07481180902979973

Hultsjö, S., Ovox, S. M., Olofsson, C., Bazzi, M., & Wärdig, R. (2022). Forced to move on: An interview study with survivors who have lost a relative to suicide. *Perspectives in psychiatric care*, *58*(4), 2215. https://doi.org/10.1111/ppc.13049

Genevro, J. L., Marshall, T., Miller, T., & Center for the Advancement of Health (2004). Report on bereavement and grief research. Death studies, 28(6), 491–575. https://doi.org/10.1080/07481180490461188

Guo, T., Huang, L., Hall, D. L., Jiao, C., Chen, S. T., Yu, Q., Yeung, A., Chi, X., & Zou, L. (2021, January 1). The relationship between childhood adversities and complex posttraumatic stress symptoms: a multiple mediation model. *European Journal of Psychotraumatology*, *12*(1). https://doi.org/10.1080/20008198.2021.1936921

Jordan, J. R. (2001, March). Is Suicide Bereavement Different? A Reassessment of the Literature. *Suicide and Life-Threatening Behavior*, *31*(1), 91–102. https://doi.org/10.1521/suli.31.1.91.21310

Jordan, J. R. (2008, October). Bereavement after Suicide. *Psychiatric Annals*, *38*(10). https://doi.org/10.3928/00485713-20081001-05

Karatzias, T., Shevlin, M., Ford, J. D., Fyvie, C., Grandison, G., Hyland, P., & Cloitre, M. (2021, January 15). Childhood trauma, attachment orientation, and complex PTSD (CPTSD) symptoms in a clinical sample: Implications for treatment. *Development and Psychopathology*, *34*(3), 1192–1197. https://doi.org/10.1017/s0954579420001509

Kawashima, D., & Kawano, K. (2019). Parental Grief After Offspring Suicide and Adaptation to the Loss in Japan. *Omega*, *79*(1), 34–51. https://doi.org/10.1177/0030222817710139

Kavanaugh, K., Trier, D., & Korzec, M. (2004). Social support following perinatal loss. *Journal of family nursing*, *10*(1), 70-92. https://doi.org/10.1177/1074840703260905

Kreicbergs, U. C., Lannen, P., Onelov, E., & Wolfe, J. (2007). Parental grief after losing a child to cancer: impact of professional and social support on long-term outcomes. *Journal of clinical oncology*, *25*(22), 3307-3312. https://doi.org/10.1200/JCO.2006.10.0743

Levi-Belz, Y., Krysinska, K., & Andriessen, K. (2021). "Turning personal tragedy into triumph": A systematic review and meta-analysis of studies on posttraumatic growth among suicide-loss survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 13*(3), 322–332. https://doi.org/10.1037/tra0000977

Maple, M., Edwards, H., Plummer, D., & Minichiello, V. (2009, September). Silenced voices: hearing the stories of parents bereaved through the suicide death of a young adult child. *Health & Social Care in the Community*. https://doi.org/10.1111/j.1365-2524.2009.00886.x

Martin, C. J. H., Patterson, J., Paterson, C., Welsh, N., Dougall, N., Karatzias, T., & Williams, B. (2021, May). ICD-11 complex Post Traumatic Stress Disorder (CPTSD) in parents with perinatal bereavement: Implications for treatment and care. *Midwifery*, *96*, 102947. https://doi.org/10.1016/j.midw.2021.102947

McNeil, M. J., Baker, J. N., Snyder, I., Rosenberg, A. R., & Kaye, E. C. (2021). Grief and bereavement in fathers after the death of a child: a systematic review. *Pediatrics*, *147*(4). https://doi.org/10.1542/peds.2020-040386

Mitchell, A. M., Kim, Y., Prigerson, H. G., & Mortimer, M. K. (2005). Complicated grief and suicidal ideation in adult survivors of suicide. *Suicide & life-threatening behavior*, *35*(5), 498–506. https://doi.org/10.1521/suli.2005.35.5.498

Mogensen, H., Möller, J., Hultin, H., & Mittendorfer-Rutz, E. (2016). Death of a close relative and the risk of suicide in sweden—A large scale register-based case-crossover study. *PloS one*, *11*(10), https://doi.org/10.1371/journal.pone.0164274

Murphy, S. A., Johnson, L. C., Chung, I. J., & Beaton, R. D. (2003, February). The prevalence of PTSD following the violent death of a child and predictors of change 5 years later. *Journal of Traumatic Stress, 16*(1), 17–25. https://doi.org/10.1023/a:1022003126168

Nilsson, C., Blomberg, K., & Bremer, A. (2022). Existential loneliness and life suffering in being a suicide survivor: a reflective lifeworld research study. *International journal of qualitative studies on health and well-being*, *17*(1), 2122157. https://doi.org/10.1080/17482631.2022.2122157

Patton, M. Q. (1990). *Qualitative evaluation and research methods*. SAGE Publications, inc.

