




Lived Experiences of Suicide-Bereaved Siblings in Pakistan: A Qualitative Approach

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ABSTRACT

The perspective of siblings who are suicide-bereaved in Pakistan denote a rather underexplored but significant part of mental wellbeing. This qualitative research reconnoiters the feeling of people whose siblings have been lost in the event of a suicide while also aiming to bring light to the different facets of the grieving journey that they have navigated through. Using techniques of thematic analysis, data was collected using semi-structured interviews involving 8 participants who were siblings and belonging to a wide range of backgrounds, each of them offering a different and unique viewpoint that was shaped by their experiences and backgrounds. The analysis discovered seven predominant themes, each of which contained several subthemes. From these, a universal and main aspect of the bereavement process was emotional distress which was interlinked with coping mechanisms and resilience portrayed by siblings while undergoing that journey of grief. Furthermore, posttraumatic growth as a phenomenon came forth as an intricate interconnection of transformation of the individual due to huge loss. The research also revealed the extensive effect of stigmatization in Pakistani society regarding suicide. Nevertheless, the significance of Environmental Reward, complexities of stressed relationships and social support dynamics came forth as important features that shaped the experience of bereavement. The discoveries highlight the need for specialized interventions and support services that cater to individualized needs of individuals in Pakistan who are suicide bereaved. By identifying and authenticating their experiences, officials involved in making policies and mental health professionals can nurture a more effective and sympathetic method for helping those who are currently experiencing loss of a sibling due to suicide. This research contributes important discernments to the increasing literature on the topic of bereavement and emphasizes the importance of cultural bound and contextual helping strategies for catering mental health problems in Pakistan.

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1. Introduction

Individuals who are grieving due to suicide have some experiences that are not widely known to others although, many people face this kind of loss each year (Shields, Kavanagh, & Russo, 2017). An important public health problem that is worldwide occurring is suicide which affects individuals, families and even communities throughout the world. The World Health Organization (WHO) has an estimate of around 800,000 individuals who die because of suicide each year which makes it a primary cause of death around the globe. It is the 17th leading cause among all ages and the fourth one when looking at ages between 15 and 29 years (World Health Organization, 2021). The effect of suicide spreads over many individuals around

the one who has died. Their families are hugely impacted due to the emotional dysregulations, facing of stigmatization and the mixture of feelings of guilt, sorrow and misunderstanding (Scheideman, 1972). It brings a huge emotional toll on the family as they are struggling to identify the causes due to which their close one attempted suicide along with having a feeling of loss, embarrassment and isolation (Tal Young et al., 2012). Furthermore, families are often left with unanswerable questions and a feeling on an unfinished business after a suicide. The effect also spreads to friends, colleagues and the community to which they belong as it contributes to a societal burden (Kennedy, Brumby, Versace, & Brumby-Rendell, 2020). The stigmatization that is linked with suicide can further increase these challenges, leading to an unwillingness to discuss the problem openly or get help which worsens the suffering of the people who are left behind (Carpiniello & Pinna, 2017).

Adverse psychological emotions are also linked to bereavement along with higher chance of death and physical illness (Stroebe, Schut, & Stroebe, 2007). The increased mental impacts on members of the family can appear in a variety of ways such as increased probability of psychological issues, problems in relationships and an increased susceptibility to suicide for the remaining members of the family (Spillane, Matvienko-Sikar, Larkin, Corcoran, & Arensman, 2018). When looking at non-Western cultures (like South Asia), relationships among individuals feel to be more important with respect to suicidal behavior as compared to psychological issues when looking at literature from Western, industrialized nations (Amitai & Apter, 2012). To understand the experiences of people who have suffered due to suicide of a close one in context of Asian culture is important due to various reasons such as to help addressing the distinct problems related with losing a close one to suicide (Tal Young et al., 2012) along with importance in upbringing empathy and reduction of stigmatization, providing of targeted support and playing a part in broadening the struggles in the awareness of mental health, prevention and advocacy (Pitman, Osborn, Rantell, & King, 2016). Along with Pakistan, a serious health problem across the globe is suicide (Safdar, Afzal, Smith, Ali, Zarif, & Baig, 2021). Although wide ranging and contemporary information might be restricted, present data proposes that rates of suicide in Pakistan are a worrying matter (Imran, Naveed, Rafiq, Tahir, Ayub, & Haider, 2023). In Pakistan there is no proper documentation regarding cases of suicide bereaved (Khan & Ali Hyder, 2006; Shekhani, Perveen, Hashmi, Akbar, Bachani, & Khan, 2018). Due to stigma regarding suicide and lack of awareness about mental health issues, it is uncertain to understand the impact suicide have on families and also there is limited number of studies due to stigma (Shekhani et al., 2018). Due to stigma families undergo through phase of social isolation, have feeling of guilt and social alienation and reluctant to discuss about their experiences and feeling with anyone and with mental health professionals (Ahmedani, 2011).

