



**Experience of Suffering and Healing in Buddhist Mothers after
an Unexpected Death of a Child**

Kallaya Wiriya

**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy in Nursing
(International Program)**

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ชื่อวิทยานิพนธ์	ประสบการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธหลังจาก การเสียชีวิตของบุตรอย่างไม่คาดคิด
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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อเข้าใจความหมายเชิงลึกของปรากฏการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธที่สูญเสียบุตรอย่างไม่คาดคิด รวมถึง การอธิบายผลของการเยียวยาโดยใช้วิธีการวิจัยเชิงปรากฏการณ์วิทยาแบบเฮมเนติก รวบรวมข้อมูลจากมารดาที่สูญเสียบุตรอย่างไม่คาดคิด จำนวน 10 ราย ซึ่งนับถือศาสนาพุทธและอาศัยอยู่ในจังหวัดสงขลา โดยวิธีการสัมภาษณ์เจาะลึกและบันทึกเทป การสังเกต การสะท้อนกลับ การจดบันทึกภาคสนามและการบันทึกภาพ การวิเคราะห์ข้อมูลดำเนินไปพร้อมกับการเก็บรวบรวมข้อมูล ด้วยวิธีการวิเคราะห์ข้อมูลเชิงคุณภาพตามหลักปรัชญาของกาดาเมอร์ และประยุกต์ขั้นตอนการวิเคราะห์ข้อมูลของสมิทธิ์ พบว่า การให้ความหมาย ความทุกข์ การเยียวยา และผลของการเยียวยาของมารดาไทยพุทธที่สูญเสียบุตรอย่างไม่คาดคิดมีดังนี้

ผู้ให้ข้อมูลจำนวน 10 คนนี้ มีอายุตั้งแต่ 34-54 ปี ทุกคนแต่งงานแล้ว และมีบุตรซึ่งเสียชีวิตระหว่างอายุ 10-18 ปี เป็นบุตรหญิง 2 คน และบุตรชาย 8 คน ระยะเวลาของการสูญเสียบุตรอยู่ในช่วง 4-17 เดือนก่อนมารดาเข้าร่วมการวิจัยในครั้งนี้

ผู้ให้ข้อมูลให้ความหมายของความทุกข์จากการสูญเสียบุตรอย่างไม่คาดคิด ไว้ 5

ความหมาย คือ (1) หัวใจของแม่แตกสลาย (2) ร่างกายที่ไร้ความรู้สึกและหมดพลังในการต่อสู้ชีวิต (3) ความสุขในชีวิตขาดหายไป (4) ความโกรธและความแค้นทั้งต่อตนเองและบุคคลที่เกี่ยวข้องกับการตายของบุตร และ (5) ความเป็นห่วงและกังวลเกี่ยวกับชีวิตใหม่หลังตายของบุตร

มารดาไทยพุทธที่สูญเสียบุตรอย่างไม่คาดคิดสะท้อนประสบการณ์การเยียวยาจากความทุกข์ 5 ประเด็นดังนี้ (1) การปรับเปลี่ยนความสัมพันธ์กับบุตรที่เสียชีวิต (2) การยกย่องเชิดชูบุตรที่เสียชีวิตเป็นคนดีสามารถไปสู่สรวงสวรรค์ (3) การทำบุญเพื่อส่งผลบุญไปให้บุตรคนที่เสียชีวิต (4) การเยียวยาตนเองโดยการทำความเข้าใจตนเองและการพัฒนาจิต และ (5) การเสาะหาแหล่งสนับสนุนอื่นๆ

ผลของการเยียวยาของมารดาไทยพุทธที่สูญเสียบุตรอย่างไม่คาดคิด มี 4 ประการดังนี้ (1) การใช้ชีวิตอย่างพอเพียง (2) การมีชีวิตอยู่เพื่อชดใช้กรรมเก่า (3) การทำความดีอย่างต่อเนื่อง และ (4) การเข้าใจชีวิตดีขึ้น

ผลการศึกษามีความสำคัญต่อพยาบาล และ เจ้าหน้าที่ทางด้านสุขภาพ เพื่อนำไปประยุกต์ใช้ในการดูแลมารดาไทยพุทธที่สูญเสียบุตรอย่างไม่คาดคิด ให้สอดคล้องกับความเชื่อ ศาสนา และวิถีชีวิตต่อไป

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ABSTRACT

The purpose of this study was to gain an in-depth understanding of the meaning of suffering and healing included consequences of healing in Buddhist mothers who lost a child unexpectedly. This study used hermeneutic phenomenology as a research approaches with ten mothers who lost a child unexpectedly. The mothers are Buddhist and live in Songkhla province, Thailand. Data were collected through in- depth interviews with tape recorder and transcriptions, observation, reflection, field notes and photographs. Gadamer's hermeneutic philosophy was used to analyze these simultaneously with data collection applied by Smith.

Ten Buddhist mothers who lost a child unexpectedly ranged in age from 34 to 54 years. All mothers were married. Children ranged in age from 10 to 18 years. Two of the deceased children were girls and eight were boys. The children had died between 4 and 17 months before mothers were enrolled in the study.

There were five themes of meaning of suffering. These were: (1) mother's heart was torn into pieces, (2) Having frozen body and no power to survive (3) happiness in life was missing, (3) anger and rage at herself and surrounding persons, and (4) worry and wonder about the next life of the dead child.

The Buddhist mothers who lost a child unexpectedly healed their suffering in five ways. These were: (1) transformation of relationship with the deceased child, (2) elevation of the deceased child to be a very good child capable for going to heaven, (3) making merit in order to pass the benefits to the deceased child, (4) self-healing through understanding and mind cultivation, and (5) seeking for other support.

. The four themes of consequences of healing aspects were: (1) being sufficiently alive, (2) living for the old *kamma*, (3) continue doing more good deeds, and (4) deeper understanding of life.

The findings have significant implications for nurses and health care providers responsible for caring with the mothers who lost a child unexpectedly. The knowledge gained from this study helps them provide care in accordance with beliefs, religion, and lifeways.

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Kallaya Wiriya

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CHAPTER 1

INTRODUCTION

Background and significance of the problem

There are several causes of a child's unexpected death including suicide, homicide, acute illness and accidents. Accidents are still the most important causes of disability and death in Thailand and road traffic accidents are the most common cause of death. From the data of the Registration Administration Bureau, Thailand (2000), the highest rate of child death occurred in the 15-19 year group, followed by the 5-9 year group, and the 10-14 year age group. The loss of a child through death is a unique and particularly intense type of grief or suffering, more severe than other types of bereavement (Nussbaumer & Russell, 2003).

Suffering is a universal human experience. Suffering is to feel pain or distress, to sustain injury or loss, to be the object of some action, to be observed, to endure or hold out patiently (College Dictionary, 1988). The unexpected death of a child is always a traumatic event for parents, especially for mothers. Because the sudden death of a child does not allow the mother time to prepare psychologically, the impact on the mother is more pronounced than that of a child death from illness (Nussbaumer & Russell, 2003). A child is often central to the mother's hopes, plans and dreams. After the loss, the mother may lose her hopes, plans and dreams. Moreover, some studies have shown that the death of a child may increase marital conflict. The loss of a child may also threaten family members' (especially the mother's) personal well being (Shaefer, Noell, & McClain, 2002). A child's death threatens the mother's self (Kahn & Steeves, 1986). Following the death of a child,

some mothers suffer post-traumatic stress disorder (PTSD) symptoms (Green, 2000). Moreover, Li, Precht, Mortensen, and Olsen (2003) reported an increased mortality rate in mothers whose child had died, and a higher mortality rate in mothers who lost a child due to unexpected death than to expected death. They also found that sudden or violent death caused more stress than other types of death.

Laakso Paunonen-Ilmonen (2001) found that the mothers' feelings of grief following the death of a child had physical, psychological and social manifestations. Physical responses involved pain, malaise, and fatigue. Psychological responses included depression, a sense of failure, guilt, and anger. Social responses included the fear of loneliness and a sense of emptiness. Mothers also reported decreased appetite, insomnia, and weight loss. Changes in the mothers' body image may contribute to despair and cause the mother not to take care of herself and changes in social identity may result in changes in role function and avoidance of work. Several research studies have examined how parents cope with the death of a child. Gudmundsdottir and Chesla (2006) concluded that healing practices of family members after loss of a child suddenly honored the memory of the dead child and maintained connection between the surviving family and the child. Also, Gregory and Longman (1992) stressed that mothers got unique narrative of suffering from losing sons who died of AIDS. Regardless of the age of the child at death, every stage of child development is equally difficult when a child is suddenly lost (Nussbaumer & Russell, 2003). Kala (2001) stressed that mothers who have previously experienced perinatal loss had rather high rates of anxiety.

Normally, attachment is a critical factor in the mother-child relationship (Yoos, 1989). The attachment process continues beyond the neonatal period and

extends into adulthood. A mother looks after her child from birth until he or she is grown, which means that it is not only a close relationship but it is one of the most vital aspects of her life (heart and soul). Nisell (2003), who studied how a parent is affected when a child does not have a rectum, found that parents undergo tremendous suffering or sorrow to see their child suffer. In addition, parents of children with asthma under the age of 5 years described feeling frustrated and bound by symptoms that never seemed to end (Koenig, 2003).

Understanding suffering and seeking the way to end suffering are ultimate goals of Buddhism. Suffering has generally been translated as *dukkha* in Pali language and it is one main component of the Four Noble Truths (*Ariyasacca*). The Four Noble Truths represent one significant teaching of the Buddha. The Buddha's teaching enlightens people to understand the life cycle. The Four Noble Truths consist of: 1) suffering (*dukkha*), 2) cause of suffering (*samudaya*), 3) end of suffering (*nirodha*), and 4) path leading to the end of suffering (*nirodhagamini patipada*) (Dhammananda, 1987). *Dukkha* includes physical and mental suffering such as birth, disease, or death. In brief, suffering is very significant in Buddhist culture and the teaching of the Buddha includes the meaning of suffering through healing of suffering.

In nursing, suffering is a fundamental human response to illness, injury, disability, and the death of another (Morse, 2002). Suffering can encompass a wide range of extremely unpleasant mental states and feelings that range from simple mental, physical or spiritual discomfort to extreme anguish of despair. However, suffering is an experience that varies in its intensity, duration, and depth. Nurses are the caretakers of suffering patients and face it every working day. Understanding

suffering and the responses and needs of those who are suffering, especially mothers, rests squarely on the shoulders of nurses, and easing and alleviating suffering are the heart of nursing (Morse, 2001).

The mother and her child are in an intensely close relationship from birth until adulthood and a child is vital to her life. The violent or unexpected death of a child is undoubtedly a major trauma for the family, especially for the mother. Understanding the mothers' experience of suffering is crucial for nurses to help heal the suffering. It is evident that suffering is shaped by individual experience, beliefs, and culture. There are some articles related to the study of suffering; for example, Sethabouppha (2002) studied Buddhist family caregivers of the seriously mentally ill. Ampunsiriratana (2003) studied a palliative suffering model for HIV-infected patients in Thailand; Sungsing, Hatthakit, and Aphichoto (2007) studied the experience of using meditation as a healing method in cancer patients in Thailand. Waikittipong (2003) studied factors related to suffering in paraplegic patients in Thailand. Hatthakit and Thaniwathananon (2007) studied the experience of suffering of a Buddhist Tsunami survivor. Although there are research studies on the suffering of patients, no article was found that studied the suffering and healing of Buddhist mothers who had lost a child suddenly or unexpectedly. In short, there is only one study that explores suffering from a Buddhists' point of view, although Buddhism is the religion of approximately 95% of the Thai people (Chadchidee, 1994 cited in Nateetanasombat, 2003).

This study will examine Buddhist mothers' suffering from the unexpected death of a child. The hermeneutic phenomenological method is well suited chosen because it is to uncover mothers' experience of suffering. Gadamer's key

philosophical concepts are the hermeneutic circle, dialogue, fusion of horizons, and prejudice. He claims that language and history supply the shared sphere in hermeneutic circle. Understanding and interpreting always represents between the researcher and participants. Thus, mothers can describe and share their suffering, the impact of suffering on their lives, and how they heal with their suffering. In brief, mothers' experiences of suffering, healing, and outcomes of healing will be explored in this study. This study is essential for the discipline of nursing in Thailand to improve the quality of mothers' lives, enhance mothers' potential, consciousness, and empower them as valuable and precious holistic beings.

Objectives of the study

The purpose of this study was to gain an in-depth understanding of the experience of suffering in Buddhist mothers who had lost a child unexpectedly, how they dealt with and healed their suffering, and the consequences of the healing of their suffering.

Research questions

Three principal research questions were used as a focus for this study. The following research questions were examined:

1. What are the meanings of suffering following the unexpected death of a child among Buddhist mothers?
2. How does the Buddhist mother heal her suffering?

3. What are the consequences of the healing of their suffering?

Conceptual Framework

This study draws on the philosophical and the methodological framework.

