

Buddhist Mothers' Experience of Suffering and Healing After the Accidental Death of a Child

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Abstract: Numerous nursing studies have examined suffering, but none have addressed the suffering and healing Buddhist mothers experience after the accidental death of a child. The purpose of this study was to gain understanding of the meaning of suffering and the practices of healing and suffering, among Buddhist mothers after such a loss. Buddhist concepts provided the philosophical framework, and Gadamerian hermeneutic phenomenology provided the methodological framework, for this investigation.

Ten Buddhist mothers were recruited from a government hospital in Songkhla province, Thailand. In-depth interviews were conducted and data were analyzed using hermeneutics. Five themes that reflected the meaning of suffering among Buddhist mothers, after the accidental death of a child, were identified. They included: the mother's heart was torn into pieces; the mother's body was frozen and she was uncertain she would survive; happiness in the mother's life was missing; the mother's anger and rage at self and others; and, the mother worried and wondered about the next life of her deceased child. The mothers were found to heal their suffering by: transforming their relationship with the deceased child; elevating the deceased child to be a very good child capable of going to heaven; making merit in order to pass the benefit to the deceased child; self-healing through understanding and mind cultivation; and, seeking support. The findings promote the understanding of the suffering and coping of Buddhist mothers whose child accidentally died.

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Introduction

A mother and her child are involved in an intensely close relationship from birth to adulthood.¹ The loss of a child, through death, is a unique and particularly intense type of grief or suffering, and may be more severe than other types of bereavement.² The violent or unexpected death of a child is a traumatic event that can bring

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unimaginable suffering for the family, especially, for the mother.

Suffering, a universal human experience, can be described as: feeling pain or distress; sustaining injury or loss; being the object of some action; being observed; or, patiently enduring a situation.³ Prior studies, in Thailand, have examined Buddhists' suffering regarding: family caregivers of seriously mentally ill patients;⁴ a palliative model for HIV-infected patients;⁵ the use of meditation, as a healing mode, for HIV-infected patients;⁶ factors related to paraplegic patients;⁷ and, tsunami survivors' unexpected loss of family member(s), houses, possessions and businesses.⁸ However, no study could be located that specifically examined Buddhists mothers' suffering, as a result of the accidental death of a child. This oversight needed to be addressed, since approximately 95% of the Thai population are Buddhists.⁹ Therefore, the purposes of this study were to investigate, using Gadamerian hermeneutic phenomenology, what suffering means to Buddhists mothers, who have experienced the accidental death of a child, and how they attempt to heal their suffering.

Literature Review

Suffering is a significant human experience, not only in nursing and health care, but also within the Buddhist culture. This literature review explored the meaning of suffering in general and the Buddhist concept of suffering, including what Buddhists view as the causes and alleviation of suffering.^{10, 11} Morse^{12, 13} indicated that suffering refers to response to a loss, which involves an extremely distressed state, wherein emotions are released. Kahn and Steeves^{14, 15} suggest that suffering means extreme discomfort, including displeasure or unpleasant perceptions. In addition, they described suffering as an experience that affects the whole person, and is defined in terms of physical, mental or spiritual pain; loss; and, psychological distress. Smith¹⁶

viewed suffering as a spiraling, vicious circle of physical, psychological, social and spiritual distress. The immediate response to suffering, according to Battenfield,¹⁷ may be shock, loss of control, or having no expression, at all, until one recognizes what has happened and realizes, in order to get through the situation, one must continue to function.¹⁷ These responses also are related to the symptoms of traumatic grief, depression and anxiety.¹⁸

In Buddhism, the notion of suffering has been translated to Pali (the ancient scriptural and liturgical language of Theravada Buddhism) as "*dukkha*," meaning unsatisfactoriness,^{10, 11} or being inadequate or unsuitable. Suffering also has been presented as the result of, or caused by, such factors as disease, discomfort, disorder, conflict, difficulties, unfulfillment and/or pain.¹⁰