A combination of society cultural factors which includes stigma, disenfranchised grief which hampered the process of understanding the process of grief and bereavement which families go through (Delalibera, Presa, Coelho, Barbosa, & Franco, 2015). It is important to recognize and respect these sociocultural influences and to provide a working support to the families that are grieving to provide a culturally sensitive method for counseling of grief and assistance (Cacciatore, Thieleman, Fretts, & Jackson, 2021). Within these eleven researches that are included in the systematic review, one focused on mourning processes which followed a suicide (Shields, Kavanagh, & Russo, 2017). The results specify that people who are bereaved because of suicide feel a wide variety of emotions which include guilt, sorrow and emptiness which are shaped by their schematization of suicide. The procedure of discovering meaning is difficult and takes place amongst a demanding social context which makes it harder for the grieving as well as the community to become involved in a constructive social interaction. An important role is played by environmental rewards to interrupt the cycle grief caused by suicide and its psychological consequences. Supposed value, positives or negatives of events and events in one's direct environment are referred to as environmental rewards. These can be manifested in a variety of domains of life like relations (such as involving in an important discussion with a friend) and a place of work (such as getting a promotion). It has been found by Imran et al. 2023 that 15 to 35 individuals in Pakistan end their lives each day. The scarcity of literature that is focused on feelings and experiences of siblings of people who have committed suicide in Pakistan is a huge gap and limits our understanding of the effects of suicide on families (Creuzé, Lestienne, Vieux, Chalancon, Poulet, & Leane, 2022). Regardless of the increasing number of suicides internationally and nationally (within Pakistan), a prominent limitation of researches that explore the consequences faced by the members of

family who are left behind (Safdar et al., 2021). Struggles that aim to prevent suicide in Pakistan should not only prioritize the understanding and moderating of risk factors but also the availability of support for those who are affected which includes grieving families. Heightened awareness, better psychological services and lesser stigmatization can play a huge role in the reduction and prevention of suicide in the country. But, continuing research and collection of data are important to get a better understanding of the problem and implementation of useful tactics (Stuart, 2016). To understand the complicated network of emotions, pressure of society and coping strategies that are specified for suicide-bereaved siblings in Pakistan are important to formulate effective psychological health plans and support systems (Mathieu, Todor, De Leo, & Kőlves, 2022). Objective of the study was to understand and explore the social and psychological factors suicide bereaved families face such as anxiety, post-traumatic stress disorder (PTSD) and depression, stigma, shame and the post-traumatic growth. The study also explored the phenomenon of environmental reward and Behavioral activation to enrich our understanding of interaction between the psychosocial and environmental factors after suicide of loved one.

2. Material and Method

2.1. Research Design

To explore the lived experiences of siblings bereaved by suicide in Pakistan, this study employed a qualitative research design. Adopting a pragmatic approach, the research aimed to comprehensively explore the multifaceted aspects of these experiences. Face-to-face and on-call semi-structured interviews were employed to collect data, and the analysis followed Thematic Analysis principles. The utilization of this approach aligns with its recognition as a suitable method in healthcare research, particularly to explore the experiences of participants in sensitive circumstances (Braun & Clarke, 2006).

2.2. Setting

Data were gathered from 8 bereaved family members, comprising siblings (sisters and brothers). The interviews took place at the Psychiatry Department of Benazir Bhutto Hospital in Rawalpindi, Pakistan. The interviews were conducted in a private setting ensuring a confidential and comfortable environment. Participants had the flexibility to choose the interview location based on their comfort, and those who requested it were reimbursed for their time and travel expenses, acknowledging and respecting their commitment to sharing their experiences.

