

## **The Sudden Death of a Child: Unveiling Nigerian Mothers' Experiences of Grief**

**Ruqayat Owoyemi Raji<sup>1\*</sup>, Haniza Rais<sup>2</sup> and Ismail Sheikh Ahmad<sup>3</sup>**

<sup>1</sup>*PhD Candidate, Department of Educational Psychology and Counselling,  
Kulliyah of Education, International Islamic University Malaysia,  
Kuala Lumpur, Malaysia.*

<sup>2</sup>*Department of Educational Psychology and Counselling,  
Kulliyah of Education, International Islamic University Malaysia,  
Kuala Lumpur, Malaysia*

<sup>3</sup>*Department of Language and Literacy,  
Kulliyah of Education, International Islamic University Malaysia,  
Kuala Lumpur, Malaysia.*

*\*Corresponding Author: rruqayyahatiku@gmail.com*

*Received: 10<sup>th</sup> February 2023; Accepted: 19<sup>th</sup> April 2024; Published online: 31<sup>st</sup> January 2025*

### **Abstract**

The sudden death of a child is one of the most devastating losses a mother can experience. This experience is often associated with shock, trauma, and grief. Mothers in Nigeria face a high prevalence of sudden child deaths. Hence, the aim of this phenomenological study was to explore the challenges and grief experiences of mothers following the sudden death of a child, using focus group discussions (FGD) as a platform for investigation. The researcher served as the group leader and interviewer, working with four women from the Ministry of Women Affairs in Nigeria. The participants were four bereaved mothers, married for at least five years, who had lost a child. They were purposively selected for the study through word-of-mouth communication and announcements posted on the Ministry of Women Affairs notice board. Thematic data analysis was used to identify patterns, meaning and themes in the FGD data, which was derived from discussion, observations, and the experiences shared by the participants. The analysis revealed four major themes in the bereaved mothers' grief experiences, including managing the emotional pain of the loss, coping with the reality of the death, having poor support systems, and struggling to move forward after the loss. The implications on professional grief counselling and support are discussed to assist grieving mothers to cope better in times of grief.

**Keywords:** *sudden death, loss of a child, bereaved mothers, grief experiences, grief counselling*

## INTRODUCTION

The death of a child is an incredibly sad and painful experience, not only for the mother but also for the entire family, as it shatters all the hopes and dreams envisioned for the child. The World Health Organisation (WHO) (2019) defines sudden death as demise occurring within twenty-four hours from the onset of symptoms. Sudden deaths can be the result of suicide, homicide, accidents, and natural disasters such as floods, earthquakes, tsunamis, fires, and the like. Mothers who have lost a child to sudden death described their experience as the worst agony and a nightmare (Price & Jones, 2015). The grief reactions following the death of a child are devastating and tend to remain longer than the pain experienced after the death of other family members.

Grief is a reaction to the loss of a loved one, be it to sudden death or an expected one. In cases of sudden death, bereaved family members often experience more prolonged grief reactions than those who lose a loved one to an expected death (Parkes, 2014). Sudden deaths are especially devastating because they are unanticipated life events that leave family members without the opportunity to say goodbye. As such, the experience of a sudden death has a more grievous and more debilitating impact on family members. It constitutes a profound emotional cost for the bond between the deceased and the living, which usually follows a normal course that the bereaved faced as psychological consequences.

According to Worden (2018), all these reactions are normal for the bereaved to experience at the early stage of loss. Several studies on loss and bereavement have provided evidence that grief reactions are universal (Neimeyer, 2019), although the feelings and experiences that follow the sudden death of a loved one may be more severe for those left behind than for those experiencing an expected demise from a known illness (Zhang & Jia, 2018). Earlier studies showed that the bereaved may experience feelings of guilt and anger as well as a high morbidity rate in the first few years following the bereavement (Wang & Wang, 2021). More recent research highlighted that helping the bereaved who experienced loss to focus on the meanings of loss and the continuing bond in their relationship with the deceased is a prominent source of meaning-making in cases of sudden death (Neimeyer, 2019).