Philosophical framework: Based on general suffering, suffering is a state in a person or things that suffers. Something suffered; pain; distress. Suffer is to undergo or fell pain or distress, to sustain injury or loss, to be the object of some action, observe to endure or hold out patiently, to undergo or experience, to tolerate or allow, and to allow or permit (College Dictionary, 1988). Steeves and Kahn (1987) stressed that suffering means extremely discomfort; displeasure or unpleasant perception may be physical, mental, and spiritual. Rodgers & Cowles (1997) defined suffering as an individualized, subjective, and complex experience that tends to impart an intensely negative meaning to an event. Thus, the suffering of a mother emphasizes the individual or unique experience each mother faces with extreme discomfort or distress and which may include physical, mental, and spiritual components. It depends on many factors such as cause of suffering, amount of time that confronts with suffering and so forth.

My research studies the experience of suffering from the unexpected death of a child of Buddhist mothers. In short, suffering refers to the individual experience of persons that cause them extreme discomfort or displeasure and which may include physical, psychological and spiritual aspects. From a comprehensive literature review, suffering can be divided into 3 types: 1) Physical suffering refers to physical discomfort because the body organs and body systems, which affect the behavior of

the subject, is damaged, changed, or cannot function properly. It may be manifested in sleep deprivation, decreased appetite, or physical exhaustion. 2) Mental suffering refers to a negative reaction of the mind, feeling or sensation, perception, and mental formation or the various qualities that the mind making it good, bad, or neutral, and they are guided by intentions. It causes difficulties in dealing with the present situation and can create fear, astonishment, incredulity, confusion, dismay, panic, anger, sadness, denial, or indecisiveness. 3) Spiritual suffering refers to the feeling deep down inside or consciousness involved in being aware of sensations via the six senses such as seeing, hearing, smelling, tasting, physical touching, and mentally touching. It can refer to subjects who cannot live an ordinary life.

Based on Buddhism, the researcher used the concept of suffering or *Dukkha* in the Four Noble Truths as a philosophical underpinning of the study. The unexpected death of a child would cause the mother great suffering in physical, mental, and spiritual aspects. Mothers can apply certain healing methods to deal with their suffering temporarily and continuously.

The Four Noble Truths are composed of cause of suffering, suffering, ways to overcome suffering, and end of suffering. In this study, the occurrence of suffering originates from an unexpected death of a child. Causes of suffering are classified into 3 types according to Buddhism. First is *anicca*, a cause component in three characteristics of existence. *Anicca* means uncertainty or impermanence. Every existence is impermanent according to the law of nature. This can cause suffering for those who do not accept this fact or who do not understand the characteristics of impermanence. A mother who has lost a child unexpectedly continues suffering until she can accept that suffering is inherent in the laws of nature. Second are the Five

Aggregates of Existence, which is mental formation through body and mind (*rupa* and *nama*). The human who thinks of volition (*sankhara*) of existence can cause his own suffering whereas a human who accept the reality of body and mind is nothing may understand the suffering and cause of suffering. Mothers who lost a child may understand that no one can avoid death. The last is the Law of Dependent Origination. The Buddha said that everything has causes; without cause nothing happens. Ignorance (*aviccha*) is a significant cause of suffering. This conditionality explains why people experience suffering. If a human has no intellect or wisdom (*viccha*) to resolve the problem, he or she will still suffer.

Mothers suffer in three ways; they are *dukkha-vedana*, *dukkha-laksana*, and *dukkha-ariyasacca*. *Dukkha-vedana* is suffering, which is extreme discomfort in body, mind and spiritual aspects. *Dukkha-laksana* is suffering, which is uncertainty sometimes occurs, sometimes eliminates, and sometime goes away. Sometimes it is more displeasure, sometimes the mother can endure. The last is *dukkha-ariyasacca*, which means that suffering cannot occur by itself. There is some cause that induces suffering.

In Buddhism, there are two major concepts to overcome suffering or healing; Eight Fold Path or the middle way and seven factors of enlightenment. Both of them lead to the end of suffering. The Eight Fold Path is composed of right speech, right action, right livelihood, right effort, right mindfulness, right concentration, right thought, and right understanding. Seven factors of enlightenment, which is high dhamma leading to enlightenment, is composed of mindfulness (*sati*), research mind (*dhamma vicaya*), effort (*viriya*), happiness (*piti*), peacefulness (*passaddhi*), concentration (*samadhi*), and equanimity (*ubekka*). Other concepts which relate to

the actions of Buddhist people are the Ten Meritorious Actions (*boonkiriya-vutthu* 10) which include charity, morality, mental culture, reverence, service in helping others, sharing merits with others, rejoicing in the merits of others, listening to the Dhamma, preaching and teaching the *Dhamma*, and straightening one's view.

The consequences of healing can be present on three levels. These are: 1) *samudavara*, which means that the mother still suffers, but suffering comes and goes; 2) *nirodhavara*, which means that the mother accepts the situation of suffering but she has no suffering; and 3) *nirvana*, which means that the mother has no suffering at all.

In short, suffering or *dukkha* in Buddhist concepts is related to three natural types of suffering which are *dukkha-laksana*, *dukkha-vedana*, and *dukkha-ariyasacca*. *Dukkha-laksana* is related to Three *Laksana* (three marks or three characteristics of existence) while *dukkha-vedana* is related to Five Aggregates of Existence and *dukkha-ariyasacca* is related to the Law of Dependent Origination (*Paticcasamuppada*), which is the cause of suffering. Although the seven factors of enlightenment is a high concept in Buddhism, a human being can apply this concept to his or her way of life. For the path leading to the end of suffering (*nirodhagaminipatipada*), the Buddha gives the Eight Fold Path to apply in daily life, which includes Ten Meritorious Actions (*boonkiriya-vutthu* 10).

Methodological framework: This study attempts to understand the reality of mothers suffering from the sudden loss of a child using a phenomenological method. Phenomenology focuses on lived experience so that it inquires into the reality of the past (the retrospective method). Hermeneutic phenomenology is the best approach for this study because hermeneutic phenomenology focuses on human experiences. This study explores the phenomena of suffering, an important phenomenon in Buddhism.

Suffering from the unexpected death of a child is probably one of the most terrible situations faced by a mother that nurses address. The phenomenological method provides understanding of the person's reality and their own experience. Hermeneutic phenomenology is a science that attempts to describe and interpret, based on participative activity of human experiences (Speziale & Carpenter, 2003; Moran, 2000). The researcher used the hermeneutic phenomenological method inspired by Gadamer. Gadamer's thought guides the researcher to seek understanding based on such concepts as prejudice, hermeneutic cycle, fusion of horizon and dialogue (Smith, 1999).

In summary, this research study investigated the experience of suffering in Buddhist mothers who lost a child unexpectedly and examined how they healed their suffering. The Buddhist concepts related to suffering were used as a philosophical framework and Gadamerian hermeneutic phenomenology was used as a methodological framework.

Definitions of terms and concepts

"Suffering and healing" is characterized as the individualized, subjective experiences of mothers who have lost a child. The subjective experience may include extreme discomfort; displeasure or unpleasant perceptions, and may be physical, mental, and spiritual. Mothers' experience of healing of their suffering in Buddhism, after the unexpected death of a child, refers to whatever the mothers who unexpectedly lost a child used for dealing with their suffering.

“Unexpected death” refers to the sudden death caused by an accident, suicide, homicide, or acute illness. These deaths occur, without obvious explanation or warning signs, within a few hours.

“Child” refers to Thai Buddhist young people who range from 6-18 years old.

“Buddhist mothers” refers to mothers of a child who died within three months to two years of this study. The mothers were Buddhists who practiced Buddhism regularly by praying, offering food to the monks, making a merit, going to the temple, practicing meditation, reading *dhamma* books and other Buddhist practices.

Summary

The goal of this study is to gain understanding of the suffering and healing of mothers who lost a child unexpectedly. The purposes are to explore to gain an in depth understanding of suffering, how mothers heal the suffering in this situation and the consequences of healing of suffering. With this deeper understanding, nurses and other health providers can improve their care of the mothers who face such a tragedy or similar situation.

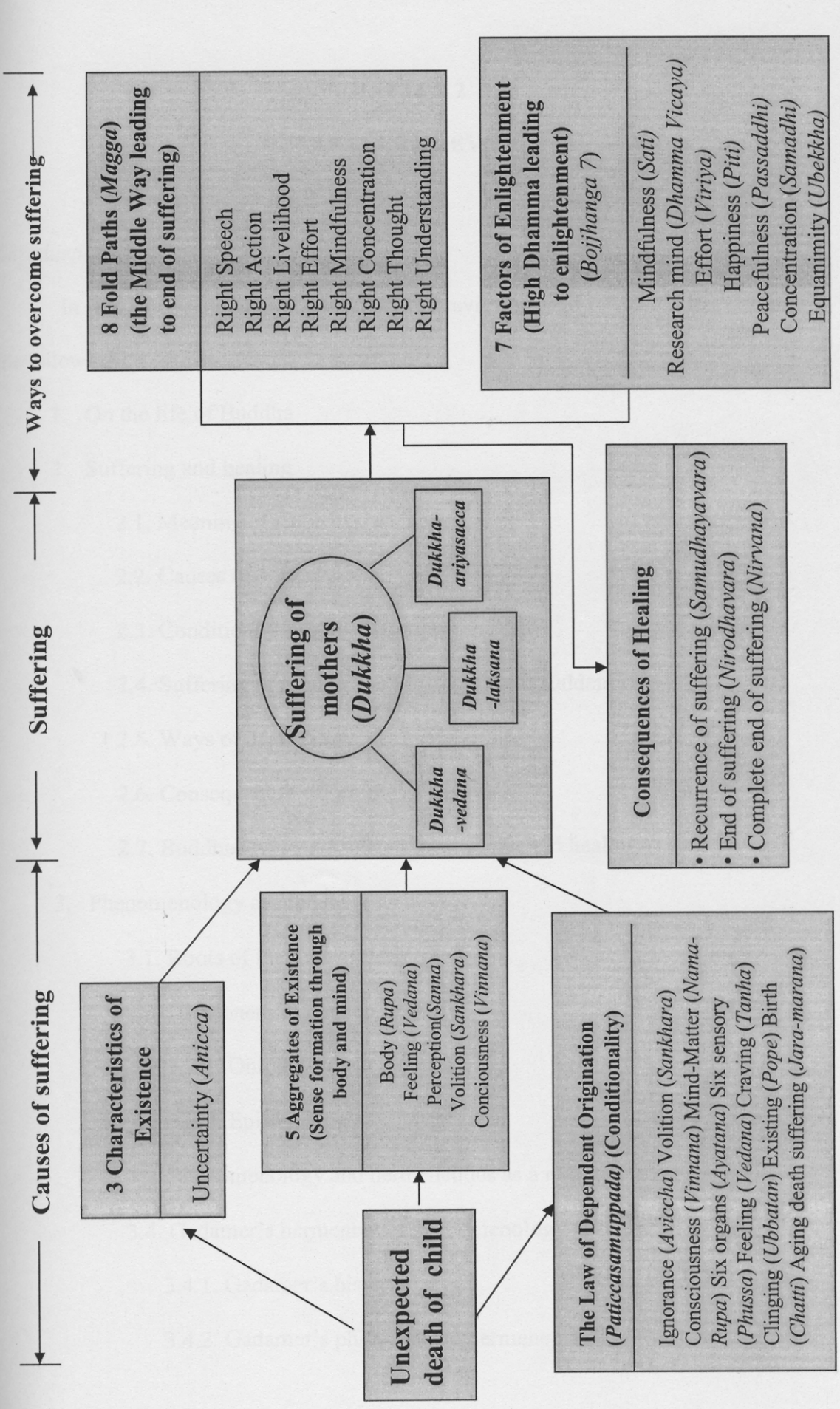


Figure 1: Explanation of causes of suffering, types of suffering, ways of healing and consequences of healing according to Buddhism

CHAPTER 2

LITERATURE REVIEW

Introduction

In this study, the related literature was reviewed, and presented in relation to the following categories:

1. On the life of Buddha
2. Suffering and healing
 - 2.1. Meaning of suffering
 - 2.2. Causes of suffering
 - 2.3. Conditions affecting suffering
 - 2.4. Suffering of mother from losing a child suddenly
 - 2.5. Ways of healing
 - 2.6. Consequences of healing of suffering
 - 2.7. Buddhist concepts related to suffering and healing
3. Phenomenology as method
 - 3.1. Roots of Phenomenology
 - 3.2. Hermeneutics phenomenology
 - 3.2.1. Ontology
 - 3.2.2. Epistemology
 - 3.3. Phenomenology and hermeneutics as a research approach in nursing
 - 3.4. Gadamer's hermeneutics phenomenology as project based
 - 3.4.1. Gadamer's history
 - 3.4.2. Gadamer's philosophical hermeneutics

On the life of Buddha

Buddhism is a philosophy and religion based upon the teaching of Siddhartha Gautama. He was an Indian prince born in Lumbini and destined for a privileged life. During the birth, a seer announced that the prince would either become a great king or a great holy father. His father wished him to be a great king.

At age 16, his father arranged the Prince Siddhartha's marriage to Yashodhara who gave birth to a son, Rahula. Although his father ensured that Gautama was provided with everything he could want or need, Gautama was troubled and dissatisfied. Gautama was escorted on four subsequent visits outside the palace. He came across an old cripple man, a sick man, a dead body, and an ascetic. These are the four passing sights which led Siddhartha to recognize the reality of death, suffering, and the cyclical nature of human existence (*samsara*). He then left and abandoned his inheritance when he was 29 years old and became a wandering monk, seeking a solution to overcome suffering.