Buddha explained everything about life in terms of causation.¹⁹ Causality (conditionality) is addressed in the "Law of Dependent Origination" (*Paticcasamuppada*), which consists of 12 factors: ignorance (*Aviccha*); volitional actions or kamma-formations (*Sunkhara*); consciousness (*Vinnana*); mental and physical phenomena (*Nama-Rupa*); the six faculties (five physical organs and mind) (*Uttayana*); sensorial and mental contact (*Phussa*); sensation (*Vedana*); desire; thirst (*Tanha*); clinging (*Ubbatan*); the process of becoming (*Pope*); birth (*Chatta*); decay or death (*Jara-marana*); and, associated sorrow, lamentation, pain, suffering, grief and despair.^{10, 20} These factors are linked in a circle of cause and effect. A cause of suffering may begin at any point of *Paticcasamuuppada*, but proceeds through the circle. For example, when a wife sees her husband with another woman, the stimuli initially occurs through the woman's eyes (*ayatana* and *pussa*). She feels disappointment (*vedana*) because she loves her husband very much (*tanha*). Her attachment (*ubbatan*) to her husband leads her to attempt to keep him as a refuge (*pope*). Feelings of jealousy, anger or worry occur (*chatta*). The woman

suffers because she does not realize her defilement (*aviccha*). She may create several negative thoughts, such as the other woman is her husband's new girl friend (*sankhara*). Without consciousness (*vinna*), or the right understanding, the woman will suffer and her suffering will continue in the circle of *Paticcasamuupada*. On the other hand, if the woman has wisdom, she can stop the circle, at any point, and her suffering will be alleviated.²¹ In other words, suffering refers to individual experiences that are extremely uncomfortable and which may involve physical, mental or spiritual dimensions. Usually the physical, mental and spiritual dimensions are interconnected with each other, depending upon the particular event and the person's response to it.

When a mother has the right understanding of the nature and occurrence of suffering, she is able to break the circle of *Paticcasamuppada* and stop the suffering. Healing, or the end of suffering, is a result of right actions based on wisdom or right understanding. Buddhists are encouraged to solve problems according to their true sources of the cause of suffering,¹⁰ and heal their suffering using their own wisdom. Healing may be achieved through cognitive, emotive or behavioral reactions.²² Healing is both a process and an outcome. As a process, healing is: a natural process; occurring from within; restoring balance to systems; capable of self-diagnosis and repair, without conscious effort; an individual unique experience; and, an active process in which persons take responsibility for their own health. As an outcome, healing restores balance, wholeness, relaxation and harmony.^{23, 24, 25, 26}

When individuals face suffering, they seek whatever is fitting in their minds, so they can alleviate or eliminate the suffering. Thus, healing is what often is referred to as "the best way we have for dealing with suffering in our lives."

There are several ways to heal suffering, or deal with discomfort, depending on the problem, i.e. prayer, meditation, therapeutic touch and massage.²⁷

Hence, healing is completely unique and creative in maintaining wellness.²⁷ In Buddhism, more than 2500 years ago, Buddha offered a remedy, or strategy, for healing suffering. This remedy is called the "Middle Way," and can be applied to the conditions of contemporary life. It is a prescription for a happy, well-adjusted life.²⁷ The Middle Way, or Noble Eightfold Path, comprises all the practical teachings of Buddhism. It is classified into three categories; *sila*, *Samadhi* and *panna*, described as: (a) ethical conduct (*Sila*), composed of right speech, right action, and right livelihood; (b) mental discipline (*Samadhi*), including right effort, right mindfulness, and right concentration, with suppression of intellectual activity, development of tranquility and loss of sensations; and, (c) wisdom (*Panna*), or right thought and right understanding. Commonly, these terms are referred to as the three fundamental exhortations of the Buddha, including: not to do any evil; to cultivate good; and, to purify the mind. As described above, purification of the mind, in order to achieve the final goal of absolute freedom, must be completed by wisdom, as a result of insight, into the Law of Dependent Origination, and the state of *anatta*, or not-self, or impersonality of all phenomena. Having attained this knowledge, the person lives a good life, overcomes all problems, brings suffering to an end, and enjoys freedom, peace and happiness of the mind, without resorting to any external supernatural power.^{20, 21}

Method

Design and analysis: Gadamerian hermeneutic phenomenology was used to guide the study. Gadamer's key philosophical concepts include the: hermeneutic circle; dialogue; fusion of horizons; and, prejudice.^{28, 29} Emphasis is placed on language with the belief that language and history supply the shared sphere, in the hermeneutic circle. In addition, Gadamer addresses understanding and interpreting,

within the research process. Understanding, like conversation, represents a relationship between the researcher and the participants.³⁰ Interviews and conversations are non-directive, so that participants are able to tell their stories in the way they wish. Interpretation occurs by way of creating a fusion of horizons between the researcher's original prejudices, in conversation with the participants' understandings. Prejudice refers to our preconceived understandings that come from past experiences and socialization. Gadamer³¹ advocates continually striving to identify prejudice, which originate from the researcher's historical background, as it relates to the topic at hand. In practice, the researcher acknowledges, as much as possible, his/her prejudices, while data are collected and interpreted.¹⁶ Based on Gadamer's³² philosophical hermeneutics, the following was accomplished:

1. Audio-taped interviews were transcribed by the researcher.
2. The researcher read and reread each text, while listening to the recordings, to gain a feel for the data.
3. Themes were extracted by: reading, word by word and line by line; under lining and/or highlighting words; coding words; identifying and naming themes, which emerge from segments of the text; grouping themes; and, naming themes, in relation to parts and the whole.
4. Members of the research team were asked, by the primary researcher, to validate the themes identified.
5. The primary researcher looked for constitutive patterns (themes that unified the text). This involved the creative, linguistic and intuitive process of finding metaphors and images to interpret the experiences of the participants.
6. An interpretive account was generated by writing and rewriting, using the chosen metaphors as a narrative device.
7. Writing and rewriting was done to incorporate

all the interpreted accounts into a synthesized interpretation.

Setting: The setting of the study was Songkhla province, Thailand. The province of Songkhla was selected because of its high incidence of death among children, resulting especially from accidents. In 2000, the province reported the highest number of deaths throughout Southern Thailand ($n = 7,575$).³³ Accidents are a primary cause of disability in Thailand, with traffic accidents, specifically, being the leading cause of death. Data, from the Registration Administration Bureau of Thailand,³³ indicates the highest rate of accidental child death occurs among the 15–19 year olds, followed by the 5–9 year olds and the 10–14 year olds, respectively.

Ethical considerations and identification of informants: Approval to conduct the study was obtained from the Research Ethics Committee of the primary researcher's university. In addition, approval was obtained, from the administrator of hospital where data were collected, for the purpose of accessing names of potential informants who had sustained the accidental death of a child. Inclusion criteria for potential informants consisted of mothers who: (a) had a 16 to 18 year old child, who died, as a result of an accident, within the prior three months to two years; (b) were Buddhist; (c) were from Songkhla province; and, (d) were willing to take part in the study.

Once names of potential informants were obtained, community leaders, and members of the health staff at primary care units (PCU), located in the community where the potential informants lived, were approached and asked for assistance in introducing the primary researcher to the potential informants. In addition, potential participants were recruited through the snow ball technique. Each potential informant was told: the purpose of the study; what was involved; her anonymity and confidentiality would be maintained; and, she could withdraw from the study, at anytime, without

negative repercussions. Once a potential informant verbally consented to participate, she was asked to sign an informed consent form. A total of 23 potential informant names were obtained; however, only 10 participated in the study. The reasons for not participating included: having no time; moving to another province; unable to be contacted by telephone, due to an incorrect phone number; or, not wanting to talk about the death of her child.

Description of informants and their deceased children: The 10 informants ranged in age from 34 to 54 years, with a mean of 44.2 years. Half (n = 5) had one surviving child, while the others had two (n=3), three (n=1) or six surviving children (n=1). The deceased children had died 4 and 17 months prior to the informants' enrollment in the study and ranged from 10 to 18 years of age, with an average of 13.9 years. The majority (n = 8) of the deceased children were boys. The children's deaths were the result from a: motorcycle accident (n = 6); drowning (n = 2); stab wound (n = 1); or, gunshot wound (n = 1).

Data collection: A total of 27 interviews were conducted, with half (n=5) interviewed three times, four interviewed twice and one interviewed four times. Interviews were scheduled, about one month apart, at the mother's convenience, in each respective home. Demographic data (informant's age, number of living children, length of time since death of child, age and gender of deceased child, and type of accident deceased child had sustained) were obtained during the first interview. The interview took an average of 1.5 hours to complete.

To develop dialogue with the mothers, regarding their feelings of suffering and healing practices, the following questions/statements, initially, were posed: (a) "Please tell me about the child who died."; (b) "What was he or she like?"; and, (c) Tell me how you felt and what you did when you were told about the child's death." As the informants described the nature of their suffering

and healing processes, the researcher posed probing questions/statements, that focused on the content of the informants' descriptions, such as: (a) "Please elaborate on the situation and your response to the death of your child"; (b) "How did you deal with the situation?"; and, (c) "How did you heal yourself after the death of your child?" This was done to obtain more in-depth descriptions and, subsequent, understanding of the informants' verbiage regarding their suffering and healing processes.

During the second interview, which took an average of 1.5 hours, the primary researcher focused on specific points (themes) that emerged from data generated from the first interview. Subsequent interviews took place until no new data were generated, and their descriptions of suffering and healing became repetitive.