## LITERATURE REVIEW

Dealing with grief and accepting the loss of a loved one is a challenge to anyone who went through this tragic experience. Accepting the sudden demise of a loved one is undoubtedly one of the most difficult experiences in life. It requires a great deal of emotional strength and psychological support to cope with the effects of loss. Bereaved mothers often report experiencing profound grief for months or even years after losing a child. Although the intensity of mothers' grief may subside over time, such profound grief often leads to negative consequences that affect the physical and mental health of the mothers over time (Neimeyer, 2019). Previous studies have shown a significant effect of a child's death on mothers' physical health. For example, evidence reveals an increase in chronic conditions and more complex medication regimens among bereaved mothers for at least one year following their child's death (Youngblut et al., 2017). In addition, mothers' levels of fear doubled over five years after the death of a child in the family.

Rais (2020) wrote that:

The painful loss as a result of the death of a loved one can be unbearable. There is no prescription to how one should or must react to make the experience less painful. There is no clear-cut or the right or wrong ways to respond to such loss, what to say, what to do, and how to feel. (p. 284)

Especially for mothers who experienced the death of a child, the pain and trauma can be so intense and emotional (Sekowski & Prigerson, 2022). In the early phase of their grief, mothers have to deal with the quietness and the absence of the child's figure in the home. Another study by Laakso and Paunonen-Ilmonen (2002) shared the mothers experiencing physical and psychological reactions such as pain, fatigue, depression, anger, and loneliness. However, mothers are found to be more articulate in narrating their experiences right from the time before the child's death and immediately after (Sekowski & Prigerson 2022). This suggests that adequate intervention toward their grief recovery is needed for them to cope in life. Sekowski and Prigerson (2022) found that not being able to say goodbye increases the grief reactions that follow the sudden death of a child. A similar study by Arnold and Gemma (2008) showed that mothers who experienced a lifelong grief following the sudden death of a child caused many effects on the family system. Once the mother is affected, the remaining members of the family are also affected (Charles-Edwards, 2009). One of the challenges faced by the affected families is the lack of support. Arnold and Gemma (2008), in their study, showed the need for adequate support to help during the time of grief (Love, 2007).

Literature has shown that the nature of mothers' grieving the sudden loss of a child is determined by the various factors leading to the death of the child. Bereaved mothers tend to develop a concrete external bond with their deceased child (Oyebode & Owens, 2013; Mahat-Shamir & Leichtentrit, 2024). Preserving the comforting memory of a child becomes a complex challenge, as it can be difficult to hold on to those memories without also reliving the pain of their sudden death (Mun & Ow, 2017). In many cases, various expressions may reflect a failure to contain the loss or may involve self-blame where family members blame themselves for the loss and choose to avoid reminders of the dead given the greater distress caused by such reminders (Sekowski, 2021). The challenges mothers face after the sudden death of a child are often influenced by the cause of the death. Linde et al. (2017) revealed that the majority of mothers who suffer from the sudden death of a child experience the continuing bond with their deceased child.

A number of factors are known to be associated with sudden death such as accidents, suicide, natural disaster and poisoning (Youngblut et al., 2017). There is substantial evidence highlighting the psychological and psychosocial burden of sudden death, especially with the renewed global concern on sudden death as a significant public health challenge. During periods of extreme grief (e.g., a mother experiencing extreme pain and loss due to her child's sudden death), grieving individuals may challenge both religion and faith. Conversely, religion and spirituality can also be a source of comfort or lead to increased reliance as a coping mechanism (Nuzum et al., 2017).

The unmet need of mothers following their child's sudden death is well researched. Some of the findings can also be applied to the circumstances of the death. Within families, it is natural that mothers need support from family members but unfortunately, they are sometimes met with a lack of understanding, thus preventing them from fully grieving the death of their child (Mills et al., 2021). Other challenges associated with mothers' grief is cultural beliefs, decision making dynamics, and the lack of relationship with professional workers.