He abandoned asceticism and realized the power of the middle way. This is an idea in Buddhist thought and practice. To seek moderation and avoid extreme indulgence and self-mortification, at the age of 35 he did meditation under a Bodhi tree. He reached enlightenment, awakening to the true nature of reality. Thus Siddhartha Gautama became known as the Buddha, meaning "one who has awakened".

The Buddha taught that the nature of reality was impermanent and interconnects to suffering in life because of our desire for transient things. Liberation from suffering by training the mind and acting according to the Law of *Kamma*, do the right action, will mean good things will come to you. This teaching is known as

the Four Noble Truths and many doctrines. He passed away when he was 80 years old.

Suffering and healing

Suffering is a significant experience, not only in nursing and health care, but also in Buddhist culture. It is pertinent to this study to explore the meaning and significance of the Buddhist concept of suffering, the causes of suffering, and how to heal suffering. Healing is completely unique and creative in maintaining wellness (Fontaine, 2000). Particular attention will be paid to the suffering of mothers who lost a child unexpectedly.

Meaning of suffering

Suffering is to undergo or feel pain or distress, to sustain injury or loss, to be the object of some action, to be observed, to endure or hold out patiently, to undergo or experience, to tolerate or allow, and to allow or permit (College Dictionary, 1988). There are several definitions of suffering provided by authors from different perspectives.

Morse (1995, 2001) stressed that suffering refers to the emotional response to a loss. Emotional suffering is an extremely distressed state in which emotions are released.

Steeves and Kahn (1986, 1987, and 1994) stressed that suffering means extreme discomfort; displeasure or unpleasant perceptions include physical, mental, or spiritual concepts. They mention that suffering is an experience of the whole

person and it is often defined as a degree of pain, a variety of loss, or psychological distress.

Rodgers and Cowles (1997) defined suffering as an individualized, subjective, and complex experience that tends to impart an intensely negative meaning to an event.

Smith (1998) stressed that suffering is viewed as a spiraling vicious circle of physical, psychological, social, and spiritual distress.

Concept analysis and concept exploration were used as guidelines to obtain knowledge about suffering. For concept analysis, the five scholars most cited are Wilson (1969), Chin and Kramer (1991), and Walker and Avant (1995). Suffering as a concept was analyzed by Steeves and Kahn (1987). Moreover, in her doctoral course work, (unpublished, 2004) the researcher analyzed the concept of suffering using Walker and Avant concept of using analysis as a guideline to analysis. They emphasized antecedents (those events or incidents that must occur prior to the occurrence of the concept), attributes (the characteristics of the concept that appear over and over again), and consequences (those events or incidents that occur as a result of the occurrence of the concept). Antecedents, attributes, and consequences of suffering, based on Walker and Avant's method, are shown in Table 1 below.

In summary, suffering refers to individual experiences that are extremely uncomfortable, and unpleasurable or unpleasant perceptions which may involve physical, mental, or spiritual dimensions depending upon the event and context.

Table 1*Antecedents, Attributes, and Consequences of Suffering*

Antecedents	Attributes (Concept)	Consequences
Anxiety	Suffering	Endurance
Loss	- Extreme discomfort,	Peace
Pain	displeasure or	Helper
Stress/fear/frustration	unpleasant perception	Harmony
Depression	- Individualized	Optimism
Injury	Experience/event	Suicide
Illness/disease	- More complex	Chronic sorrow
Starvation/ hunger		Depression

From comprehensive reviews, suffering can be classified into three types of problem:

1. Physical suffering refers to physical discomfort resulting from the functioning of body organs and body systems such as the behavior of the subject is damaged, changed, or functionless. Such suffering may be manifested by sleep deprivation, decreased appetite, or physical exhaustion.

2. Mental suffering refers to a negative reaction of the mind, feelings or sensations, perceptions, and mental formations. The various qualities that the mind makes are good, bad, or neutral, depending on the intention of the sufferer. It is difficult to deal with this mental suffering and to face associated problems such as fear, astonishment, incredulity, confusion, dismay, panic, anger, sadness, denial, and indecisiveness.

3. Spiritual suffering refers to the feeling deep down inside or the consciousness involved with awareness of sensations. It also claimed that it was shown by complicated, conflicted, or pathologic symptoms. It can refer to subjects who cannot live in ordinary life. Their lives return to normal activities only over an extended period of time.

In Buddhism, suffering has generally been translated to the Pali word “*dukkha*”. *Dukkha* means unsatisfactoriness (Dhammanandam, 1997). Similarly, Prayutto (1995) states the term *dukkha* is most commonly rendered as “suffering”. It has been presented as dissatisfaction. It can also mean disease, discomfort, disorder, conflict, difficulties, unfulfillment, or pain. The broad meaning of *dukkha* (suffering) in Buddhist doctrine has been divided into three categories and these are described as follows (Payutto, 1995):

1. *Dukkata-Dukkata*: The state of being subject to pain, stress, and conflict. The common understanding of discomfort of physical and mental suffering is called “*dukkha-vedana*.” Varadhammo (1995) stated that physical suffering arises when one of the six sense organs has been in contact with an undesirable object. This type of contact creates suffering of the eye, ear, nose, tongue, body, or mind, which is all, considered physical suffering.

2. *Viparinama-Dukkata*: This suffering arises from a variation in a change in happiness, which transforms to suffering because of the change process itself. Our normal state is a neutral condition of ease or comfort that does not feel *dukkha* at all, but when certain types of *sukha* (happiness) are healed, then these sensations begin to dissipate or fade away. The original condition of comfort changes to *dukkha*, just as if *dukkha* were latent and then appears as soon as *sukha* loses its flavor or fades away.

As *sukha* increases, latent *dukkha* spreads out further and further. If that kind of *sukha* were not to occur, then the *dukkha* associated with it would also not arise. But if people taste *sukha* and then realize *sukha* must come to be an aim of life, then *dukkha* may be not eliminated.

3. *Sankhara-Dukkata*: This suffering is due to conflicting causal factors, such as oppression, unrest, imperfection, or un-satisfactoriness. It is the most important form of suffering (Payutto, 2001). It is the condition that comes from conflicting causal factors that arise, remain, and pass away. People who experience *Sankhara-Dukkata* do not wish to acquaint themselves with the principle of causation nor live in accordance with it.

Causes of suffering

The causes of suffering are composed of two aspects; in general and in Buddhism. The cause of suffering in general refers to anything that makes a person feel extremely uncomfortable. For mothers, suffering may be caused by injury and sickness, or the unexpected death of her child. In Buddhism, the root cause of suffering is one of the Four Noble Truths, uncertainty, and the sense of formation through body and mind. According to the Buddha, craving or desire (*tanha* or *raga*) is also the cause of suffering (Dhammanandam, 1987).

1. Injury and sickness

When a child is sick, the mother suffers through her concern and will take care of him/her all the time. Nisell, Ojmyr-Joelsson, Frenckner, Rydelius, and Christensson (2003) presented the situation in which parents suffer because a child's congenital anomalies. In addition, parents of children less than 5 years old with

asthma described feelings of frustration in coping with their child's symptoms (Koenig, Chesla, & Kennedy, 2003). Niedzielska, Katska, and Szymula (2000) found that mothers suffered from symptoms of their children who were ill with rubella; they worried about potential changes in their children's hearing. Chao and Ching (2003) found that a mother who was informed about her child's abnormal development of the hip bone suffered and experienced shock, fear, feelings of loss and anger, uncertainty and anxiety about the future, and excessive and uncontrollable emotions. Mothers suffered when their critically ill children were admitted to the pediatric intensive care unit (Noyes, 1999).

2. Unexpected death of a child

Webster's dictionary (1996) defines sudden death as an unexpected death that occurs within minutes from any causes other than violence. Regardless of the age of the child, it is one of the most traumatic experiences a family can suffer (Nussbaumer & Russell, 2003). This is particularly true for a mother, who has been close to the child from birth, who has no time to prepare herself. There are many studies that have examined unexpected death. Buchino, Corey, and Montgomery (2001) considered a sudden death occurs within 1 hour of clinically apparent distress, excluding time spent in a resuscitative effort. These researchers defined unexpected death as that in which no matter how ill the child was, death was not considered imminent. Regarding the timing of sudden death, Morentin, Suarez-Mier, and Aguilera (2003) proposed that sudden death was defined as an unexpected non-violent phenomenon in which death occurs within 6 hours of the onset of symptoms. In short, unexpected death refers to the sudden death in or out of hospital through various causes such as accidents,

suicide, homicide, or sickness. These often occur without obvious explanation or warning signs.

The unexpected death of a child causes a mother to suffer. There are three main causes of suffering according to Buddhism: uncertainty (*anicca*), the Law of Dependent Origination (*paticcasamuppada*), especially ignorance (*aviccha*), attachment (*ubbatan*), desire (*tanha*), and the sense of formation through body and mind, especially volitional activities (*sankhara*).

3. Uncertainty (*Anicca*)

Uncertainty is comparable to the *anicca* concept in Buddhism and means impermanence or being unstable. Buddhists always keep in mind that everything is *anicca*, that is, everything is uncertain. Uncertainty is the cause of suffering because no one knows when anything will appear and when anything will disappear; suffering happens, continues, and then goes away. Although death is certain for every body death is uncertain in terms of the time that one is faced with it. When an unexpected death of a child is sudden, it is evident that the mothers had no time for preparing their mind. Thus, they are confounded with their great suffering. However, if a mother who has lost a child unexpectedly understands the nature of uncertainty, her suffering could be eliminated.

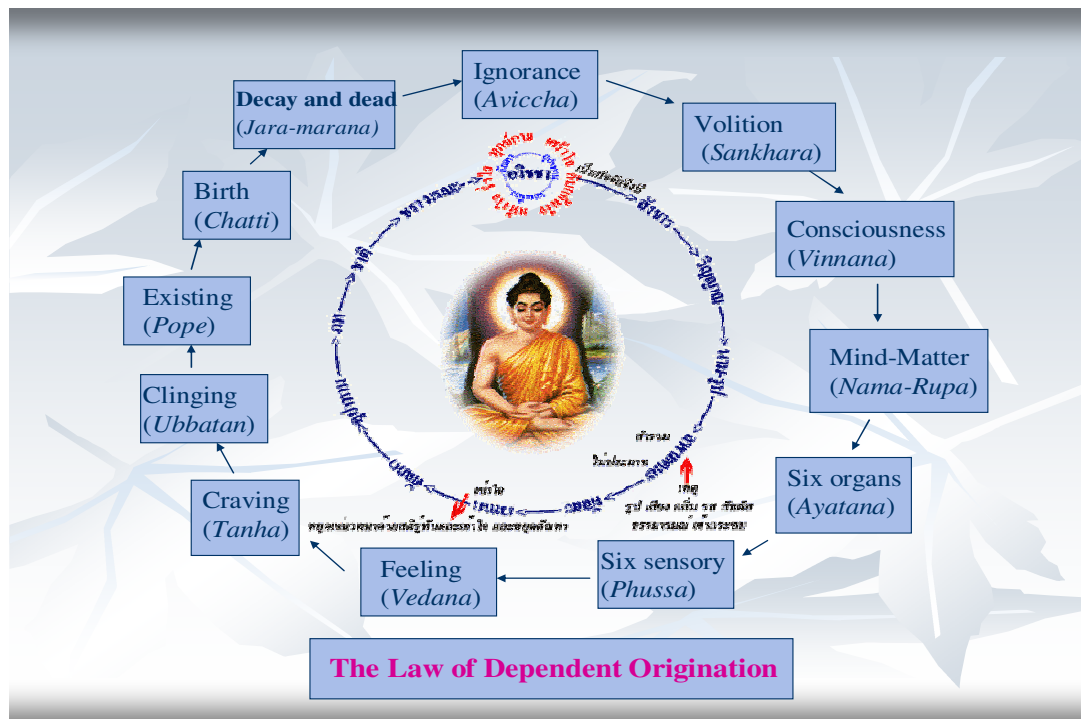
4. The Law of Dependent Origination (*Paticcasamuppada*)

The Buddha explained everything in terms of causation (conditionality) (Rogers & Yen, 2002). Causality is referred to as the Law of Dependent Origination (*Paticcasamuppada*), which is composed of 12 factors:

1. Through ignorance (*Aviccha*) is conditioned volitional actions or *kamma*-formations (*Sankhara*).

2. Through volitional actions is conditioned consciousness (*Vinnana*).
3. Through consciousness is conditioned mental and physical phenomena (*Nama-Rupa*).
4. Through mental and physical phenomena is conditioned the six faculties (five physical organs and mind) (*Uttayana*).
5. Through the six faculties is conditioned (sensorial and mental) contact (*Phussa*).
6. Through (sensorial and mental) contact is conditioned sensation (*Vedana*).
7. Through sensation is conditioned desire, “thirst” (*Tanha*).
8. Through desire is conditioned clinging (*Ubbatan*).
9. Through clinging is conditioned the process of becoming (*Pope*).
10. Through the process of becoming is conditioned birth (*Chatta*).
11. Through birth is conditioned decay, death (*Jara-marana*).
12. Through decay and death is conditioned ignorance or *aviccha*; back to 1 and the suffering cycle continues.