Findings

The meaning of suffering: Five themes emerged as descriptors of the meaning of suffering among the bereaved mothers. These themes included the mother's: (a) heart was torn into pieces; (b) body was frozen and she was uncertain if she would survive; (c) happiness in the life was missing; (d) anger and rage at self and others; and (e) worries and wonders about the next life of the deceased children. Details of each theme are presented with illustrative quotes to support their existence.

Theme 1: The mother's heart was torn into pieces. This theme refers to the extreme pain, distress, brokenness and disconnection the mothers experienced when their child died. No previous life situation appeared to be comparable to their immense sense of loss and intense suffering. Their statements supported this theme:

...I was told that he had passed away. He passed away on the way to the hospital. At that minute, I cried like my heart was torn into pieces. (M2)

Before this, when it happened to my friend, I saw this thing simply. But when it happened to me, oh! (Deep breath) it hurt me badly. It's like my heart was broken in pieces. No matter how long it takes...not this life or the next life, the pain and suffering will still be with me. (M3)

Theme 2: Mother's body was frozen and she was uncertain if she would survive. This theme refers to the mothers' feelings of immobilization. Their brains did not feel like they were functioning and they indicated feel they did not have power to do anything. The mothers described many elements of physical, emotional and embodied suffering. This theme is supported by their statements:

I was going to faint when I realized he was gone. I was down on the floor and felt like I had no energy left. My brain could not function well. (M5)

I was walking to see what happened, but all my energy suddenly was gone. I couldn't walk, grabbed the table and stood there. I did not cry. No tears, but was in deep shock. I did not cry, but felt like my body was frozen. I could not accept it, never thought of that day before. I was in bed for 3 months, could not get up. When my body demanded food, I ate very little to survive. (M7)

Theme 3: The mother's happiness in the life was missing. With the death of their children, the mothers' happiness seemed impossible and future hopes for their children died. The deaths led to a collapse of meaning in the mothers' lives. A significant person in their lives had disappeared

and their hopes for the dead children were dashed. When the children died, the mothers' were faced with great suffering. These mothers grieved the loss of their children who had been great company, and contributing members to their respective families' everyday routines and hopes for the future. These thoughts were noted from their comments:

I was hoping that he would undergo an ordination to be a monk. Thus, I could gain merit from him. But his age disqualified him; he was just 17. He would be going back to school. The school was opening in a month. His future was going well. He would have a bright future (M2)

In the past, the four of us (parents and two children) had meals together. Now there are only three left. We use to have pleasant meals together, and were very happy. My tears poured down just thinking of his condition on that day. Father, mother, and children living, eating, and watching TV together, this is perfection...I didn't know what this was when he was alive. When he wasn't here, I realized that something was missing from my life. (M9)

Theme 4: The mother's anger and rage at self and others: Anger and rage directed at self and others, referred to the internal feeling that the mothers expressed about themselves and those near them. Because a mother suddenly lost her beloved child, she greatly suffered. The women broke down and could not control their emotions, so they expressed themselves by using unpleasant words towards others. These actions were reflected in their statements:

My own father passed away a long time ago, I worshiped his picture every day. When I went out I asked him to protect my family. Sometimes I was in front of his picture and complained to him for not helping my son, his grandson; you know... Because my husband took my son for training to ride a motorcycle he was dead. I often blamed my husband for my son's death. (M3)

I am so mad with the policeman. 'Why didn't they pay attention to my dead child's situation?' I spoke to them with a big mouth when they came back and asked me some irrelevant questions. (M8)

Theme 5: The mothers worried and wondered about the next life of the deceased children.

Mothers spent considerable time thinking and worrying about their deceased children. They wanted to know how their children were faring in the next life. Most mothers dreamt about their deceased children. They commented:

After 100 days, I dreamt he asked me to pick him up. Since I had the same dream, repeatedly, I went to see a monk. The thing was he died on the road and no one invited his soul/spirit in, and he's still there and cannot go anywhere. I asked the monks to pray at the point where the accident took place, and to help to release his soul/spirit. Because at his death, his dry blood was not cleaned, someone told me to invite monks to release his spirit. After I did the rite for him I felt better. (M2)

My sister took me to see a fortune teller, who has so many people believing in him. He said not to cry, whenever you cry, your daughter's spirit is crying next to you. You just cannot see her. She is even sadder when she sees you crying. She is sad because she cannot take care of you right now. If I am happy, her spirit is happy too. He said that my daughter's spirit was like a traveler. Her spirit is traveling in another life. (M4)