All of these indicators highlight the significant effect of a child's death on the mothers' well-being. These indicators are also a signal to counselling professionals on the importance of providing necessary interventions during the stressful experience of losing a child. Understanding the lived experiences of mothers is an important area for professional counselors in knowing the kind of intervention they may need. The empathetic understanding of bereaved individuals and their experiences during their difficult life journeys is at the heart of counselling. As bereaved mothers reflect on their grief experiences, it is important for counselors to first listen to their voices in a culturally sensitive manner. This must be done to promote the highest professional standards within the family unit and improve counselling practices globally.

This study intends to explore the experiences of the mothers in Nigeria in dealing with the death of a child in the family. The main objective is to unveil the challenges faced by bereaved mothers who participated in a family support group. The participants' experiences will provide a better understanding of Nigerian mothers' grief experiences for counselling professionals and the use of group counselling as an intervention to support grieving mothers in general. The outcome will also help to improve the delivery of counselling interventions, specifically for clients with grief issues. Previous studies have identified several factors of grief, grief experiences, the impact of grief, and how grieving individuals react to the loss. The present study explores the grief experiences of mothers who lost a child to sudden death and the challenges they faced subsequently.

## **METHODOLOGY**

### **Research Design**

This qualitative study is phenomenological in nature as it reveals the lived experiences of selected individuals (i.e., bereft and grieving mothers) in a phenomenon (i.e., sudden death of a child). It allows for an in-depth understanding of the grieving mothers' subjective experiences of loss and pain and the meaning attributed to them. The investigation was conducted within the setting and context of a family support group, where the selected participants shared their grief experiences after losing a child to sudden death. The first researcher herself conducted the session, allowing her to observe the participants' interactions as they shared their experiences through the process of focus group discussion and participant observations. The focus of the study was on the challenges and grief reactions experienced by the participants following their child's sudden demise.

### **Participants**

All participants were Nigerian mothers residing in Nigeria, with ages ranging between 35 and 48 years. The duration since their child's death ranged from four to five years prior to the study. Participants were recruited by word of mouth through the office of the Commission for Women's Affairs. The inclusion criteria used to select the participants were bereaved mothers, between the ages of 25 and 50, who had been married for more than five years and who had experienced the painful loss of a child to sudden death. Table 1 shows the participants' further demographic information.

**Table 1***Participants' Demographics*

Participants' Codes	Age	Age of child at time of death	No of Children	Birth Order of Deceased Child	No of Surviving Children	Years of loss at Time of Interview
M1	35	15	1	1 <sup>st</sup>	0	4
M2	32	5	3	1 <sup>st</sup>	2	4
M3	42	12	3	2 <sup>nd</sup>	2	3
M4	48	23	3	1 <sup>st</sup>	2	5

**Instrument: FGD Protocol**

To conduct the FGD in a manner comfortable to the participants, the following questions were asked to navigate the discussion. The questions were framed and asked with care so as not to hurt the feelings of the mothers and further increase their grief:

1. Thank you for your willingness to be part of this discussion on a very delicate topic. I assure you that the conversation will be a safe conversation and nothing from it will be disclosed to a third party. I am here to listen, not to judge, so please feel free to talk about your feelings, emotions and grief. Take your time, and only share what you're comfortable with. Can we start with you introducing yourself?
2. Can you talk a little bit about your child and the circumstances surrounding his/her sudden demise?
3. What are some of the beautiful memories of your child that bring you peace?
4. What challenges did you face following the sudden death of your child?
5. Can you talk about your grief experience? What was it like?
6. How did you manage to take care of yourself emotionally in the days after your child's passing? What helped you to cope better with the grief?
7. What made the grief process difficult for you?
8. What kinds of support, either from family, friends, or other sources, have been most helpful to you as you navigate this grief?