Figure 2. The Law of Dependent Origination



(Modified source: www.Nkgen.com, 2006)

The Law of Dependent Origination leads to suffering as shown in figure 2. A person may begin by starting at any point of *Paticcasamuuppada* and proceed through the 12 points. For example, the circle in this case will proceed as follows: *aviccha* or ignorance arises because of shock; upon *aviccha*, *sankhara* arises; upon *sankhara* *vinnana* arises; upon *vinnana* *nama-rupa* arises; upon *nama-rupa* *uttayana* arises; upon *uttayana* *phussa* or contact arises; upon *phussa* *vedana* or feeling arises; upon *vedana* *tanha* or desire arises; upon *tanha* *ubbatan* or attachment arises; upon *ubbatan* *pope* or being arises; upon being *chatta* or birth arises upon birth old- age and death and the cycle of suffering continues. The mother's suffering from an unexpected death of a child starts when the mother hears that her child has died. In addition to the ignorance (*aviccha*) of the event, three factors arise: volition (*sankhara*), consciousness (*vinnana*), and matter and mind (*nana-ropa*). These factors lead to contact (*phussa*), feeling (*vedana*), desire (*tanha*), and attachment (*ubbatan*) and she suffers when she thinks about her child's birth, life, and death.

However, attachment or clinging (*ubbatan*) provides a perspective on the suffering of the mother who is strongly attached to her child. Attachment is an enduring tie or bond between a mother, father, or others (Cusson, 1993). Payutto (1995) demonstrated that attachment in Buddhism is understood as a strong feeling of desire that becomes grasping, clinging, or being engrossed in something. When we do not have something, we crave it; and when we get it, we attach ourselves to it. This attachment is not only linked with the object of our desire, it is also linked with attachment to various opinions, theories, and biases. Attachment relates to certain patterns of behavior or courses of action that allow us to fulfill our desire. Attachment

relies upon an involved “self”. Li, Precht, Mortensen, and Olsen (2003) found that losing a single child is significant to the mortality rate of mothers ($p=0.0001$).

In brief, the Law of Dependent Origination is related to the outcome of suffering in three ways. First is *samudayavara*, which is suffering due to ignorance (*aviccha*); therefore, the mother still suffers or has recurrent suffering. Second is *nirodhavara*, which is a way to overcome suffering by wisdom (*viccha*); therefore, the mother understands and retains the experience of her child’s death, but she does not feel extreme suffering. Third is *nirvana*, which completely ends the mother’s suffering.

Clinging or attachment (*Ubbatan*) is a significant cause of suffering. A mother’s suffering, caused by the unexpected death of a child, is a result of the strong bond of love (*Tanha*) with the child, and the care that the mother has given to the child. Moreover, the mother and family hope for the child’s future; thus, when the child dies, the mother suffers greatly. The mother receives four kinds of unwholesome tendencies (*kilesa*); clinging to sensuality, clinging to thoughts, clinging to mere rules and rituals, and clinging to beliefs that are the results of craving and suffering (Payutto, 1995).

5. *The sense of formation through body and mind (Skadas 5)*

Buddha divided the world into two parts, matter and mind (*rupa and nama*), which make up the nature of life. Buddhists believe the sense of formation of life is composed of the Five Heaps or Five Aggregates of Existence. Body refers only to the physical (*rupa*) while the mind refers to the other four aspects: feeling or sensation (*vedana*), perception (*sanna*), mental formations or volitional activities (*sankhara*), and consciousness (*vinnana*). The details are as follows:

1. Physical (*rupa*) refers to the specifics of bodily and behavior components. Buddha thought that the body was constructed of 4 elements. These are earth (body, muscle, bone, etc.), water (blood, digestion juice, secretion, etc.), wind (breath, gas, etc.) and fire (temperature, emotion, etc.).

2. Feelings or sensations (*vedana*) can be neutral, pleasurable, or unpleasant. Feelings arise from stimulation outside and inside the body. The contact is through six sense organs- eye, ear, nose, tongue, body, and mind- and six sense contacts: seeing, hearing, smelling, tasting, physical touching, and mental touching.

3. Perception (*sanna*) is a process of cognition, memory and awareness of sense impressions, including past sensations. Recognition, insight, and estimation are from the sense organs and sense contacts.

4. Mental formations or volitional activities (*sankhara*) are conditioned volitional actions under the influence of good or bad will (*viccha or aviccha*).

5. Consciousness (*vinnana*) is a function of knowing, a sense of wisdom arising from the reactions of the six sense organ and six sense contacts.

In short, *Dukkha-vedana* refers to 5 heaps or 5 aggregates (skadas 5). They are the origin of people's suffering. For example, a person who is in love sees his lover walk closely with another man. In this situation, he is frustrated, but if he thought that the person might be a close friend, his suffering would be eliminated. But if he imagines that she is his or that the man might be her new lover, he will suffer more. In short, people who have wisdom might overcome suffering. Through insight meditation (*vipassana*) people can understand and critique a feeling of pleasurable, sufferable, and neutral stages (*vedana*) that are manifested in the mind. *Dukkha-vedana* also refers to the sensation of many feelings such as pain, tension, itchiness,

and so forth which manifest on the body. People have to become neutral in their mind (*Ubekkha*) so the suffering can be eliminated.

Impact of suffering

Morse (2001) states that the loss of a loved one causes an individual to become sick. The person's senses are acute or penetrating; he/she tries to make sense of what is happening. The immediate response may be denial, loss of control, screaming, or showing no expression at all until the person recognizes what has happened and realizes that he/she must function in order to get through the situation. Kubler-Ross (cited in Battenfield, 1984) in her classic treatise on death and dying, developed a model with five stages: denial, anger, bargaining, depression, and acceptance. Baker and Keller (cited in Battenfield, 1984) elaborated on the Kubler-Ross model and described the dynamics of suffering as the experience of loss. They identified three stages of recovery: shock and denial, anger and depression, and understanding and acceptance.

There are many articles that discuss the impact of suffering. Adults, who had suffered the loss of a close relative, had negative thoughts of self-blame. These cognitive variables were significantly related to the severity of symptoms of traumatic grief, depression, and anxiety (Boelen, Bout, & Hout, 2003). For instance, Sethabouppha (2002) proposed that the family caregiver suffered physical burdens, emotional distress, social problems, economic problems, and lack of knowledge about taking care of the seriously ill in Thailand. Waikittipong (2003) stated that paraplegic patients suffered from the inability to perform their previous roles, to conduct daily life activities, to maintain self-esteem, and to protect themselves and their family.

HIV-infected patients were reported to suffer physically from fever, diarrhea, and skin problems; mentally from being afraid that people around them would know about their conditions, from being depressed and highly stressed, and from the fear of death; and spiritually from avoiding participation in temple activities, having low self esteem, and having no life goals (Ampunsiriratana, 2003).

Conditions affecting suffering

The death of a child is often associated with significant long-term psychological consequences (Graham, Thompson, Estrada, & Yonekura, 1987). Many factors affect suffering, including family dynamics, cultural influences, and the causes of death

Family dynamics

Life-threatening illness and sudden death can greatly affect family dynamics (Benoliel, 1994). A family's hopes and plans for the child often begin before pregnancy and continue through the life of the child. The death of a child may also be thought of as a crisis in family development. Family development increases the family's emotional burden and shatters the family's ordinary routines and coping mechanisms. The death of a child disrupts family homeostasis or the psychological and physiological equilibrium of family members (Levin, 1998). The family needs time to accept the reality of the situation and to express him or her self behaviorally (Taylor, Lillis, & LeMone, 1993). The child's age, sex, and familiar roles may affect the family, as children are often the heart of the family; parents hope, plan for the future, and have dreams for the child (Shaefer, Noell, & McClain, 2002). After a child's death, another misfortune for some couples is the inability to have another

child. Infertility may cause more intense suffering. Because of the dead child, there is an imbalance in the family. The parents, especially a mother who had lost a child due to an unnatural death, have a hazard ratio higher than is natural after the death of a child in Denmark (Li, Precht, Mortensen, & Olsen, 2003)

Cultural influences

Every culture offers an explanation for the meaning of death or suffering and how to proceed with life. Suffering may manifest itself differently in different cultures. Some cultures respond more stoically than others, some cultures express suffering more verbally than others, and some cultures promote the seeking of comfort from others (Morse, 2002). Laakso and Paunonen-Ilmonen (2001) suggest that crying is an essential part of an expression of feeling. Multicultural studies show that crying as a demonstration of the expression of grief is found in most cultures.

Culture influences a person's behavior. Dwiningsih (2004) shows that the Indonesian culture influences people express and deal with anxiety through somatic symptoms. Thai culture consists of both nuclear and extended families. Factors that influence relatives included time available for care, socio-cultural factors, personal commitment, and the care recipient's preference. In Thai culture, the interdependence of family members and social networks influence caregivers' attendandace in health and illness of stroke patients (Hatthakit, 1999). Similarly, Nijnikaree (2003) reports all family members are important in making decisions in times of crisis. Decision making includes the healthcare team's opinion and the family's contribution, which is significant with the end of life imminent, especially in Muslim families. They decided to discontinue treatment so that the patients can stop suffering from chronic illness.

Causes of death

A child may die from medical conditions, unintentional injuries, accidents, homicide, and suicide. Suicide causes the most intense and longest impact on parents (Murphy, 2004). When the death of a child is sudden and unexpected, family members have no time to prepare, so the intensity of their suffering may be severe. Accidental death is often associated with the feeling of bad luck (Taylor, Lillis, & LeMone, 1993). Reactions often differ depending on whether the death of the child was from natural or unnatural causes. It is normal for families to assume some responsibility for a child's death because families believe they have a duty to protect their children. When a child dies of natural causes, however, the family may believe that nothing could have prevented the death. In contrast, families whose child dies of suicide or homicide are more likely to feel more responsible for the death. In some cases, friends or neighbors may also blame the parents for the child's death.

Suffering of the mother from losing a child unexpectedly

When a mother loses a child she tries to make sense of what has happened. In the beginning, mothers experiences physical distress and pain in addition to mental pain. Her immediate response may be denial, loss of control, or screaming (Laakso & Paunonen-Ilmonen, 2002). As soon as some mothers recognize what has happened, they may continue to function in order to survive or to get through the situation with the family. The threats to the mother may include the loss of sense of self (Kahn & Steeves, 1986). The loss of sense may be expressed in decrease of appetite, insomnia, and weight loss. Sometimes the mother may experience changes in body image, social identity, role functions, and work routines. In addition, if the

duration of suffering is delayed, the effects on the mother and family's daily life may be severe. Some mothers display post-traumatic stress disorder (PTSD) symptoms (Green, 2000). The mother's response depends on the degree of attachment to the child and how the child died. Carrera, et al. (1998) reports that the mother suffered from perinatal loss had the highest level of depression. The result may be delayed for one year after psychological intervention. In brief, if the mode of death is sudden, violent, or unexpected, bereavement may be more traumatic. Although every person responds differently to loss, we now know that some people adjust fairly quickly, usually in one year, while others take several years. Mothers who lose a beloved child unexpectedly, one with whom they had strong attachments, may continue to grieve for many years (Kinzbrunner, Weinreb, & Poliezer, 2002). However, the dead child remains a part of the family's memory; the parent continues the relationship through normal expressions after the death of a child (Gudmundsdottir & Chesla, 2006).

Ways of Healing

The Buddha's diagnostic of and remedy from suffering *-Dukkha-* can be examined in The Four Noble Truths (Kirthisinghe, 1999). Healing or reducing uncertainty may be impacted through cognitive, emotive, or behavioral reactions. Moreover, using supernatural or mystical beliefs and practices (e.g. spiritual faith, augury, and ritual) to manage uncertainty are Buddhist strategies not often considered in nursing.

In Buddhism, there are two significant ways to relieve suffering. There is the middle way leading to end of suffering, and there is the seven factors of enlightenment which represent a high *dhamma* leading to enlightenment.

The middle way leading to end of suffering: The Eightfold Path
(*Magga*)

More than 2500 years ago, the Buddha offered a unique remedy for suffering. This technique is called the middle way. The middle way is related to the Four Noble Truths, especially the Noble Truth of the Path Leading to the Cessation of Suffering. This middle way applies to conditions of contemporary life. It is a sure prescription for a happy, well-adjusted life (Kirthisinghe, 1999). The three foundations of a mentally healthy life are described as follows:

1. Ethical conduct (*Sila*)

1.1. Right speech

1.2. Right action

1.3. Right livelihood.

2. Mental discipline (*Samadhi*)

2.1. Right effort

2.2. Right mindfulness-Body-Feeling-Mind-*Dhamma*

2.3. Right concentration: intellectual activity suppressed and tranquility developed- joy and all sensation disappear.

3. Wisdom (*Panna*)

3.1. Right thought

3.2. Right understanding: accuracy accepted

In the practice of ethical conduct (*Sila*), ten meritorious actions (*Boonkiriya-vutthu* 10) are a major way for practicing among Buddhists. *Boonkiriya-vutthu* 10 (ten meritorious actions), Dhmmannanda (1987, p.156) stressed that “A fortunate or unfortunate life depends on individual merits and demerits”. Merit is important to help us along our journey through life. The ten meritorious actions are made up of charity, morality, mental culture, reverence, service in helping others, sharing merits with others, rejoicing in the merits of others, preaching and teaching the *Dhamma*, listening to the *Dhamma*, and straightening one’s view.