2.3. Data collection procedure and procedural ethics

The scholar held Good Clinical Practice (GCP) certification, ensuring adherence to ethical standards. Trained Researcher approached and screened potential participants, providing them with a comprehensive description of the study. A participant information leaflet was distributed to 8 eligible individuals, seeking their consent for further contact, and two contact numbers were recorded. The voluntary nature of participation was emphasized, and participants were assured that they could withdraw at any point without repercussions. Written consent was obtained from all participants, and interviews, averaging 1 hour and 30 minutes in length, were audiotaped. Frequent breaks were encouraged during interviews, fostering a comfortable environment. Transcriptions were carried out verbatim, capturing participants' descriptions of their experiences, particularly their perceptions of psychological and social challenges and coping strategies following their loss. Utilizing a semi-structured interview format allowed flexibility for both prompting questions and adapting to the participant's narrative. To address potential risks, participants were informed of the availability of debriefing and ongoing support within the bereavement assistance program. Audio recording was protected to ensure confidentiality and privacy and allocate participants with identification numbers to keep anonymity. A specialized distress policy was created to provide support and counseling to participants who might encounter distress during or after the process of interviews to uphold ethical standards of research.

2.3.1. Risk Protocol

With regards to risk management, a detailed protocol was activated which was used to analyze potential risk to participants. This organized approach confirmed that any identified risks would quickly trigger a precise referral protocol for instant psychiatric assessment and required treatment. The important part is that over the period of the qualitative research, none of the participants were identified as being at risk which provides assurance with regards to the safety measures taken by the researchers.

2.4. Sampling and Recruitment

A purposive sample comprising 8 participants, including 5 brothers, and 3 sisters from 7 diverse families were included. Participants were recruited from various cities across Pakistan, such as Rawalpindi, Gujrat, Gujranwala, and Jhelum. To capture the distinct experiences and intensities of relationships within families, both willing siblings from each family were included. Recruitment involved consulting Emergency departments and Medical Legal Officer (MLO) registers of hospitals. Potential participants were contacted and invited to be part of the study. The interviews spanned a three-month period, conducted from February 2023 to May 2023.

2.5. Inclusion criteria

1. participants should be siblings who are survivors of suicide bereavement.
2. Participants should have experienced bereavement for more than six months and have lost a loved one within the last five years.
3. The deceased's age not exceeding 30 years.
4. All participants were required to be Urdu-speaking.

2.6. Exclusion criteria

1. Individuals with medical conditions, substance misuse, dementia, alcohol or drug abuse, schizophrenia, bipolar disorder, or any condition hindering participation.
2. Those unable to actively engage or respond to interview questions.
3. Bereavement other than suicide.

These criteria aimed to ensure the suitability of participants for in-depth exploration of their lived experiences.

2.7. Data Collection

Semi-structured eight in-depth interviews were carried out in Urdu by scholar. The scholar had prior experience conducting qualitative interviews and were involved in a Randomized Controlled Trial focused on problem-solving intervention for adults with a history of self-harm (MR/N006062/1). Interviewer were skilled in working with the bereaved, proficient in recognizing participant needs, and capable of providing assistance if distress occurred. Written consent was obtained from all participants. Each interview commenced with the question, "How did your family experience suicide bereavement?" reminders were given or reformulations if discussions deviated from the research focus. Interviews were audiotaped with participant consent and later transcribed verbatim. Pseudonyms were assigned to ensure confidentiality.

2.8. Topic Guide Structure

The topic guide comprised both qualitative and quantitative components.

2.8.1. Qualitative

Open-ended questions explored events leading to the death, siblings' feelings, psychological and social challenges, post traumatic growth and behavioral activation strategies employed.

2.8.2. Quantitative

Sociodemographic information (age, gender, marital status, education level, occupational level, city, mother tongue, relation to the deceased, and duration of suicide bereavement) was collected at the beginning of each interview. Data regarding the deceased included gender, age, marital status at the time of death, method of suicide, family structure, psychiatric history, and any pre- or post-suicide psychiatric consultations.

2.9. Development of Topic Guide

2.9.1. Expert Panel Discussion

A panel of experts, including two psychiatrists and three clinical psychologists experienced in self-harm, engaged in a 3-hour discussion to identify and prioritize areas for the topic guide. Emphasis was placed on using understandable language for parents and siblings.