**DATA COLLECTION**

The study was conducted in Nigeria. A focus group discussion (FGD) was organized with the participants, i.e., the mothers who had lost a child to sudden death between one and five years prior. The mothers were selected based on two inclusion criteria, i.e., they had been married for more than five years and they had lost a child, regardless of the age of the child, to sudden death. The first researcher contacted each participant to confirm an appointment at a central location (i.e., the Ministry of Women Affairs' conference room) at a mutually agreed time. Participants' privacy was ensured during the FGD. Permission to conduct the FGD was obtained from the Commissioner of Women's Affairs. The FGD was conducted in English, lasting for 55 minutes, and was recorded using an MP3 recorder. Notes were also taken down during the conversation. The questions were open-ended questions, and the participants were asked to describe their experiences based on the challenges that occurred following the sudden death of their child, their grief experiences, coping mechanisms and what made their grief process particularly difficult. The FGD session aimed to capture the real experiences of mothers who went through pain following their child's sudden demise and to gain insights into the challenges they faced and how they directly or indirectly impacted their lives.

## **DATA ANALYSIS**

An inductive thematic analysis was employed to identify the recurring patterns and themes in the FGD data (Braun & Clarke 2006). Thematic analysis was chosen to remain as close to the grounded data as possible (Smith, 2007). Following the steps of Braun and Clark for thematic analysis, the authors familiarised themselves with the data, reading and re-reading the transcripts, and writing down initial thoughts (Braun & Clarke). The data was transcribed verbatim following Cresswell's (2017) conventions of phenomenological data analysis that sorted and organized data into meaningful patterns. Using the inductive method of extracting themes and sub-themes, the analysis interpreted the meanings that best described each participant's experiences concurrently and contextually. Five stages of analysis were followed: (1) data transcribing; (2) identifying recurring patterns and trends; (3) grouping and combining similar trends and patterns into categories; (4) determining the frequencies and occurrences of trends and patterns; and (5) naming or labeling the categories as themes and sub-themes.

## **RESEARCH ETHICS**

Ethical approval for the study was granted by the Commissioner for Women Affairs, Kwara State, Nigeria. There was a 6-day period between the announcement and the conduct of the FGD, in which participants' attendance and participation was voluntary. The purpose of the FGD was explained clearly to the participants. Informed consent was obtained from them and they were assured that their identities, as well as the confidentiality of the information they provided, would be protected. The participants were also given the opportunity to ask questions at any point throughout the process.

## **FINDINGS**

The inductive thematic analysis produced four major themes that described the mothers' grief experiences: (1) managing the emotional pain of the loss; (2) coping with the reality of the loss; (3) dealing with a poor support system; and (4) striving to move on after the loss.

### **Theme 1: Managing the Emotional Pain of the Loss**

All the participants expressed their sadness during the group process. Two openly wept, while the other two tried to hold back their tears as one of them described the loss to be the worst experience she ever had to go through (M1). The others (M2, M3, and M4) saw the death of their child as the most traumatic event of their lives. They shared what it was like losing their child to sudden death, the challenges, and the grief reactions that followed.

M1 felt she had not been protective enough of her child, while the other participants felt they had failed to protect their child from harm. M1 found the experience to be particularly painful because she was not around at the time of her child's death and had been too focused on trying to conceive after a long delay in childbirth. Meanwhile, M2, M3, and M4 felt that others around them did not understand what it was like to lose a child.

It was very difficult for the mothers to let go of the thoughts and memory of the deceased child. In cases of sudden and unexpected loss, the reflection, pain and sorrow of grief inevitably arise

(Doka, 2016). Grieving mothers tend to feel that the world has come to a halt, that life has lost its meaning, and that they are no longer functioning as human beings. This was expressed by M1:

I felt like there is nothing left for me in this world. I was not even functioning well as the thoughts [of my child] keep coming back to me. (M1)

Thus, when the bereaved are able to construct a new reality of death, they begin to adjust to new ways of living that no longer center on or revolve around the deceased child (Gillies & Neimeyer, 2006). The ongoing emotions of the mothers are a function of their attempts to cope with the loss, often acting as though they are in survival mode (Malkinson & Bar-Tur 2005).