The healing of suffering: The mothers, as a result of the accidental death of their children, looked for comfort and healing practices to assuage their intense feelings of loss. Data revealed the existence of four practices the used:

1. Transforming the relationship with the deceased child: Most mothers described developing a relationship and connection with their dead child's spirits. Since their child was no longer physically present, the mothers yearned for, and developed ways to spiritually connect with their child. They stated:

I feel that she stays with us every day. I place rice, water. I don't know if she can eat or not, but I prepare for her every day. [She pointed to her daughter's picture and ashes container, and there was some food in front of it].... I feel she is still with me in this house. (M1)

My son always went to the temple with me. I recently went to temple and walked with lit candles in hand and I prepared flowers and candles for him. In my mind, I asked him to come with me, so I walked by myself with two sets of flowers, joss sticks and lit candles (laughed softly). (M7)

2. Elevating the deceased child to be a very good child capable for going to heaven. Every mother believed that her deceased child was a perfect person. In particular, each mother compared the deceased child to their other children. Although the mothers suffered for not being with their deceased children, they gained comfort from the belief that their children were special and had gone to a good place, or heaven. Some stated:

He was a very good boy. Everyone loved him, such as friends, teachers, and neighbors. He was a kind boy helping his father, mother and sisters. He was friendly and smiled at everyone... My son was innocent. He was a good boy. He did not do anything bad. Now he has stopped doing anything in this world. His death has stopped all kamma [the Pali term for karma or actions and deeds] and he will gain merit from previous meritorious deeds. (M3)

The fact that I lost my dad from cancer and my beloved brother, who also passed away from his heart failure, was not comparable with the fact I lost my son. It's not the same at all. People liked him despite the fact that he was drug addicted. He had good relations with people, and he loved helping them. If he saw an old man or lady walking, he would pick him/her up on his motorcycle and take him/her home. He was good in most things, except for the drugs. (M5)

3. Making merit in order to pass the benefits to the deceased child. Each mother made

merit to benefit her deceased child and enhance her child's chance for rebirth. All of the mothers poured water and prayed for sending the merit to the deceased children. They believed that if they did not pour water, their dead children could not obtain the merit. The practice of merit was reflected in their comments:

Some said my daughter died from the accident. At the time her spirit left her body, she might not know that she's dead so she might not have taken the benefits from the merit right away. If we do 49 days, when there was a day that her spirit knew that she'd died, she could take the benefits from the merit. I am not sure if it's true or not, but it made me feel better to do so. After that, I gave another merit at the 100th day after she passed away. (M4)

I did major merit making like everyone did; during the funeral, at the 100th day and a week after 100 days, just like the Thai tradition. Other than that, takbart (alms giving) in the early morning and pouring water for his benefit...In the past, I gave merit and poured water to my dead ancestors, I did not feel much of this. But now, I specifically gave the benefit to my own son, I feel differently. Like I am suffering, so when I give benefits to my dead son, I feel better. (M6)

4. Self-healing through understanding and mind cultivation. The mothers practiced Buddhist actions to gain comfort, cultivate their minds and relieve their suffering, as reflected in their statements:

From preaching, life is like a coconut, if it is raw (young) and healthy, it doesn't fall from the tree, but when it becomes too ripe (old), it does. Although, if it is raw bitten by an animal or insect, it will fall from the tree too. Like us, youth or the aged can pass away anytime. It is uncertain. If we can accept this truth, we can accept its' consequence. I listen to preaching and I understand it so I am resigned to the result. (M6)

I usually do meditate at home. And, my company arranges monthly group meditation. Monks tell me to let my mind be free and peaceful. I should think that there is nothing in my body. I should not adhere to anything. Then I feel free. If I purify my mind, it is good for me. (M10)

5. Seeking support. Seeking support involved reaching out to others. Some of the mothers sought help from a monk by asking him to perform rites to release their child's spirits; others turned to a fortune teller to learn about their deceased child. These actions are reflected in their statements:

Someone told me that we have to do something to send my son's spirit to heaven. So I invited an abbot to pray and perform ritual activities at that place where the accident occurred. I prepared 8 kinds of food including whole fish (composed of head and tail), candles and joss-sticks, or aromatic vapors. You know I have never dreamt about my son. He might go to a good place. (M3)

My friend asked me to see a fortune teller. When I asked him about the illness of my youngest son and how my dead child was, he said that my dead child had not committed any sin so he would be ok. He told me not to worry and take care of myself. (M9)

Discussion

All the participants were Buddhist, as would be expected in Thailand, where 95% of the population is Buddhist. (This needs to be documented.) Thus, to understand suffering and ways to overcome it (healing practices), one must examine these concepts within the context of Buddhist beliefs.