In ethical conduct, there are at least two kinds of precepts that Buddhist morality addresses. There are the Five Precepts and the Eight Precepts. The Five Precepts are to abstain from killing living creatures, taking what is not given, sexual misconduct, false speech, and taking intoxicating drugs and liquor. Eight Precepts are to abstain from: killing; stealing; sexual acts; lying; liquor; taking food after the sun has crossed the horizon; dancing, singing, listening to music and unseemly shows; the use of garlands, perfumes, unguents and things that tend to beautify and adorn the person; and using high and luxurious seats. According to these Buddhist precepts, mothers who have strong practice in the Buddhist way will not suffer very long. There is wisdom or *Panna* in mothers who have understanding of the Law of *Kamma* and Three *Laksana*. As a result their suffering will be short term or they can finally get rid of suffering.

In the practice of mental discipline (*Samadhi*), there are two main roots: tranquility meditation (*Samadha* meditation) and insight meditation (*Vipassana* meditation).

According to tranquility meditation the aim is for a silent mind that is peaceful, whereas insight meditation aims for achieving wisdom. Tranquility meditation focuses deeply on a theme until the mind becomes one with the object of meditation. There are many ways to practice *samadha* meditation. They are described by the Buddha and have been collected into the 40 kinds of meditation, such as breathing, walking, staring at light, and so on. However, *samadha* meditation is a fundamental practice to develop higher meditation. To practice *vipassana*, the foundation of mindfulness, *Satipatthana* is the key factor in the development of insight. *Satipatthana* is composed of *kayanupassana*, *vedananupassana*, *cittanupassana*, and *dhammanupassana*. *Vipassana* is the way of using *citta* (mind) to inspect *vedana* (feeling) manifested on *kaya* (body) while trying to keep a quiet mind (*ubekkha dhamma*) and to achieve the ultimate goal of understanding that *vedana* or suffering is uncertainty (*aviccha*). The practice of insight meditation or *vipassana* meditation is the way to decrease craving or refine and improve the quality of your understanding. By practicing continually, a person can overcome suffering and have a peaceful life.

The Seven Factors of Enlightenment (Bojjhanga 7)

The seven factors of enlightenment are a high *dhamma* leading to enlightenment. *Bojjhanga 7* is composed of *Sati*, *Dhamma Vicaya*, *Viriya*, *Piti*, *Passaddhi*, *Samadhi*, and *Ubekkha*. They are presented as follows:

Sati (mindfulness) refers to the state of awareness of what is going on at the present moment of mind (Chanchamnong, 2003). Mindfulness is also capable of dealing with everything that comes through sensory and mental experience. In addition, it is one aspect of the three-fold training or the practice of the Middle Way.

Dhamma Vicaya (research mind) refers to the state of research mind that thinks through or critiques everything related to *Buddhadhamma*

Viriya (effort) refers to the state of attempting to do something using high ability and capability.

Piti (contentment) refers to the state of sensation of happiness or fulfillment when a person is satisfied with something.

Passaddhi (tranquility or serenity) refers to the state of calming down or peaceful mind, but the person who reaches this state still has desires or craves insight.

Samadhi (consciousness) refers to the stage of practicing for meditation and introspection (vipassana). There are four categorical levels of meditation: 1) *Pathama Jhana*; 2) *Tutiya Jhana*; 3) *Tatiya Jhana*; and 4) *Cathuta Jhana* (Chanchamnong, 2003). Consciousness focuses on one single object that has been chosen such as breathing (*Anapanasiti*). Moreover, it is one aspect of the three-fold training or practice of the Middle Way.

Ubekkha (equanimity) refers to the stage of a calmness and neutrality (Payutto 1995). It is the state of mind which is not pleasure, nor suffering, and there is no neutral sensation which enables one to advance more satisfactorily on the spiritual path.

Consequences of healing of suffering

This truth is based on wisdom and offers a rational and systematic procedure for the solution of problems or suffering. There are three ways of successfully solving or healing suffering according to values (Payutto, 1995). These are *samudayavara*, *nirodhavara*, and *nirvana or nibbana*. They are presented as follows:

Recurrence of suffering (Samudayavara)

Samudayavara is the aspect of the cycle of dependent origination, or the process of the rising of *dukkha*. This stage is ignorance (*aviccha*), which explains the arising of *dukkha*. The mother who has lost a child unexpectedly is still suffering. She sometimes accepts and sometimes does not accept the reality of the cause of suffering. In brief, suffering sometimes goes away and sometimes returns.

End of suffering (Nirodhavara)

Nirodhavara is the aspect of dependent origination that explains the process leading to the cessation of *dukkha*. It is comparable to the *nirodha* in the Four Noble Truths which shows that when we have correctly solved problems according to their true sources of the cause of suffering, then the problems will be eliminated. If the mother understands the cause of suffering and characteristics of suffering clearly, she will not suffer. In brief, the mother has wisdom (*viccha*) to overcome suffering.

Complete end of suffering (Nirvana or nibbana)

Nirvana is a state of mind which has no desires and therefore there is no suffering at all. It is the process leading to extinguishing of *dukkha*. The mind is free from sensual intoxication or rough desire (*kammatanha*), free from fine desire (*bhavatanha*), and free from very fine desire (*vibhavatanha*) respectively. A lay person cannot achieve nirvana.

This path is a way of life to be practiced and developed by each individual. Buddhism emphasizes not being attached to self or to no-self, to both, or to no view of the self. The notion that there is a self and not a self is resolved in Buddhism through the Middle Way. Payutto (1995) points out that attachment or clinging is related to suffering. Mother and child are attached, so when the mother loses a child, she faces

deep suffering. The middle way avoids attachment to the idea of either a permanent self or no self so the Middle Way is the path to avoid suffering. Cancer patients who practiced meditation perceive it as four themes: meditation as a drug for treating, as a power that helps immunity, as balancing the body and mind, and as the understanding of reality in cancer patients (Sungsing, Hatthakit, & Aphichoto, 2007).

Buddhist concepts related to suffering and healing

Suffering and healing in Buddhism are significant concepts. They are the Four Noble Truths (*Ariyasacca*), and Three Characteristics of Existence (*Three Laksana*). In fact, the ultimate goal of Buddhist philosophy is The Ultimate Truth –*Nibbana* or *Nirvana*. It means that a human can stop all of his or her desires and the human can stop all suffering.

Four Noble Truths (Ariyasacca).

The Four Noble Truths are significant principles of the Buddha's teaching that relate to suffering. They are as follows:

1. *Dukkha* (suffering): Suffering occurs in humans because of dissatisfaction or conflict between desires and the facts of their lives (Rogers & Yen, 2002). It is related to birth, loss and death, being separated from the things we love, and not achieving the things we hope for.

2. *Samudaya* (cause of suffering): It is related to craving or desire (*Tanha* or *raga*) of which there are three types: sexual craving (*kama-tanha*), craving for existence (*bhava-tanha*), and craving for non-existence (*vibhava-tanha*).

3. *Nirodha* (end of suffering): This stage is related to the complete cessation of craving. It is simply a pure state of freedom, peacefulness, clarity, and brightness.

4. *Nirodhagamini patipada* (-*Magga*-, the path leading to the end of suffering):

This is the pathway to the end of suffering. The Eightfold path consists of right speech, right action, right livelihood, right effort, right mindfulness, right concentration, right understanding and right thought.

In brief, *Dukkha-ariyasacca* is characteristic of suffering which related to the Four Noble Truths, especially causes suffering. Suffering does not happen by chance. It occurs through causes and conditions. Although death is the common truth that everyone cannot avoid, the person who gains the loss remains to suffer. If humans understand these causes and conditions and try to get rid of desires he or she will overcome suffering.

Three Characteristics of existence (Three Laksana or three marks)

The *Three Laksana* or the three characteristics of existence provide a framework for appreciating the self in the Buddhist view. Buddha taught about the natural phenomena of the existence of life. One of the significant foundations of the Buddha's teaching is that there is nothing permanent or stable. The *Three Laksana* are also referred to as Universal Characteristics (Payutto, 1995). They are as follows:

The first *Laksana (Anicca)* is impermanence, instability, or uncertainty. Everything is not stable or constant. It usually occurs, remains, and then disappears; sometimes it reappears in other times. No matter how much we may try to hold it, no single thing is the same at this present moment as it was one moment ago. Uncertainty in illness is defined as the inability to determine the meaning of illness-related events (Mitchell, Courtney, & Coyer, 2003). Symptoms or patterns without form or consistency confirm uncertainty by providing a confusing picture of the illness.

The second *Laksana (Dukkha)* is the state of suffering, or dissatisfaction associated with suffering. A condition of resistance and conflict is the cause of *dukkha* for a person who has desires that cause attachment. Details of this are in the Four Noble Truths.

The last *Laksana (Anata)* means that all phenomena are not the self. It is emptiness or egolessness in that there is no real essence, soul or liberation from constraints (Buddhadasa, 2002).

In brief, *Dukkha-laksana* is the characteristic of suffering in which there is uncertainty and no self or egolessness. *Dukkha* or suffering is related to *anicca* or uncertainty and *anatta* or egolessness. The existence usually appears, continues, and then disappears. For Buddhist people who understand the three *laksana* and apply them in their daily lives, their suffering will be eliminated. Death is suffering and death will occur anytime. Nobody knows when he or she is going to die. Suffering also comes to a mother who loses a child unexpectedly. Thus, mothers understand that everything is uncertain or impermanent. It happens, remains, and will disappear. This *Dhamma* will help her understand her suffering. However, the death of a child causes a mother suffering; she needs time to heal.

Suffering in Buddhism is closely connected with other concepts such as *kamma*, the three marks, and craving or desire. The mother and child are in a close relationship or attachment. The more she clings to her child, the more suffering she experiences. In addition, the Four Noble Truths are most important in understanding and overcoming the cause of suffering, which include five heaps (*skandas* 5): form, sensation or feeling, perception, volition or conception, and consciousness. Buddhist beliefs and practices include meditation, praying, making a merit and so on. Buddhist

beliefs were the essential variables for friendship development (Sethabouppha, 2002). Nurses who are highly involved in Buddhism perform nursing care with love, tenderness, caring, gentleness, kindness, and respectfulness.

Phenomenology as Method

Phenomenology continues to be an integral method of inquiry in philosophical, sociological, and psychological disciplines (Speziale & Carpenter, 2003, 2007). Phenomenological enquiry is a philosophy and research method in nursing. A brief description of the phenomenological movement is outlined below.

Phenomenological roots

The phenomenological movement began around the first decade of the twentieth century. It is comprised three phases: 1) Preparatory, 2) German, and 3) French.

1. Preparatory Phase

The preparatory phase was dominated by Franz Brentano (1838-1917) and Carl Stumpf (1848-1936). Stumpf was Brentano's first prominent student. His work demonstrated the scientific rigor of phenomenology. Clarification of the concept of intentionality was the primary focus during this period (Spiegelberg, 1965 cited in Speziale & Carpenter, 2003).

2. German Phase

Edmund Husserl (1857- 1938) and Martin Heidegger (1889- 1976) were the prominent leaders during the German or second phase of the phenomenological

movement. Husserl's work demonstrated the specifics of how to describe philosophy with scientific exactness. The grasping of transcendent objects and truth is the only way to really see the world. This idea is to remain as free as possible from pre-understanding notion. Having identified these ideas, the researchers must bracket or separate out of consciousness what they know or believe about the topic under investigation. Bracketing requires researchers to remain neutral with respect to belief or disbelief in the existence of the phenomenon. In reality, the position of the researcher cannot be detached from his or her own views so this methodology offers practical guidelines to help in overcoming the researcher's views during data gathering and analysis. Heidegger, who was Husserl's student, considered that the interpretation of data sources offered the researcher the opportunity to understand the rich and complex lived world. Data sources, the merging of constructions, are offered by participants, by author's interpretation, by personal and professional background, and by selected literatures. In Germany, Gadamer is best known for hermeneutics or interpretative views. He built on the work of Heidegger. Hermeneutics refers to understanding and the knowledge on which it is based. Gadamer interpreted a phenomenon by questioning: 'How is understanding possible?' He thought that it is not possible to step outside history to look at the past objectively. Building on the work of Heidegger, Gadamer is credited with placing hermeneutics firmly at the center of the contemporary philosophical debate.

3. French Phase

Gabriel Marcel (1889- 1973), Jean Paul Sartre (1905- 1980), and Maurice Merleau-Ponty (1905- 1980) were the predominant leaders of the French or third phase of the phenomenological movement. The primary concept developed during

this phase was embodiment. Embodiment refers to the belief that all acts are constructed on foundations of perception or original awareness of some phenomenon.