2.9.2. Draft Development

Two clinical psychologists and a senior psychiatrist crafted the first draft of the topic guide through a detailed literature review and insights from the expert panel discussion.

2.9.3. Evaluation and Feedback

The draft was evaluated by a psychiatrist for language appropriateness and inclusion of all relevant areas. An English version was also shared with a qualitative research expert for feedback, resulting in adjustments to question style to enhance in-depth data acquisition.

2.9.4. Quality Control and Assurance

The researcher underwent intensive training in qualitative data collection and analysis, attending a comprehensive workshop in the UAE. Training included presentations, topic guide development, role-play sessions on sensitive issues, and hands-on exercises using thematic analysis.

2.10. Data Analysis

The transcripts of each interview were reviewed multiple times initially, qualitatively coded, reviewed, and labeled to capture the essence of the participants' responses. To protect the confidentiality of the participants, pseudonyms were assigned to each individual. Prior consent was obtained before recording the interviews, and thereafter, the anonymized transcripts served as the primary data for analysis. Data collection persisted until saturation point was reached, ensuring comprehensive coverage of the topic. Thematic analysis was then conducted to identify recurring patterns and themes within the interviews. This study adopted a generic (inductive) qualitative approach, focusing on the human experiences. (Braun & Clarke, 2006) established five-step process for conducting thematic analysis served as the guiding framework. Rigorous measures were undertaken to maintain the validity of the analysis, with continuous discussions regarding coding procedures. In adherence to the standards of qualitative research reporting, the study was meticulously reported following the guidelines outlined in the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist. This comprehensive approach ensures transparency and rigor in the presentation of findings, thereby enhancing the credibility and trustworthiness of the study.

3. Results

In this qualitative research, the researchers have explored the experiences of people who have suffered from the loss of a loved one because of suicide, especially with a focus on siblings who have deceased family members between the age of 18 and 30 years. The interviews were conducted over a wide range of participants comprising of 5 brothers and 3 sisters which totaled to be 8 participants. Their obtained education ranged from those who had not obtained any formal education to people having high levels of education like graduation or doctoral studies. The methodology that was used by their close ones for ending their lives consisted a huge diversity such as usage of rat poison, wheat pills, overdose of drug or hanging. It was very surprising that majority of the people who had committed suicide were young men who had used wheat pills or rat poison to end their lives. When looking at the average, participants had been suffering from this loss for around two years which elaborates the long-lasting effect of grief and its effect on their lives.

Table 1: Demographic characteristics

	Family participants	Gender	Age	Marital status	Mother Language	Education	Occupation	Relation with the deceased	Family System	consultation with Mental Health Professional	consultation with Faithful Healer	Deceased Age	Deceased Gender	Marital illness	Method of suicide	Duration of Bereavement (Years)	Prior Mental illness
p1	1	Male	22	Single	Punjabi	11 grade	Student	Brother	Nuclear	NO	NO	18	Female	Single	Rat pills	1 year	No
P2	2	Male	32	Married	Urdu	BDS	Dentist	Brother	Nuclear	No	No	28	Male	Separated	Wheat pills	1 year	NO
P3	3	Male	32	Married	Siraki	Nil	Shop work	Brother	Nuclear	NO	NO	30	Male	Married	Rat pills	1 year	No
P4	4	Male	30	Married	Punjabi	Matric	Metal working	Brother	Joint	YES	YES	27	Male	Divorced	Drug overdose	3 years	Yes
P5	6	Female	23	Single	Punjabi	Graduation	Nothing	Sister	Joint	No	No	30	Male	Married	Wheat pills	6 months	No
P6	6	Female	35	divorces	Punjabi	Matric	jobless	Sister	Joint	No	No	30	Male	Married	Wheat pills	6 months	No
P7	8	Male	20	Single	Punjabi	8 th	shop keeper	Brother	Nuclear	No	No	22	Male	Separated	Wheat pills	3 years	No
P8	7	Female	22	Single	Punjabi	5 th	Maid	Sister	Nuclear	No	No	27	Male	Divorced	Hanging	2 years	Yes

Table 1 provides an overview of the characteristics of both the participants and their deceased family members, providing valuable insights into the demographics and circumstances surrounding the loss of loved one.