Suffering: Suffering is a universal human experience. The mothers, in this study, certainly were no exception, as they stated they could not eat or sleep, felt shock and angry, wept and worried about the loss of meaning and lacked hope for their future. They experienced extreme physical, mental and spiritual distress the first two to three months after their children's deaths. Their physical suffering was expressed by way of crying, not sleeping well, not being able to eat, losing weight and feeling powerless, while their mental suffering manifested itself in confusion, anger, sadness, non-acceptance and worry, and their spiritual suffering was reflected in feeling disconnected and torn from a normal life.

These findings are consistent with previous research on suffering, wherein suffering has been presented through sorrow, lamentation, grief and despair.¹⁰ Suffering also has been recognized as a universal concept, involving emotional response to a loss,^{13, 14} and viewed as extreme discomfort, experienced through physical, mental or spiritual responses.^{14, 15} These concepts are congruent with the physical, psychological and spiritual suffering experienced by tsunami survivors.⁸

According to Buddhist beliefs, suffering can be categorized three ways, including: *dukkha-vedana* (feeling of suffering expressed through unpleasant sensations of pain or numbness); *dukkha-laksana* (suffering that involves uncertainty; it occurs, keeps going, and disappears); and, *dukkha-ariyasacca* (suffering as a result of cause and effect).^{10, 21, 34} The mothers' expressed feelings that their hearts were torn into pieces, their bodies were frozen and they had no power to survive is related to *dukkha-vedana* (feelings of suffering). *Dukkha-vedana* is connected to sense-formation through one's body and mind, or the five aggregates, or five heaps, of existence: (1) *Rūpa*- physical form; (2) *Vedana*-feelings or sensations; (3) *Sanna*-ideations; (4) *Sankhara*-mental formation or dispositions; and, (5) *Vinnana*-consciousness. When sensations (*vedana*) of pain, or unpleasantness (a broken heart or frozen body), arose, their minds could not stop ideations (*sanna*) related to memories of their dead children, and mental formations (*sankhara*) arose. Although the mothers might imagine how they could survive without their daughters or sons, without having consciousness (*vinnana*), or a sense of wisdom, their intense suffering continued.

According to Buddhism, not only does the sensation of pain and unpleasantness (*dukkha-vedana*) result in suffering, but so does the uncertainty of body and mind. If one does not understand and realize this truth, and remains attached to the body and mind, he/she will suffer when the body and mind change.

The mothers, in this study, could not accept the death of their children, and the loss of shared and meaningful activities, i.e. watching TV, singing karaoke, having dinner and taking their children to school. Their intense desire to have their deceased child with them, so they could continue to love and cling to him/her, lead them to be convinced, due to the death of their child, they had no happiness and never would.

Love is part of desire and a wish to love can

greatly heighten suffering in a human being.³⁵ Thus, a mother's intense desire to love her child could become an unhealthy longing, particularly when faced with suffering, due to the loss of her child. For example, if one had not experienced intense love of another, when that person has died, intense suffering, most likely, would not occur. On the other hand, if one had intense expectations of love, or happiness, and neither occurred as anticipated, the outcome may be one of suffering. However, happiness and love are uncertainties, since nothing in life is permanent, or stable. All things change with time. This is in accord with the Buddhist belief of *dukkha-laksana* (suffering and uncertainty).^{20, 21}

In accord with *dukkha-ariyasacca* (suffering is a result of cause and condition), some of the mothers felt anger, and were enraged with themselves and others, especially during highly emotional situations. Anger, hatred and ill-will (*Byapada*) are defilements, and often viewed as "bad emotions," which are related to the cause of suffering.³⁴ Unfortunately, if "bad emotions" are not sufficiently dealt with, they can become barriers to moving on to a productive and happy life.

Similar to the anger expressed by the informants, in this study, tsunami survivors were found to express intense anger, because they did not have sufficient time, as a result of the unexpectedness of the deaths that had occurred, to serve their families.⁸ However, the causes of the unexpected deaths, in this study, were different. Deaths from the tsunami were the result of a natural disaster, while deaths, in this study, were from: motorcycle accident; drowning; stab wound; and, gunshot wound. Thus, the mothers felt anger with those around them, as well as with themselves, because they associated their children's deaths, either directly or indirectly, with themselves or others. Those around them, with whom they felt anger, may have been the husbands who took their children to where the deaths occurred, or a

policeman who could not arrest the person who caused the death of their child.