Hermeneutic phenomenology

Spiegelberg (1965, 1975 cited in Speziale & Carpenter, 2003) identified hermeneutic phenomenology to be one of six core steps of phenomenological development. These six core steps are: 1) descriptive phenomenology; 2) phenomenology of essences; 3) phenomenology of appearances; 4) constitutive phenomenology; 5) reductive phenomenology; and 6) hermeneutic phenomenology. The hermeneutics approach is essentially a philosophy of the nature of understanding a particular phenomenon and the scientific interpretation of phenomena appearing in text or the written word. Kearney (2001) emphasized that hermeneutic phenomenology and grounded theory aim for a higher level of complexity in qualitative methods.

Ontology of hermeneutics

Ontology is defined in the Webster's Collegiate Dictionary (2003) as "the branch of metaphysics concerned with and relation of being." The ontological approach can overcome the Cartesian subject-object dualism. If an objective view is taken of reality, the assumption is that measurement using instruments that are independent of the observer can be used to fully describe all aspects of reality. A subjective view of reality proposes that each individual has a unique view of the world that can only partially be communicated. However, the hermeneutic approach looks at a person as a self-interpreting being, and the interpretation of the data depends on both the researcher's and participants' views. Phenomenology is

concerned with the nature of knowledge while hermeneutics focuses on the nature of experiencing existence (Dowling, 2004).

Epistemology of hermeneutics

Epistemology is defined in the College Dictionary (1988) as “a branch of philosophy that investigates the origin, nature, methods, and limits of human knowledge.” Hermeneutics helps us to understand the complex interplay of people, methods and technology and the important role of interpretation, meanings, and concerns in the use of these techniques. Phenomenology’s goal is to describe the essence of reality but the hermeneutics’ goal is to gain an in-depth understanding of experience.

The interpretative method is complex and the analytic processes require scientific discipline. Fleming, Gaidys, & Robb (2002) stressed that phenomenology and hermeneutics are not the same as the former philosophy base or are not equivalent. They believed that none of the philosophers such as Husserl, Heidegger and Gadamer developed research methods; they were concerned with and developed philosophies, which are often used to underpin qualitative research today. “Gadamer (1975) explained that the task of hermeneutics is not a simple matter of recommending a method, but it’s difficult for hermeneutic researcher, who requires structure in order to begin the research process” (Fleming, Gaidys, & Robb, 2002, p.115).

Hermeneutics is an interpretative approach based on the work of Ricoeur (1976), Heidegger (1927; 1962), and Gadamer (1975) (Speziale & Carpenter, 2003). However, Gadamer is the crucial figure in philosophical hermeneutics and, as a

student of Heidegger, his philosophy extended Heidegger's existential ontological exploration of understanding by providing an emphasis on language.

Although there are many philosophers interested in hermeneutic phenomenology, in this study I will consider the significance of Heidegger and Gadamer.

Heideggerian Hermeneutics

Martin Heidegger emphasized in *Being in the World* that a person cannot be separated from the world. As a human being (*Dasien*) our meaning is shared through participation in our life experience and background including gender, culture, and history. Heideggerian hermeneutics can be defined as a way to interpret these shared meanings and practices that we have for our experiences within a context. As a research methodology, hermeneutics assumes that meaning is fixed in the process of dialogue between interpreter and participant. *The hermeneutic circle* is a way of understanding dialogue and movement between the wholes and parts of a text. Heidegger believed that language is a constituent of our Being because language is a practice that precedes us. However, language may also restrict our understanding of the world.

Gadamerian Hermeneutics

Hans-Georg Gadamer extended Heidegger's work on hermeneutics by emphasizing the embeddedness of language in our understanding of our world. In 1975, Gadamer's major work, entitled *Truth and Method*, identified the necessity of historical consciousness within hermeneutics. Gadamer elaborated by noting that hermeneutics bridges the gap between what is familiar in our world and what is unfamiliar: its field of application is comprised of all those situations in which we

encounter meanings that are not immediately understandable but require interpretive effort. Gadamer (1984, 2000) asserted that understanding was always a historical, dialectic, and linguistic event. Understanding occurs from interpretations embedded within our linguistic and cultural traditions.

Phenomenology and hermeneutics as research approaches in nursing

The close link between phenomenology and hermeneutics has resulted in the interchangeable use of these terms. However, philosophical beliefs differ between phenomenological and hermeneutic philosophers. Phenomenology focuses on a person's lived experience and elicits commonalities and shared meanings, whereas hermeneutics refers to an interpretation of textual language. Although there is no absolute or universal definition of either term, when these concepts are used together they are usually closely related to qualitative research methods that focus on understanding. Hermeneutic analysis primarily focuses on texts as a data source. These texts can be generated by stories, interviews, participant observations, diaries, literature, letters, or other relevant documents.

Interpretative phenomenology is a valuable method for the study of phenomena relevant to nursing education, research, and practice. Some investigations have used interpretive phenomenology to study nursing education (Diekelmann, 2001) and study nursing practice (Benner, 1994, Smith, 1998,). Because phenomenological inquiry requires that the integrated whole be explored, it is a suitable method for the investigation of phenomena important to nursing practice, education, research, and administration.

A holistic perspective and the study of lived experience serve as the foundation for phenomenological inquiry. Topics appropriate to the phenomenological research method include those central to humans' life experience. Examples include happiness, fear, living with chronic illness, or end of life issues including suffering following a loved one's death.

Gadamer's hermeneutic phenomenology as project based

Hermeneutic phenomenology guides this inquiry. Koch (1996) mentioned three issues which arise in legitimating the hermeneutic research process: the philosophical underpinnings of methodology, participation of the researcher in generating data, and trustworthiness of the data. A few of Gadamer's views are similar to Buddhists'. "To see is not only what the eye sees but how the mind (intellect) interprets both what the eye sees and what it does not see. To hear is not only what the ear hears but how the mind (intellect) interprets both what the ear hears and what it does not hear" (Austgard, 2006, p.17). Thus, Gadamer's views of understanding are most suitable. The following describes Gadamer's history, Gadamer's philosophical hermeneutics, major concepts in his philosophy, and his articulated method.

Gadamer's history

Hans-Georg Gadamer was born on February 11, 1900 in Marburg, Germany. He is best known for his important contribution to hermeneutics. His system of philosophical hermeneutics is a response to understanding human beings through an exploration of historicity, language, and art. Gadamer, who was the son of a chemistry professor, began his university studies at Breslau in 1918 and moved on to

Marburg in 1919 where he earned his first doctorate at the age of 22 under a Plato scholar. After meeting Martin Heidegger in 1923, he served as his assistant while continuing course work in philosophy and philology. He finished and got a second doctorate under Heidegger's direction in 1928. He then taught classical philosophy. He became professor emeritus in 1968. Upon retirement he was invited to spend semesters in residence at major universities in the United States including Vanderbilt, the Catholic University of America, the University of Dallas, and Boston College. During the decades after his retirement, he continued to lecture widely in the United States, Canada, and other countries until he passed away in 2002 at the age of 102.

Gadamer's philosophical hermeneutic

The word hermeneutics is derived from the Greek word *hermeneia*. The Greek root for hermeneutics suggests that it is 'bringing to understanding particulars where the process involves language' (Leonard, 1989). The term hermeneutics refers to interpretation and has its origins in the 17th century. Two assumptions of hermeneutics are that humans experience the world through language, and that this language provides both understanding and knowledge. A phenomenological hermeneutic approach is essentially a philosophy of the nature of understanding a particular phenomenon.

Gadamer continued the work of Heidegger by using the question "How is understanding possible?" Gadamer is credited with placing hermeneutics firmly at the centre of the contemporary philosophical debate. The two central positions of hermeneutics advanced by Gadamer are prejudgment (one's preconceptions or prejudices or horizon of meaning that are part of our linguistic experience and make understanding possible) and universality (the persons who express themselves and the

persons who understand are connected by a common human consciousness, which makes understanding possible). Gadamer is credited with helping to extend philosophical hermeneutics to critical hermeneutics by stressing the importance of tradition.

Major concepts

Gadamer's key philosophical concepts are the hermeneutic circle, dialogue, fusion of horizons, and prejudice (Gadamer, 1984, Koch, 1996), which can be briefly explained as follows:

1. The hermeneutic circle

The hermeneutic circle is a metaphor taken from Heidegger to describe the experience of moving dialectically between the parts and the whole. However, Gadamer places a stronger emphasis on language. Gadamer claims language and history supply the shared sphere in the hermeneutic circle. He talks about understanding and interpreting in all the research process. Understanding, like conversation, always represents a relationship between the researcher's understanding and participants' understanding.

2. Dialogue

Gadamer considers the metaphor of dialogue with the logic of question and answer. Interviews and conversations are non-directive so that participants are able to tell their stories in whichever way they wish. Thus the approach is open, allowing the participant to take the listener with them in their narration. The questions maintain a focus on experience, such as: "Can you tell me about being in this situation?", or "What is it like?" The goal of the interview is to obtain the participants' detailed description of the experience.

3. Fusion of horizons

The notion of fusion of horizons is another metaphor for understanding. Interpretation always occurs through the fusion of horizons. Gadamer defines horizon as the range of vision that includes everything that can be seen. Fusion is the coming together of different vantage points. It requires willingness to be opened to the standpoint of another. This task is achieved in research writing when the horizons of the interpreter and interpreted are fused. Fusion of horizons involves integrating every resource into the interpretation process such as field notes, observation records, diaries, and so forth. In short, fusion of horizons mainly refers to integration of the participants' and the researcher's understanding.

4. Prejudice

Prejudice, as defined by Gadamer (1984, 2000), refers to the preconceived notion of things that come from our past experience and socialization. Gadamer advocated continually striving to identify our prejudices which originate from the researcher's historical background. In practice, prejudice means that researchers acknowledge their own background and challenges their prejudice as they use it to collect and interpret data (Smith, 1998).

Gadamer advocated dialogue or conversation as a way of uncovering knowledge and reducing the embedded political power. Gadamer stressed the importance of reflection and conversation in knowing. Conversation assumes mutuality of question and answer. He believed that true conversation occurs when persons are open and equally participative and interested in achieving understanding.

Articulated method

In 2003, Fleming and her team developed a clearly articulated method from Gadamer's work. They identified five stages in the research process:

1. Deciding upon a research question

Gadamerian tradition is developed from a desire to achieve a deep understanding of a phenomenon. Gadamer emphasized the right question for elaboration of the hermeneutic situation. This means that the initial research question influences the whole research process. It is important that, the researchers keep both themselves and their participants oriented to the subject under study in order to continue asking relevant questions throughout the research process.

2. Identification of pre-understandings

Pre- understandings become discernible through confrontation with different beliefs such as opinions of other researchers, colleagues or traditional texts. Researchers are required to identify their pre-understandings of or prejudices about the topic. Reflecting on these will enable researchers to move beyond their pre-understandings to understand the phenomenon and so transcend their original vantage point or horizons. Horizons are the field of visions including and comprising everything that can be seen from one perspective. Prejudices are our preconceived notion of things, which originate from our past experience and socialization. Prejudice originates from the researcher's historical background in terms of race, gender, education, perspective, values, and experiential background related to the topic.

3. Gaining understanding through dialogue with the participant

It is essential that researchers understand the meanings of the texts gained from participants. Understanding will appear through the fusion of the horizons of participant and researcher. Gadamer pronounced that understanding may only be possible through dialogue. The major aim of a conversation is to allow immersion in the subject matter; therefore a conversation between researcher and participant is a suitable method of achieving understanding of a phenomenon of interest. It is essential to speak two or three times with the participant. Conversations with participants should be recorded and transcribed verbatim to capture the historical moment and to provide a text with which to engage in dialogue.

4. Gaining understanding through dialogue with the text

Text not only refers to the written transcript, but also to audiotapes, written comments about the interview situation and observations made by the researcher. During analysis, the researcher must take care not to put trust in the written transcript, but to read it while listening to the tape since the two techniques were working together to create a common understanding. Analysis of the conversation should occur within the hermeneutic circle, moving from the whole to the parts of the text and back to the whole. In order to facilitate the process of understanding, the first series of interviews should be analyzed before proceeding on the next.

Through this circular process, shared understanding in relation to the phenomenon will be reached between the researcher and participant. Four steps are inherent within this stage and may occur simultaneously. The process of gaining understanding needs to be systematic. The four steps are:

1. Gaining understanding of the whole text should be the starting point of analysis, because the meaning of the whole will influence understanding of every part of the text. The first encounter with the text is influenced by a sense of anticipation, which is dependent on the pre-understanding of the researcher.

2. This stage will facilitate the identification of themes, which in turn should lead to a rich and detailed understanding of the phenomenon under investigation and challenge the researcher's pre-understandings.

3. Every sentence or section is related to the meaning of the whole text. The hermeneutic circle, which is essential for gaining understanding back and forth between parts and wholes of the text based on philosophical hermeneutics.

4. This step involves the identification of passages that seem to be representative of the shared understandings between the researcher and participants. The research report should give the reader insight into the phenomenon that is being discussed.

5. Establishing trustworthiness

The researcher following a Gadamerian approach is responsible for establishing the trustworthiness all of the research process and the analysis. Lincoln and Guba (1985) stated that the steps of the research process must be clearly identifiable by interested parties; that is audit ability is a criterion of truth in qualitative research. Criteria of trustworthiness is critically important in scientific inquiry; that is, credibility (truth-value), confirmability (neutrality), transferability (fittingness or applicability), and auditability (consistency) (Sandelowski, 1986).