Piazza-Bonin, E., Neimeyer, R. A., Burke, L. A., McDevitt-Murphy, M. E., & Young, A. (2015). *Disenfranchised Grief Following African American Homicide Loss. OMEGA - Journal of Death and Dying, 70(4), 404–427.* doi:10.1177/0030222815573727

Proulx, M. C., Martinez, A. M., Carnevale, F., & Legault, A. (2016). Fathers' experience after the death of their child (aged 1–17 years). *OMEGA-Journal of Death and Dying*, *73*(4), 308-325. https://doi.org/10.1177/0030222815590715

Reed, M. D., & Greenwald, J. Y. (1991). Survivor-victim status, attachment, and sudden death bereavement. *Suicide and Life-Threatening Behavior, 21*(4), 385–401.

Robinaugh, D. J., & McNally, R. J. (2011). Trauma centrality and PTSD symptom severity in adult survivors of childhood sexual abuse. *Journal of traumatic stress*, *24*(4), 483-486. https://doi.org/10.1002/jts.20656

Saldaña, J. (2013). The Coding Manual for Qualitative Researchers. Sage.

Schneider, B., Grebner, K., Schnabel, A., Hampel, H., Georgi, K., & Seidler, A. (2011). Impact of employment status and work-related factors on risk of completed suicide: A case–

control psychological autopsy study. *Psychiatry research, 190*(2-3), 265-270. https://doi.org/10.1016/j.psychres.2011.07.037

Shaver, P. R., & Fraley, R. C. (2008). Attachment, loss, and grief: Bowlby's views and current controversies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 48–77). The Guilford Press

Shields, C., Russo, K., & Kavanagh, M. (2019). Angels of Courage: The Experiences of Mothers Who Have Been Bereaved by Suicide. *Omega, 80*(2), 175–201. https://doi.org/10.1177/0030222817725180

Smith, J. A. (2015). Qualitative psychology: A practical guide to research methods. *Qualitative psychology*, 1-312.

Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in Coping with Bereavement: A Theoretical Integration. *Review of General Psychology*, *9*(1), 48–66. https://doi.org/10.1037/1089-2680.9.1.48

Stroebe, M., Schut, H., & Boerner, K. (2010). Continuing bonds in adaptation to bereavement: Toward theoretical integration. *Clinical psychology review*, *30*(2), 259-268. https://doi.org/10.1016/j.cpr.2009.11.007

Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged grief disorder: Course, diagnosis, assessment, and treatment. *Focus*, *19*(2), 161-172. https://doi.org/10.1176/appi.focus.20200052

Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012, June 30). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, *14*(2), 177–186. https://doi.org/10.31887/dcns.2012.14.2/iyoung

VERBI Software. (2021). MAXQDA 2022 [computer software]. Berlin, Germany: VERBI Software. Available from maxqda.com.

Wilcox, H. C., Erlangsen, A., Chateau, D., Walld, R., Spiwak, R., Seguin, M., Shear, K., & Sareen, J. (2013). Parents bereaved by offspring suicide: a population-based longitudinal case-control study. *JAMA psychiatry*, *70*(2), 158–167. https://doi.org/10.1001/jamapsychiatry.2013.275

Willig, C. (2013). *EBOOK: introducing qualitative research in psychology*. McGraw-hill education (UK).

Wood, J. D., & Milo, E. (2001). Fathers'grief when a disabled child dies. *Death Studies*, *25*(8), 635-661. https://doi.org/10.1080/713769895

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. springer publishing Company.