Furthermore, some mothers worried and wondered about the next life for their deceased children. According to Buddhist teaching, worrying and wondering are part of desire or craving, which are causes of suffering related to *dukkha-ariyasacca*.^{20, 21} Desire is related to birth and death, known as the “Cycle of Existence,” or *Samsara*. *Samsara*, or the cycle of birth and death, also implies a plurality of different realms of existence, in which rebirth takes place according to the nature of *kamma* (*karma*).^{20,34} The “Law of *Kamma*” relates to how people act and, thus, good or bad outcomes, in life, are the direct result of one’s actions.³⁴ *Kamma* is part of the “Law of Dependent Origination,” (*Paticcasamuppada*) and is divided into three parts, including: (a) defilement (*kilesa*), which involves the tendency to desire, or crave, something (*tanha*); (b) *kamma*, which means expression, both good and bad, in physical actions, wording and mind; and, (c) the result of *kamma*, which means the outcome of every action.^{10, 20, 34} *Paticcasamuppada* describes the process of *kamma* and how it leads to the result of *kamma*, which brings about the outcome of what one does by his/her intentional mind.^{20,34}

The mothers’ beliefs in rebirth appeared to have influenced their thoughts and actions, related to dealing with the loss of their children. The mothers’ concerns for the next life depended on the children’s previous *kamma*. Concern about rebirth caused a great deal of emotional worry for some of the mothers. However, most believed their child had no sin and, therefore, would go to a good place for rebirth.

This study revealed the period of intense suffering differed, on a daily, weekly and monthly basis, among the mothers. During the period of intense suffering, the mothers were immobilized. Thereafter, they were able to resume life, but their intense feelings arose, as a result of their memories

of their children. This may have been due to the attachment between the mothers and their children, the mothers’ backgrounds and their understanding of the truth of life and death, related to the Buddhist concept of wisdom.

Healing from suffering: Each mother worked to transform her relationship, with her deceased child, to bring about healing from her suffering. Often this was done by keeping some of their child’s personal possessions, for the purpose of remembering and connecting with them. Remembrance and connection were done: through dreams; looking at photos; or, speaking to others about their deceased child,. This finding is consistent with those of Gudmundsdottir and Chesla,³⁶ who found, families, in an attempt to preserve memories of their deceased children, would create home memorials displaying personal effects, such as hair.

Most of the mothers regularly engaged in Buddhist practices, such as going to temple, making merit, giving charity, listening to *Dhamma* (the gradual instruction of truth taught by the Buddha) and preparing food for the monks. These activities were done for the purposes of: giving benefits for rebirth to their deceased children; providing themselves with a peace of mind; and, developing personal wisdom. Such behaviors are related to the three fundamental modes of training: *sila, samadhi and panna*.^{11, 21, 37} As previously described, *sila*, or morality, consists of right speech, right action and right livelihood, while *Samadhi*, or mental discipline, is composed of right effort, right mindfulness and right concentration. Finally wisdom, or *panna*, consists of right thought and right understanding.

Two of the participants (M5 and M10) regularly practiced insight meditation, prior to and after their loss, while one (M9) started to meditate after she lost her son. Thus, it appeared that how each mother approached healing her suffering varied. For example, one mother (M5) took mind

development courses in Soun Mok, Surajtanee province, where the practice of drama is popular, and continued to meditate on a daily basis. Another mother (M10) practiced insight meditation prior to and after she lost her son. Both of these mothers understood their circumstances and returned, fairly quickly, to a normal routine. However, 4 of the mothers (M1, M6, M7 and M9) experienced prolonged suffering, during the first three months, after the death of their child. They could not work and did not want to do anything, although others returned to work after their child's body was cremated.

Although the mothers, in this study, contended with their loss, 4 to 17 months, after the event, they all continued to suffer, in some way. They could not eliminate, completely, their suffering. They were sensitive to events that prompted their feelings of suffering, i.e. when they heard news related to a person's death or saw their children's belongings. Most mothers did not read newspapers in an attempt to avoid bad news. Similar to Hatthakit and Thaniwathananon findings,⁸ wherein tsunami survivors were noted to experience emotional suffering one to one and a half years after the catastrophic event, the mothers, in this study, showed, although their physical suffering dissipated, their emotional suffering remained and they required a longer time for recovery.