Credibility is considered to be a foundational component of trustworthiness. The researcher establishes credibility by ensuring that the perspectives of participants

are represented as clearly as possible. The truth-value of a qualitative investigation generally resides in the discovery of human phenomena or experiences as they are lived and perceived by subjects, rather than in the verification of a priori conceptions. Truth is important in subject-oriented investigations. A qualitative study is credible when it presents faithful descriptions or interpretations of a human experience of the people having that experience.

Confirmability can be dealt with by returning to participants at all stages of the research process. Objectivity in hermeneutic research can be understood by faithfully representing the texts; even this is an ideal and cannot be achieved entirely as readers will interpret research findings from their own horizons. It is at this point that the trustworthiness of the research process and of the analysis comes together.

Transferability refers to the probability that study findings reveal meanings that are common to other situations. Thus, we can apply the findings to other contexts. Because of the differences between quantitative and qualitative research in terms of external validity, Guba and Lincoln (1985) suggested that fittingness or transferability is the criterion against which the applicability of qualitative research be evaluated.

Auditability is another contrast to quantitative research. Qualitative research emphasizes the uniqueness of human situations and the importance of experiences. Sandelowski (1986) suggested that researchers achieve auditability when the researcher describes the study from its beginning to end. Very simply, auditability means that any reader or researcher can follow the progression of events and understand their logic.

Summary

Suffering is an important concept in human experience. Suffering is related to other concepts such as sorrow, distress, pain, grief and loss, and uncertainty but they are not interchangeable. *Dukkha* is most significant in Buddhist experience, and suffering means *Dukkha* in Buddhism. *Dukkha* is related to at least three major concepts. These are the Four Noble Truths, the Three Characteristics of Existence and the Five Heaps or Five Aggregates. The unexpected death of a child is a transcendental cause of suffering but in Buddhism there are other root causes of suffering. The causes of suffering are important because knowing what caused suffering can eliminate the suffering.

Thailand is a Buddhist country and accidents are the most common cause of unexpected death. The effects of Buddhist notions and practices influence the well-being of the life of its followers. Therefore, it is important to explore Buddhist mothers' feelings and how they heal their suffering after losing a child suddenly. Suffering is a sensitive issue for inquiry. Gadamerian hermeneutic phenomenology is concerned with mental and spiritual aspects and, therefore, it is well-suited to this research. Furthermore, nurses need an in-depth understanding of the experience of suffering of mothers in order to help them both in the hospital and community.

CHAPTER 3

METHODOLOGY

Hermeneutic phenomenology is used in this study. Gadamer is a crucial figure in philosophical hermeneutics. Moreover, Gadamer's views emphasize on language, mutual communication, and the participation of participants and researchers to gain understanding in all the processes. Thus, this study emphasizes Gadamerian hermeneutics as a methodological framework to explore the concept of suffering. This chapter will present the methods and procedures for data analysis. In the previous chapter the researcher delineated the philosophical perspective which will guide the interpretation of mothers who lost a child unexpectedly.

Setting

The setting of this study is Songkhla province located in the South of Thailand. In the year 2000, Songkhla province accounted for the highest incidence of deaths in the southern region, especially from accidents; the total number was 7,575. The province ranks first; the second was Nakhon Si Thammaraj province with 6,928 deaths, and Surajtanee province ranked third with 4,817 deaths (Registration Administration Bureau, 2000).

Study Context

Songkhla, an eastern coastal province, is located 950 Km. from Bangkok. In the north of the province is Songkhla Lake, the biggest natural lake in Thailand. The province occupies an area of 7,393 square kilometers divided into 15 districts and one sub-district. Had-Yai district is better known than the provincial capital as the gateway for welcoming visitors from Malaysia and Singapore. It is also a major shopping, commercial, and entertainment centre. The total population of Songkhla province is 1,249,402 consisting of 615,043 males and 634,359 females (Songkhla Public Institute, 2001). The main occupation is agriculture with smaller numbers employed in business and fishery. Languages spoken in this province are the Southern Thai dialect, Central, Malay, various Chinese dialects, and others.

Songkhla is a centre of education for the South. There are many public and private universities such as Had-Yai University, Taksin University, Rajchapat University, and the Prince of Songkla University, which is the premier university in the South of Thailand. Also, Songkhla is a centre of health care facilities. There are three tertiary hospitals, district hospitals and primary care units (PCU) in the community; the Prince of Songkla University includes a large hospital. Hat Yai hospital and Songkhla hospital also provide services. In addition, there are smaller general hospitals in every district and many primary care units.

The majority of people in Songkhla are Buddhist. People practice Buddhism in their daily lives by making a merit to monks in the morning, and going to the temple on the important holy days such as *Marka Bucha Day* and *Visakha Bucha Day*. Furthermore, people usually practice Buddhist activities by making merit,

praying, and meditating. During Buddhist funerals, mourners will stay at the temple from the beginning until the burial 5 to 7 days later and remain in mourning for 100 days. On the 100th day, the relatives will again do a good deed on behalf of the deceased.

Participants

The participants for this study were recruited from mothers who lost a child unexpectedly in Songkhla province. Mothers agreed to participate in the study. The ethnicity of the participants was most commonly Asian.

Subject Recruitment

At first, the researcher approached the director of the nursing school asking for a letter to collaborate with people in the research setting. After receiving a positive reply, the researcher approached staff members in the pediatric ward and emergency unit at government hospital in Songkhla province. The researcher obtained information about unexpected deaths of children from the hospital staff. Then the researcher went to visit community leaders or health staffs at primary care units (PCU). They were asked to take the researcher to meet the potential participants and introduce the researcher to them. They might act as a collaborative resource in the field. Basically, they gave advice to go to see the mothers. Sometimes, the mother who participated in the study referred to another mothers elsewhere who had lost a child to be a participant as well. Moreover, some persons who knew that the researcher did the study from my mother he/she came to visit the researcher at home

and gave interesting information about potential participants. The participants in this study were also recruited through the snowball technique.

Inclusion criteria

Mothers were considered eligible for both inclusion and Buddhist activities check list criteria (appendix A). The following inclusion criteria were used in selecting all participants for this study:

1. Buddhist mothers who practice the Buddhist way of life.
2. Mothers who had lost a child between 3 months to 2 years.
3. The deceased child was 6-18 years old.
4. The mothers could communicate in the Thai language.

Research Instrument

In this study, research instruments consisted of the researcher, the Demographic Form, and Interview Guides.

1. Researcher

As the researcher herself was an instrument in this study, the researcher's background should be provided to the reader. She is Buddhist and strongly believes in *kod harn kam* (the Law of *Kamma*), meaning the performance of good deeds to obtain goodness in this and/or the next life, referred as "*tam dee dai dee tam shure dai shure*". Her creed is doing her best at the present moment. The researcher was born in Narathiwat province, and grew up in Songkhla province, Thailand. She was living in a nuclear family, in Songkhla province, not too far from other relatives. The researcher gained her bachelor's degree in nursing at Songkhla

Borommarajchonnanee Nursing College. She also obtained her master's degree (Maternal and Child Nursing) at Siriraj's Faculty of Nursing, Mahidol University. She worked in the Newborn Intensive Care Unit (NICU), Songkhla Hospital for seven years, and then in a pediatric ward for three years. After she finished her master's degree, she became a faculty member teaching maternal and child care, NICU, pediatric care, antenatal care, postnatal care and care of laboring women.

Regarding death, the researcher and her family members often talked to each other and planned for such an event because they were aware that everyone had to die. This was the way the family planned to confront inevitable suffering. Furthermore, the researcher is a nurse who confronts crises frequently and wishes to be able to help mothers who have lost a child suddenly. Hence, the researcher wanted to observe how the mother engaged in activities after a child had died while she was suffering greatly. The researcher wished to know exactly how they suffered from their loss and how they dealt in the situation and what supports and obstacles. Thus, the researcher acknowledged her background and experiences, which could be brought into the processes of data collection and interpretation.

The researcher tried to build trust, to have good relationships, to understand and be concerned about sensitive questions by keeping in mind that she was the researcher who would gain benefits from the participants. She was able to blend in with the participants' setting. She could share the ideas for and with others (fusion of horizon) and use the local traditional language.

When faced with inappropriate communication, she tried to understand and share about what sorrow was both verbal and nonverbal, thereby avoiding conflict. She listened, observed, confirmed, reflected by active participation, and tried to

understand the participants' reasoning and the consequence of their activities. These behaviors are important for keeping good relationships between the researcher and participants. Moreover, these strategies helped to enhance the researcher's accessibility in order to gain the true story.

To ensure the validity and reliability of the data, the researcher kept prolonging engagement by seeing the participants every two to four weeks with each participant. The researcher observed and took note in their nature environments, clarifying and analyzing the previous transcription including the researcher's interpretation. Moreover, the researcher developed trust with the participants in order to obtain accurate, sensitive, meaningful, and credible data. In addition, she used the Gadamer's hermeneutic phenomenology for data collection, analysis, and interpretation. Three advisors who had experience of the hermeneutics method guided and verified all the processes of this study.

2. Interview guides

The interview guide was used to guide the interviews covering suffering, healing, and the consequences of these in the area of the study. (Appendix C). The interview guides were used and changed following the experience of dealing with of each participating mother.

3. Demographic form

The Demographic Form included data about the mother's life and the child's death (appendix A). The mother section was composed of age, marital status, education, occupation, income, health problems, and number of children, relationship between mother and the deceased child, and the Buddhist practices she followed. The

deceased child section consisted of age, the gender, education, cause of death, and characteristics of the dead child.

4. A camera

This was used for taking photographs, as this was one way to record data.

5. A tape recorder

This was used for recording the data when interviewing.

Human Subjects Protection

The research proposal was approved by the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University. During the research process, informed consent was obtained from the participants in the form of a written document. The participants participated in this study were asked to discuss the story of their children and their suffering. The researcher provided an opportunity for them to talk about their experiences of suffering. The researcher's address and telephone number was made available to them if they needed help at a later date and time and if they wished to talk about the interview. The participants were told that they had the right to withdraw from the research study at any time. Information about their experience of suffering was used solely for this study. The researcher ensured the confidentiality of the participants in the following ways: the researcher transcribed all tape-recorded interviews; they were erased after the completion of the study; and numbers were assigned to all data. The codebook was destroyed after the study was finished.

During the interviews the researcher explained that if the in participant felt any psychological problem the researcher would stop the interview and stay with the participant. This was to allow them to relieve their suffering until they recovered, or were referred to others who could help them as necessary. During the study processes there was one participant who did not want to be a participant as she would not talk about her story because her child committed suicide. The researcher had to terminate this case. Some interview questions distressed the participants when they recalled the death of a child. When any discomfort arose due to the interviewing process, each could discuss these feelings with the researcher or they could change the topic immediately or stop the conversation. If each participant wished, the researcher used the information that she had been given. The participants were also made to feel free not to answer a question and to end her participation any time. All mothers were willing to tell their story even though some cried during the interview. The researcher listened by empathizing, touching them gently, comforting and understanding them.

Data collection

Each mother was interviewed at least twice after good rapport had been established. Data collection was carried out as follows:

- The initial conversation focused on general views and information was given and explained to the participants.
- The researcher invited a mother to participate in the study after she understood the research project and had signed a consent form.

- The researcher elicited demographic information and made an appointment to talk the next time.

- In later interviews, the researcher continued in-depth conversations to gain an understanding of the mother's suffering from the unexpected death of a child by using the interview guide. The researcher did interview further and in-depth about specific points after the researcher had analyzed a previous interview.

The researcher continued to keep in touch with each mother. For example, the researcher joined them in the important dates of the mother's mourning, such as making a merit after 100 days and so forth.

Data collection methods

Data collection was carried out following the approval of the proposal. Data collection methods included: in-depth interviews, observations, and field notes.

In-depth interviews

Semi-structured interviews were employed. Streubert and Carpenter (1999) have suggested that open-ended interviews provide participants with the chance to fully explain their own experiences. Morse and Field (1995) proposed that semi-structured interviews provide the participants with the freedom to describe a situation in their own words, and the opportunity to engage in conversational exchange. Interview questions were pilot tested with one suffering mother to see how well participants understood them.

The process of listening captured the participants' views. The researcher listened to mothers through following semi-structured interviewing techniques. She encouraged women to tell the stories of their experiences of suffering, healing and the consequences after losing their child unexpectedly, in term of events, feeling of

suffering, and actions. The schedule of interviews took place at the convenience of each mother. The interviews were conducted carefully by developing them naturally by following interview guides. The interview guides were given direction and a framework by using what mattered to each mother, in terms of her concerns, social position, culture, personal style, family practices, and religion.

Nature of the interviews

Although the interviews followed what appeared to be conversations on mutual interests, the researcher engaged herself in every interview and carefully probed for details which clarified the mothers' stories of suffering. The researcher gave mothers opportunities in the interview to clarify their feelings or to ask questions during the exchanges. For example, when mothers asked clinical questions, the researcher could respond at once in term of sharing views (fusion of horizons). For mutual communication, the researcher confirmed the mothers' feelings, meanings, and giving of details (the hermeneutic cycle) during the interviewing process.