3.1. Theme: Emotional Distress and Social Disconnection

3.1.1. Subtheme: Emotional and Functional Impairment

Difficulties in functioning and emotional regulation were felt by the bereaved and this had an effect on their normal functioning and reduced their capability to perform activities of daily life. These problems consisted of issues with sleep, productivity and concentration. "I couldn't focus on anything after my sister's suicide. My mind was constantly consumed by thoughts of her, and I struggled to even get out of bed in the morning."

3.1.2. Subtheme: Preceding Warning Signs and Communication

A change in participant's style of communication following the suicide of their loved ones was noted. Most noticed changes in behavior or affect, although others felt a complete disappearance of dialogue. "In hindsight, I recognize there were signals indicating my brother was facing difficulties, yet I struggled to initiate a conversation with him about it. I regret that he didn't seek assistance before it became irreversible."

3.2. Theme: Navigating Posttraumatic Growth and Personal Transformation

The experience undergone during the period of posttraumatic growth was reported by the participants along with finding new goals in their lives after the loss of their loved ones through suicide. Although the pain was great, the participants told that they had experienced a change with regards to self and found a clear direction with regards to their goals in life and moral codes.

"After my brother suicide, I found solace in my faith. It brought me closer to Allah and helped me find meaning in her loss. I realized that her passing had a greater purpose, and it motivated me to live a life aligned with my faith and values." "Going through such difficult times showed me that I had inner strength I never knew existed. It's like the adversity brought out a resilience in me that I didn't know was there."

3.3. Theme: Coping Strategies and Resilience

3.3.1. Subtheme: Spiritual and Religious Coping

It was reported by the participants that they had converted to being religious and spiritual as they found peace and power in these while coping with the immense loss of their close one. Becoming involved in practices of religion along with discovering a meaning in faith-based teachings were normally described as means of coping.

"Attending religious gatherings and seeking guidance from our religious leaders has been my main source of support since my brother suicide. I find relief in knowing that God is with us, even in our darkest moments."

3.3.2. Subtheme: Social Support and Friendship

Members of the research put a focus on how friends and support of relatives was an important factor to cope with bereavement of suicide. A way of seeking comfort was through having access to friends and members within the family who understood about their situation and also by being involved in support groups where people who have suffered similar kinds of loss discussed their experience.

"My friends have been my lifeline since my brother's suicide. They listen without judgment and offer unconditional support, which has been invaluable in my healing journey." "Being part of a support group for suicide-bereaved individuals has been incredibly comforting. Sharing our stories and struggles with others who understand has helped me feel less alone in my grief."

3.4. Theme: Environmental Rewards for Coping with Bereavement

3.4.1. Subtheme: Behavioral Activation and Environmental Reinforcement

It has been reported by people facing loss due to suicide that methods of environmental rewards and behavioral activation are crucial ways for coping with grief. It was

emphasized that importance of getting comfort and happiness from their environment which included spending staying outdoors, following their interests and taking part in activities that they enjoyed as this played a role in diverting their focus from their psychological suffering. "Cooking became my therapy after my sister's suicide. I found peace in preparing meals for my family and creating something beautiful out of chaos."

3.4.2. Subtheme: Maintaining Routine and Structure

It was reported by the participants that an important role was played by a well-maintained routine in their journey of coping from bereavement. It was described that it was comforting to engage in activities that gave them a sense of normality such as following schedules, getting involved in daily rituals etc.

"I made sure to stick to my regular routine after my sisters' suicide. It helped me stay focused and distracted from the overwhelming emotions, knowing what to expect each day."

3.5. Theme: Overcoming Stigma, social support and Barriers to Seeking Professional Help

Participants elaborated the unescapable stigmatization they faced from the society which in most scenarios aggravated their guilt feelings and loneliness. It was described that experiencing adverse behaviors from others delayed and stopped their ability to gain help to overcome the feelings of grief.

"After my brother's suicide, I felt judged by others who didn't understand our pain. People made hurtful comments and avoided us, which only added to our sense of isolation."

"The stigma surrounding suicide bereavement made it difficult for us to talk about our loss openly. We felt judged by society, which made it harder to reach out for help."

3.6. Theme: Promoting Social Support and Advocacy for Mental Health Awareness

The desire to understand and support those who are facing psychological challenges and show some empathy and to create safe environment for them.

"It's important to show empathy and kindness for people who are bereaved by suicide. We should be non-Judgmental and provide support to those who are struggling.'