I remember thinking there is no other child that can be like him again, [then] I just lost it...I don't think I would ever have a child like him again because he was just so different from his siblings. (M2)

Constant crying for the deceased child during the first few days is common among bereaved mothers, as the natural order of life is that a child should outlive the parents and the parents should never see the death of any child of their own. Hence, the sudden death of a child abruptly disrupts their normal routines and social activities, and turns their world upside down. Two participants described such loss as a deeply sad and devastating feeling they struggle with internally, as no one else truly understands how it feels. These feelings cannot be shared with or explained to other people around them; hence, constant crying becomes the only effective way to cope. M1 described the circumstances of her child's sudden death and why it was a crushing experience for her:

It was on my birthday. She was on her way to my room to sing me a birthday song just as she used to do but fell [to the floor] halfway. There and then she died. (M1)

Another challenge faced by the bereaved mothers was the emotional pain triggered by seeing the deceased child's friends, age mates, teachers, events, or photographs, all of which exacerbated their feelings of sadness.

There used to be these beautiful portraits of her hanging in our living room and I looked up and it was not there anymore; that is when I lost it. (M3)

## **Theme 2: Accepting the Reality of the Loss**

No matter how old or experienced an adult may, they would never think or expect that their child would die before them. When faced with the sudden, unimaginable death of their child, they are often left confounded, not knowing what to say or how to react. One participant shared her traumatizing experience of rushing her child to the hospital, only to be told later by the doctor that the child had been brought in dead. The news came with a huge shock and contributed to her struggle to confirm that the death was real:

And like all doctors will appear in their suites, he just said to me that she has died....I was trying to figure out if the doctor was sure he was referring to my daughter. And he said, oh I am sorry madam she passed away....she was dead already when you brought her in. It just did not seem real to me. (M3)

The reality of his death was hard for me [to accept]...until I saw my husband clear[ing] up his room, removing all his personal stuff, [and that] made it real. (M4)

Returning home from the market or work and expecting your child to come welcome you and you didn't see anybody....It's like not believing he was gone and [that I] would not see [him] again daily to welcome me back home. (M1)

The remembrance of tangible objects or the child's favorite food triggered the mothers' emotions, thereby forcing them to acknowledge the harsh reality of the loss. It was also discovered from the findings that the loss of a child created a huge physical absence of a family member, as described by M2:

She was our bundle of joy wrapped in a little body. I loved her immensely as she was the first fruit of my womb [and now, she is no more]... (M2)

### **Theme 3: Poor Support System**

All participants revealed that they preferred to speak to an outsider than to family members about the loss of their child. Alternatively, they preferred talking to counselors or professionals who can better understand their feelings, but were not aware of the possibility of getting help from grief support groups or grief counselors who can assist them with their issues of loss. For example, M2 said she could not take it when close family members insisted on her accepting the loss. Visiting the bereaved is a cultural practice that involves saying kind, comforting words and simply sitting with them for some time, with the assumption that the visitors understand how it feels to lose a child unexpectedly. But instead of empathizing and comforting, visitors or relatives often end up forcing the bereaved mothers to stop crying, reassuring them that they would be just fine.

For example, both in the morning and the evening, family members come to pay condolences to me. The problem is, when some of them came, they started saying that they knew how I felt, [and that] I should just accept the loss [immediately]. (M2)

And a relative sat close to me and said to me, "I know it's sad losing your child, but you must stop crying. You are going to be okay. Your crying can't bring him back. (M4)

At this stage, the support needed for the bereaved to mourn is absent and the grieving process is cut short. Although the individuals might have come with the intention of consoling and supporting the bereaved mothers during their grieving process, but their words tend to come across as insensitive and unbearable, thus making it hard for the bereaved mothers to cope with the death.

I remember [how] my sister-in-law fought with someone when she said, "Be grateful [that] he [my child] didn't suffer before his death. You have other children, so you must be strong so that you can take care of them. (M3).