Interestingly, a sense of hope, for what their deceased child would offer them, appeared to have influenced the mothers' level of suffering. For example, the mothers of deceased sons hoped to gain merit from their sons' ordination as a monk, while mothers of deceased daughters hoped their daughter would provide care for them, in their old age. This phenomenon was reflected by one mother (M1), whose first child was raped and second child was disabled. Her hope in life was with her third child, who died in an accident. This mother suffered severely, because she felt, after the death of her third child, that she had little hope in her life. However,

the degree to which each mother suffered appeared to depend upon her character, the hope she had anticipated her deceased child would bring her, and her in-depth Buddhist healing practices.

Implications

The aim of this study was to explore the meaning of Buddhist mothers' suffering and their healing practices after the accidental death a child occurred. The findings revealed: 1) loss of a child leads a mother to experience suffering; 2) suffering is a process of the mind, which can lead one to a different life; 3) suffering is the embodiment of physical, mental and spiritual aspects; and, (4) feelings of suffering and healing practices are unstable and changeable. The findings can be used to help guide nurses, and other health care providers, providing care to suffering mothers. For example, establishing support groups, focused on the healing practices used by the women, and providing information about various meanings of suffering experienced by such mothers could prove useful, not only mothers after the accidental death of a child, but to their families as well.

Limitations and Recommendations

All studies have limitations and this study was no exception. The study was conducted only with Buddhist mothers, in Thailand, who experienced an accidental death of a child. Thus, the findings may not apply to Thai fathers, to mothers from other religious beliefs or cultures, or to mothers who have lost a child due to an event other than an accident. As with any qualitative study, the researcher had to assume the respondents were truthful, and had established a trusting relationship with the investigator.

Future studies need to address the meaning of suffering and healing practices experienced by

mothers and fathers of children who have died as a result of an acute illness or a chronic illness. In addition, it would be wise to examine suffering and healing practices among mothers and fathers from various religious beliefs and cultures, so as to compare similarities and differences of responses to the death of a child.

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ประสบการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธหลังจากการเสียชีวิตของบุตรเนื่องจากอุบัติเหตุ

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บทคัดย่อ: มีการศึกษาทางการแพทย์มากมาย แต่ไม่มีการศึกษาเกี่ยวกับประสบการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธหลังจากการเสียชีวิตของบุตรเนื่องจากอุบัติเหตุ การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อเข้าใจความหมายเชิงลึกของปรากฏการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธที่สูญเสียบุตรเนื่องจากอุบัติเหตุโดยใช้หลักปรัชญาทางพุทธศาสนา และวิธีการวิจัยเชิงปรากฏการณ์วิทยาแบบเฮอร์เมนิวติคตามหลักปรัชญาของกาดาเมอร์

มารดาผู้สูญเสียบุตรเนื่องจากอุบัติเหตุ 10 ราย ซึ่งถูกเลือกจากโรงพยาบาลของรัฐ ในจังหวัดสงขลา รวบรวมข้อมูลโดยการสัมภาษณ์เจาะลึกและวิเคราะห์ข้อมูลเชิงคุณภาพโดยใช้วิธีวิจัยปรากฏการณ์วิทยาเฮอร์เมนิวติค พบว่า การให้ความหมาย ความทุกข์ ของมารดาไทยพุทธที่สูญเสียบุตรเนื่องจากอุบัติเหตุมี 5 ความหมาย ดังนี้: หัวใจของแม่แตกสลายเป็นเสี่ยงๆ; ร่างกายที่ไร้ความรู้สึกและหมดพลังในการต่อสู้ชีวิต; ความสุขในชีวิตขาดหายไป; ความโกรธและความแค้นทั้งต่อตนเองและบุคคลที่เกี่ยวข้องกับการตายของบุตร และ ความเป็นห่วงและกังวลเกี่ยวกับชีวิตใหม่หลังความตายของบุตร มารดาไทยพุทธที่สูญเสียบุตรเนื่องจากอุบัติเหตุสะท้อนประสบการณ์การเยียวยาจากความทุกข์ 5 ประเด็นดังนี้: การปรับเปลี่ยนความสัมพันธ์กับบุตรที่เสียชีวิต; การยกย่องเชิดชูบุตรที่เสียชีวิตเป็นคนดีสามารถไปสู่สรวงสวรรค์; การทำบุญเพื่อส่งผลบุญไปให้บุตรคนที่เสียชีวิต; การเยียวยาตนเองโดยการทำความเข้าใจตนเองและการพัฒนาจิต และการแสวงหาแหล่งสนับสนุนอื่นๆ

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