World Health Organization. (2022). *ICD-11: International classification of diseases* (11th revision). https://icd.who.int/

Zavrou, R., Charalambous, A., Papastavrou, E., Koutrouba, A., & Karanikola, M. (2022). Trying to keep alive a non-traumatizing memory of the deceased: A meta-synthesis on the interpretation of loss in suicide-bereaved family members, their coping strategies and the effects on them. *Journal of Psychiatric and Mental Health Nursing*, *30*(2), 182–207. https://doi.org/10.1111/jpm.12866

Zisook, S., Chentsova-Dutton, Y., & Shuchter, S. R. (1998). PTSD Following Bereavement. *Ann Clin Psychiatry*, *10*, 157–163. https://doi.org/10.1023/A:1022342028750

Exmo. Professor Miguel Nery
Mestrado em Psicologia Clínica e da Saúde

Estimado Coordenador,

Na qualidade de Presidente da Comissão de Ética da Universidade Europeia, cumpre-me oferecer pronúncia favorável aos dois projetos de investigação (*infra*), a desenvolver no âmbito do Mestrado de Psicologia Clínica e da Saúde, a saber:

Dissertação: O LUTO PARENTAL COMO EXPERIÊNCIA TRAUMÁTICA
Investigadora: Carolina Batista
Orientador: Professor Doutor Miguel Nery
Coorientador: Professor Doutor Paulo Ferrajão Unidade Curricular: Dissertação

[redacted]

Cumpre-me advertir para o cumprimento da Política de Privacidade e Proteção de Dados da Universidade Europeia (https://www.europeia.pt/politica-de-privacidade-e-protecao-de-dados).

Ao longo de toda a investigação, devem os investigadores agir em conformidade com o Regulamento Geral de Proteção de Dados e a Lei n.º 58/2019, de 8 de agosto (Lei de Execução). Sempre que possível devem ser usados dados anonimizados como medidas de segurança.

Cordialmente,

Cristina Maria de Gouveia Caldeira
Presidente da CdE
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GUIÃO DE ENTREVISTA

1. Nome;

2. Idade;

3. Estado marital e quantos filhos tem?

4. Escolaridade;

"Pretendo perceber como é que tem sido o processo de lidar com a perda de um filho; Fale-me um pouco de si. Pode começar por onde preferir."

TAREFAS DE LUTO:

1. Aceitar a realidade da perda;

2. Processar a dor da perda (analgesia/evitamento da dor)

3. Adaptar-se a um mundo sem a pessoa perdida (ajustamentos externos, internos e espirituais);

4. Encontrar uma relação contínua com a pessoa perdida quando é iniciada uma nova fase da vida;

- Como é que lidou com a perda?

- Que estratégias é que utilizou para lidar com a perda?

- Que alturas sente que foram mais difíceis neste processo? E o que é o ajudou a lidar com a situação?

- Em algum momento se sentiu como se isto não lhe estivesse a acontecer a si?

- Quais as principais preocupações que está a vivenciar neste momento?

- Como está a viver o seu luto? Quais as emoções e sentimentos mais significativos (raiva, culpa, tristeza, saudade...)?

CONTEXTUALIZAÇÃO DA EXPERIÊNCIA:

- Há quanto tempo faleceu o seu familiar? Que idade é que ele/a tinha?

- Relativamente a todas as circunstâncias que envolveram a sua perda, sente que ficou algo por fazer (rituais fúnebres, despedida, etc.)? Que aspetos sente que ficaram pendentes, por resolver?

- Como lhe foi notificada a morte do seu familiar? (Tentar perceber qual o método utilizado)

CENTRALIDADE DO EVENTO NA IDENTIDADE PESSOAL:

Organização das memórias autobiográficas e da experiência; rutura na identidade

- O processo trouxe alterações na sua noção de espiritualidade? Se sim, de que forma? Que impacto sente que isto teve na sua vida?

- O que espera do futuro?

- Que influência teve a morte do seu familiar na sua vida? Influenciou a sua vida social/familiar de alguma forma?

- Teve influência sobre a saúde?

RELAÇÃO COM A PESSOA PERDIDA E COM A REDE DE SUPORTE SOCIAL:

- Como é que descreveria a sua relação com ele/a? (antes e depois)

- O que recorda dos últimos tempos de vida do seu familiar?

- Como tem sido/foi o apoio que tem recebido (de quem: Família, Amigos, outros; explorar qual a regularidade, acessibilidade e gratificação com o apoio recebido)?

- Sente que houve coisas que foram deixadas por dizer?

- Dê-me 2 adjetivos que descrevam a relação que tinha com o seu filho? 1 episódio que exemplifique para cada adjetivo.

- Dê-me 2 adjetivos que descrevam a relação que tem/tinha com a sua mãe e com o seu pai? 1 episódio que exemplifique para cada adjetivo.