I really tried to be myself, but I just couldn't because of the things people said to me. If it was them that had lost their only child, they would have been very kind with their words. I wish I had someone I could just cry and talk to that would understand me better. (M1)

There was no one I could count on or talk to, so I held on to my religious beliefs and that was just what held me [together]. I became a little closer to my religion, which was good for me [during] that time of my loss. Not even my friend[s] could understand me. (M2)

All of the participants recognized the roles of a counselor and agreed that they needed the support of a counselor or a grief expert that could have helped them tremendously during their period of bereavement. However, most of them did not have access to one and did not seek counselling help either. This trend or occurrence is in line with the report of Stroebe et al. (2008), who reported that a majority of people do not tend to seek counselling intervention, believing that grief is a normal reaction to loss. One of the participants said that, "I felt like this pain was too much for me [to bear alone] because I don't tell anyone about it" (M4).

Getting unpleasant responses and poor support left them experiencing high emotional pain from the loss. The bereaved mothers avoided communicating with others who never experienced such loss for fear that they might respond in a way that would hurt them. The challenge of having to bear it all by themselves became an additional burden for the bereaved mothers as they went through their grief alone, knowingly or unknowingly losing friends and acquaintances in the process.

I rarely talk to people and no one talks to me [either]. People call me less, unlike before losing my child. It's easy for them to say I am being sensitive even at the mention of my child's name. (M4)

#### **Theme 4: Moving Forward in Life**

The challenges for bereaved mothers are truly felt when they try to continue living their lives without their loved ones. They feel the need for having a good listener who is physically present and able to communicate with them (such as a professional grief counselor). They find it hard to continue with their lives without the presence of the deceased, especially when they feel pressured to move on before their grief issues are resolved. On the other hand, when they are with family and friends, they feel the pressure of expectations pushing them to stop grieving, move on and proceed with life. The bereaved often struggle to say no to these expectations due to the long-standing familial bond that ties them with their significant others. This creates a difficult and challenging situation for the participants because they feel alone in the process of grieving.

Everything felt like [they were] just moving on. Sometimes, I feel like being alone and not talking to anyone, but my mother would say to me in a very depressive tone, "The death of your child has made you stop talking to me for a while now. You have to move on and think of other things in life. Accept the will of Allah. (M1)

"As part of life, you have to accept whatever comes your way and move on with life. It is very difficult, but you have to start picking up the momentum," said my friend. (M3)

Two participants said,

I tried to move on after my child's death even though it was so difficult for me as her thoughts kept [coming back to me] again and again. (M2)

Everyone kept telling me I should move on and get back to work. In just a few months after the loss of my child, they wanted me back at work. (M4)

The participants' testimonies are consistent with earlier findings that described resilience as a barrier to moving on after a loss (Balk, 2011). They believe that even if they can cope and are ready to move on despite their sadness, there will never be a time in life when the wave of memories of their

child's death can simply disappear. Moving forward for bereaved mothers can be even more challenging depending on the intensity of their grief. The stressors associated with the sudden death of their child affect the participants' ability to move forward. This contradicts the expectations of others who insist that bereaved mothers should forget, heal and move on with life by a certain point in time.

Even as I try to move on, going through the emotions was a very slow and painstaking process. (M1)

For the bereaved mothers, their devastating experience of loss is an ongoing, lifelong challenge. Their primary focus rested on the emotions surrounding the grief experience of having lost their beloved child (Arnold & Gemma, 2008). The participants also talked about how the process of moving on was even more difficult for them because of the feelings of unpredictability following their child's death. Their narratives indicate that, since the death, they have not fully recovered and returned to their normal lives.

## DISCUSSION

For the bereaved mothers who participated in the study, accepting the reality of their child's sudden demise and the pain of the loss aligns with the typical grief reactions of shock, disbelief, sadness, anger, guilt, and numbness (Klass, 2017). The bereaved share a range of emotional responses upon learning of their child's death, with intense feelings of disbelief and sadness about the reality of the situation. They reflected on what they had been told by the doctors, asking themselves, "Is this real? Was he talking about my child?" In the agony of waiting for some miracle to happen, they kept their eyes open all day and night, hoping to see their child walk into their arms again. A feasible way of helping bereaved mothers accept the reality of their loss is by providing counselling services immediately after the loss, ensuring an effective and free flow of communication between them and the counselor, and creating a caring and accommodating environment to help them heal. These strategies are important in order to ensure their emotional improvement and healthy well-being (Testoni et al., 2020).