3.7. Theme: Strained Interpersonal Relationships

Participants informed that they had strained relation with deceased. There was communication gap and due to conflict and problematic relationship, it led to complicated grief and feeling of guilt and regret.

"I had strained relation with my sister before her suicide. We did not communicate for months and now I have guilt feeling that why I did not talk to her.'

4. Discussion

In previous literature the impact on mental health due to suicide bereavement was emphasized. Emotional disconnection from society was significant theme for suicide bereaved siblings and subthemes of emotional and functional impairment, lack of communication separation with which our results are consistent (Maple, Edwards, Plummer, & Minichiello, 2010). Apart from shame, anxiety and, stigma which were felt by bereaved, posttraumatic growth and resilience were reported by the participants. This finding is consistent with the findings of García-Iglesias et al. (2022); Tedeschi and Calhoun (2004) who mentioned that people find purpose in life and meaning after a suicide or traumatic event and it led to positive mental health changes. There were variety of coping mechanism which participants have mentioned. It includes the religion and spirituality, social support. These results are consistent with previous studies that reported the social support and religious support as a way to cope with grief and bereavement and find that relation between religion and spirituality is generally positive but inconsistent and depend on how its measured and social support was protected against major depression, PTSD and complicated grief (Vanderwerker & Prigerson, 2004; Wortmann & Park, 2008). Another significant finding was use of Environmental reinforcement and establishing a routine was common. Using It shows that when people use behavioral activation and adopt hobbies and stay outdoor it plays important role in overall coping. These

results are consistent previous findings that Behavioral activation and environmental reward play significant role in mental health change (Pressman & Cohen, 2005). Apart from post-traumatic growth, Environmental reward and coping participants reported barriers like stigma, judgmental attitudes of society which is hurdle to seek professional help. These results highlight the need of interventions to overcome stigma (Patel et al., 2018). Participants highlighted need for social support by creating awareness about mental health issues. There was emphasize on need of empathy and compassion for to get supportive system. The results are consistent with findings which suggested that community-based techniques for intervention are important to overcome stigma (Corrigan & Watson, 2007). Lastly, the lived experiences of participants show to complicated nature of suicide bereavement which includes characteristics of interpersonal relations and psychology. Problematic relationships and features of behavior of the departed came out as major factors they had an impact on the process of bereavement. These findings align with previous researches that highlight the multifaceted nature of suicide bereavement and the need for specialized interventions to support survivors (Maple et al., 2010).

1.1. Strengths and Limitations

A noteworthy strength of this research belongs in its qualitative approach, which allows for a detailed exploration of the experiences of siblings bereaved by suicide. Usage of semi-structured type of interview assisted an immensely detailed collection of information which enabled the outcome of a wide range of themes that contributed to an in-depth understanding of the phenomenon. Furthermore, the addition of members from different cities in Pakistan increases the researches generalizability, which also provides an insight on the experiences of people from different ethnic backgrounds. Regardless of its strengths, this research is not without limitations. Initially, the size of sample is small which limits its overall diversity to a wide population of people in Pakistan who are suicide bereaved. Moreover, relying on information from self-report and retrospective accounts may introduce memory bias and subjectivity. Additionally, the omission of people who had some medical conditions or a case of substance abuse may have limited its generalizability. Besides, the focus on participants who are Urdu speaking may also limit its application to non-Urdu speaking people from Pakistan. Additional research is required to formulate and assess intervention plans which aim to support people who are bereaved by suicide. These intervention plans should keep in mind factors relating to culture and other contexts. Their efficiency should be thoroughly tested in order to identify evidence-based practices and should do model testing to check the relationship pattern.

2. Conclusion

In conclusion, this research offers important views on the experiences of siblings who are bereaved due to suicide in Pakistan. The themes that have been discovered emphasize the huge distress in emotion and distancing from others as experienced by people who were bereaved along with their coping techniques and resilience. The results also bring to light the complications of going through posttraumatic growth and standing against stigmatization and issues to seek help by professionals. Moreover, the research elaborates the effect of societal and monetary challenges that are faced by individuals who are suicide bereaved. However, the research highlights the importance of identifying and addressing the distinctive requirements of suicide-bereaved people in Pakistan, with implications for psychological health policies and practice.

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