We discovered from the findings that two themes, i.e., accepting the reality of the loss and getting poor support from family members and friends, were the most frequent challenges experienced by the bereaved mothers who participated in the study. The inability of family and friends to empathize with or understand the feelings of the bereaved mothers resulted in the poor support extended to them by their social networks of family members and friends. When bereaved mothers do not get the adequate support they need, it negatively affects their emotional stability and well-being. One factor that contributes to this lack of support is communication. The bereaved mothers in this study felt more comfortable connecting with people who had gone through similar experiences of loss and feelings of despair or with experts of grief counselling (Benkel, 2009) rather than with their close friends and family. They recommended that to improve the well-being of bereaved mothers, psycho-emotional support from counselors and grief therapists is necessary.

A key contribution of this study is that its findings pave the way for counselors and grief therapists to further understand the nature of grieving, particularly the grief and grieving process of mothers. This understanding enables them to provide tailored support to bereaved mothers. The findings underscore the importance of promoting adequate understanding and support through positive communication among members of the family and allowing the bereaved mothers to grieve in their own space. Since grief is the reaction following the death of a loved one that affects the normal functioning of the bereaved, healthcare providers and social workers must be aware of the need to

help bereaved mothers navigate their grief through adequate psycho-emotional support and group healing or therapy.

Educating the public, friends, and family members about grief and loss is crucial. Most participants in this study reported that it was difficult to garner support from the members of their social networks due to the members' lack of awareness or understanding of grief and loss. Therefore, this study suggests that psychoeducation on grieving, along with information on support resources, bereavement policies, and benefits, be provided to families, friends, and acquaintances. This provision will enable family and friends to assist bereaved mothers in coping with the loss of their loved ones.

### **CONCLUSION AND RECOMMENDATIONS**

In conclusion, mothers' experiences of losing a child to sudden death, as unveiled in this study, underscore the profound impact such a devastating loss has on their psychological and emotional well-being. The grief can also have a negative impact of their physical well-being if the bereaved mothers choose to neglect their physical needs and continue to immerse or dwell on their emotions, leading to the lack of sleep, food and other necessities for normal functioning. Hence, the study's findings may be used to guide family and friends, as well as grief counselors, social workers, educators and the Ministry of Women Affairs in assisting bereaved mothers and ensuring their well-being during the period of bereavement. Currently in Nigeria, there is no established bereavement support intervention or professional counselling for bereaved mothers. Therefore, it is crucial for the Nigerian government to consider including bereavement support intervention in their policies to promote positive coping strategies among the bereaved. This study, conducted among Nigerian mothers, has highlighted the need for both professional counselling and familial support to help grieving members overcome their pain and loss.

Further research specifically focusing on the reactions of spouses to bereaved mothers may enhance the understanding of grief in the family context. This should provide further insights into the family dynamics at times of grief. The study interviewed four Nigerian mothers to understand their experiences and perspectives of grief, most of whom shared similar circumstances and backgrounds. Future studies should explore and unveil the perspectives and experiences of fathers and siblings in dealing with death and the loss of a loved one. Additionally, future studies would benefit from more heterogeneous groups of participants comprising mothers from different religious beliefs, spiritual orientations and educational levels, as well as from a quantitative exploration of the challenges encountered and the grief process following a sudden death of a loved one.

### **ACKNOWLEDGEMENTS**

The authors would like to thank the participants for providing valuable data for the study. Additionally, the authors extend their gratitude to the anonymous reviewers whose feedback significantly improved the quality and conduct of the study.

### **FUNDING**

No specific grant or funding from any agency--public or private, commercial or non-commercial, or profit or non-profit organization--was granted to the researchers for the conduct of the study.

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