Saturation refers to the repetition of discovered information and confirmation of previous collected data. In this study, the researcher stopped collecting from each participant when there was no new information or new themes emerging from the participants, and there was confirmation of previously collected data. In the whole process, the researcher stopped collecting from a new participant when the researcher believed saturation had been achieved, that no new themes were emerging from the participants, and data was being repeated.

Observation techniques and making field notes

Observation is a method of data collection that comes from the anthropologic tradition (Speziale & Carpenter, 2003). The researcher used observation participation

techniques in the process of interviewing. This is an important means of gaining primary data in nursing research. Field notes were used to record observations. The researcher wrote field notes as soon as possible during and after each interview. Notes included the general appearance of participants, non-verbal communication or behaviors (such as facial expression, posture or tone of voice), location and circumstances.

Data analysis

Gadamer's philosophical hermeneutics is based on the processes of the hermeneutic circle, fusion of horizons, prejudice, and dialogue. The ultimate goal of interpretive analysis is to achieve a fusion of views between the investigator and the participants (Nagle, 1998). At any time during the hermeneutical analysis, patterns may emerge. A pattern is normally present in all the interviews and expresses the relationship among the themes; it is the highest level of hermeneutic analysis (Diekelmann, 2001). Data analysis was carried out simultaneously with data collection. The researcher carried out thematic analysis in seven steps applied by Smith (1998) as follows. Step number 3 (extracted themes) was extended into six steps as shown below.

1. Audio-taped interviews were transcribed by the researcher.
2. The researcher read each transcript while listening to the tape recording of the interview. The researcher also read the written comments and field notes. This was done as many times as possible to gain a feeling for the data.

3. Themes were extracted and written on separate sheets of paper in order to visualize the many parts of the text as a whole. This is the hermeneutic circle in practice. Themes were extracted as follows:

3.1. Reading word by word and line by line

3.2. Underlining words or highlighting words

3.3. Coding the words

3.4. Themes were transferred to cards and computer

3.5. Themes were grouped by card and computer

3.6. Named themes were related to parts and the whole of the story

This segmentation process frees the text temporarily from its context and allows the researcher to see the whole and the parts simultaneously.

4. Thesis advisors and mentors validated the themes identified by the researcher in the texts.

5. The researcher looked for constitutive patterns, that is themes that unify all the texts. This involves a creative, linguistic and intuitive process of finding metaphors and images to interpret the experiences of the individuals.

6. An interpreted account of the mothers' suffering was generated by writing and rewriting, using the chosen metaphors as a narrative device.

7. Writing and rewriting were brought all the interpreted accounts together in a final synthesized interpretation.

Summary

This study of the experience of suffering through the unexpected death of a child in Buddhist mothers used Gadamerian's hermeneutic phenomenology as a method. Data were collected through in-depth interviews and field notes in Songkhla province. Participants were Buddhist mothers who lost a child of 6-18 years of age unexpectedly. Mothers who followed a Buddhist way of life through praying, meditation, and other practices were eligible to participate. Data analysis was undertaken by following eight steps of thematic analysis.

CHAPTER 4

FINDINGS AND DISCUSSIONS

In this chapter the researcher presents the findings and discussion related to the suffering and healing of Buddhist mothers who lost a child unexpectedly. The account is derived from hermeneutic phenomenology. The findings are based on the ten mothers who had the real experience of losing a child suddenly in Songkhla province, Thailand. The first part of this chapter provides a description of the characteristics of the ten mothers. The next part deals with the themes related to the meaning of suffering, and how the mothers dealt with the suffering after losing a child unexpectedly. The following part depicts the outcomes of the healing of the suffering of the Buddhist mothers who lost a child unexpectedly. The last part is the discussion.

Description of participants

The characteristics of the ten mothers (M1 to M10) and the ten dead children are described briefly below and in the Tables 2 and 3.

M1

Mother number 1 was 42 years old, and lost her daughter for 8 months. She finished 4th grade (*phatom 4*). She has had a gout problem for 12 years after she gave a birth to the last daughter and she has taken medicine until now. Her husband is a fisherman working at sea every three days. She has 3 daughters: the first daughter was raped and had a child and M1 takes care of her; the second daughter is a disabled

child and left school after she reached 7th grade; and the last daughter was the best one in this family and she was everything in her mother's life. The mother loved the deceased child most and she kept her daughter's ashes and other belongings in her house, and she put the ashes in front of the daughter's picture. Every day the mother worships by placing food, water or juice, fruit, and flowers for her deceased daughter. She suffers greatly from losing her child even now. She loved to help other persons who appear worse off than her. She always prays, especially before she goes to bed.

Her dead daughter was 12 years old. She died by drowning in the sea which is not far from her home. She was the last daughter. She played in the sea with her cousin and friends. She was a very good child; for example she helped her mother in every way, loved learning and kept her money. She was the hope of her parent. She was studying in *phatom* 6 (6th grade) at a school in town. She did many activities in school such as Thai dancing, cheer leading and so on.

M2

Mother number 2 was 34 years old and had lost her son for 12 months. She finished 6th grade (*phatom* 6). The son's friend told the mother that her son rode a motorcycle alone and he changed direction at a curve sharply, so he fell down on the road and died at the scene. The mother said he might have been hurrying to come home, so he had the accident and died. She has had a thyroid problem for 6 years. For the first two years she did not take a medicine but after that she took medicine for three years. Now she has stopped taking any thyroid medicine and she has no problem. The mother was physically abused by her ex-husband and now she lives with a new one. She had three children with the previous husband but has no children with the last husband because both have been sterilized. She had two girls and only

one son. She has suffered badly in the first three months after her son died. She suffered greatly before she made a big merit for the dead child (100 days); after that she felt better and better. She always prays especially before she goes to bed. Moreover, after her child passed away she prayed (intentionally asking for something: *Bhavana*) every night. She likes to help people in need of assistance. In the past, she rarely gave food to monks in the morning but she often went to the temple. After her child died she goes to the temple every holy day (*Wan Pha*). She often makes a merit and listens to *Dhamma*.

Her dead son was 17 years old when he died by the motorcycle accident on the way home. He worked at the IZUZU Company. He finished 6th grade and planned to further his studies next semester. He was a good boy and he worked and gave his money to her every month. She wished she could have seen her son become a monk when he was 20 years old.

M3

Mother number 3 was 46 years old. She lost her son in motorcycle accident on the way home 5 months before and her husband was injured at the same time. She had to take care of her husband at the hospital and took care of the dead child's funeral at the temple. She finished Bachelor degree. She had three children; two are girls and an only son. The mother missed him very much because she had only one son. She is confused and she wants to see him but she tries to push him from her memory. She is still confused about approaching and avoiding her dead son. She gave every piece of the personal items of her deceased son to other persons. When she saw something related to her child, she thought of him greatly. She turned pictures of her son's upside down face because she could not look at them. She tried to be a good person in every

way. She prays every day in a praying room. After her child passed away she prayed (*bhavana*) every night. She hoped her child would go to a good place. She likes to help family members, friends, and other people who look to be in need of assistance. She gives money, clothes and other items to other people. Every one may go to her house and she helps him/her every time. Naturally she usually prepares food for monks. After losing the child she still gives food to monks every day morning.

Her dead son was 10 years old. His grand mother took care of him from 40 days after birth. On that day, his father and he were on a motorcycle going home but they had an accident with a car. The child died at the scene but his father had many fractures and was admitted to the hospital. The father cannot walk even now. Her dead son was a very good boy. He studied at 4th grade before he died and he achieved excellent results (grade 4) every year.

M4

Mother number 4 was 52 years old and had lost her daughter for 6 months. She finished 4th grade (*phatom 4*). She had two daughters. Her relationship with her dead daughter was better than with her first child. The mother did not look after the first daughter when she was young. The mother would share everything with the dead daughter and she did understand every problem, especially money problems. She move to live in Songkhla for four years and she thought that this place was the proper place for her daughter. The mother threw all the ashes in the sea because she thought that her dead daughter loved the sea so much. The mother love to read *dhamma* books and strongly believes in *kamma*.

Her deceased child was 14 years old, and died by drowning in the sea in downtown *Samilar* beach. She went to the sea with her sister and her sister's friends

and she died. She loved to play in the sea very much and her mother took her to the sea often. She was studying in *mutthayom* 2 or 8th grade in school before she died. She sometimes kept live animals in a refrigerator and they died. She loved taking care of animals such as fish, dogs but sometimes she killed them unintentionally.

M5

Mother number 5 was 44 years old, and lost her son 5 months before by a tri-motorcycle accident on the way to work. She had done a diploma and worked at the Prince of Songkla hospital. She has two sons. The first son is a good boy. He can take care of himself very well. She loved and worried about her last son so much because he has a drug addiction. The mother loves to read *Dhamma* books and she had participated in a mind development program at *Soun Mok* for 4 days. She understood the Nature of law quite well. She shared the story of her son with other mothers because she wanted to help those mothers.

Her dead son, 18 years old, was a very good child of hers although he had a drug addiction. He was a younger son, studied at 7th grade (*mutthayom* 1) and he left his school before he finished 9th grades (*mutthayom* 3). He worked on his own after he left school. The dead child had a lover who was still at school. The mother and her dead son gave some money to her for studying and living up to the time he died.

M6

Mother number 6 was 41 years old, and had lost her son for 17 months. She had finished elementary school (*phatom* 4 or 4th grade). She had two sons and the deceased child was the last child. Both of sons worked as mechanical engineers in Hat-Yai. She loved the dead child much more than the first son because he gave his money to his mother every month whereas the first son did not. She worked as a

general employee (a builder, planter). She also was a farmer and bred fishes on her own. She lives with her husband in their own house near her parent's house. Her father has had paraplegia for two years. She also took care of her father. She had understood her dead son although he smoked and drank some alcohol. She is strong concerned about the five precepts of Buddhism. She always prays especially before she goes to bed. Moreover, since her child passed away she prays (*bhavana*) every night. By custom she often gives food to monks in the morning and she often goes to the temple. After her child died she went to the temple every day to make merit for seven days; after that she went when she had time. She often go to the temple on significant days, for example the date which the Buddha was born, enlightenment and passed away (*Visakabucha*), and the start of monks latent period (*Kho Phansa* day). She believes that if she did that the dead son's spirit will go to a good place. She paid attention to Buddha's teaching and also practiced religious activities. She had been a nun when she was 12 years old and she did meditation. She was a nun for 7 days.

Her dead son, 16 years old, died by motorcycle accident on the way to buy smoke traditional cigarettes in Hat-Yai. He had finished elementary school at *phatom* 6 or 6th grade. He worked as a mechanic. He had a sense of humor, so he often made everyone happy. He loved singing. He started smoking and had started to drink alcohol.

M7

Mother number 7 was 42 years old, and lost a son four months before. She had finished elementary school (*phatom* 4 or 4th grade). She had four children, three daughters and one son. She worried about her son so much because he was the last child and he was so young. She was also closer to the dead son more than the

daughters. She often went everywhere with her dead son. She was not a Southern Thai but she lived in Songkhla for 23 years among her husband's family. She could not speak the southern dialect but she could understand it very well. She sold fresh flowers and she made flowery displays. She was a compassionate person and liked to help people who had troubles, especially children.

Her dead son was 11 years old and died by a motorcycle accident on the way to school. He was studying in elementary school (*phatom* 4 or 4th grade). He loved studying and he was in the first rank in the class. He also was a leader of the classroom. He won many prizes, for example making a speech on mother's day. He also played the Thai traditional drum (*Kong Yow*).

M8

Mother number 8 was 54 years old, and had lost a son for 9 months. She studied just *phatom* 2 or 2nd grade so she could not write and read. She had been married twice: the first time she had one daughter and then she got divorce; her second marriage was with her present husband and she had 7 children. She had two daughters and five sons. The child who died was number 5. She was a housewife so she had much time to take care of her children. She had no income apart from her husband, some children gave her money and she had no debt. Moreover, she helped other people, and they borrowed from her. Her husband loved to listen to *Dhamma* from television, so she often listened to *Dhamma* with her husband. Her relationship with the dead child was very close. She plans to be a nun when the last child has grown enough.

Her dead son was 16 years old, and died by multiple stabbed wounds. He finished *phatom* 5 or 5th grade in the elementary school. Although his mother forced

him to continue studying he did not want to. He wanted to work more than study in school. He helped his mother in everything such as housework, and gave money to her. He had never said bad word.

M9

Mother number 9 was 47 years old, and lost a son 5 months before. She finished elementary school (*phatom* 4 or 4th grade). She worked on her own in the rubber industry. She loved to help other people so she did this as a health volunteer. She liked to help people who had suffered. She had an allergy problem so she did much exercise, especially aerobic dance. She used to win prizes from that aerobic dancing. She was quite talkative. She had two sons. She had suffered severely and could not do anything but lay down on the floor for at least 3 months. The dead child was the most significant thing in her life. She prayed mostly when she went to the temple. She loved to read the *Dhamma* book which she got from the temple. She often went to the temple to prepare food for monks. After her child died she went to the temple every day to make a merit for seven days; after that she went when she had time. She believed that if she did that the dead son's spirit will go to a good place. She had just started joining in meditation.

Her dead child was 17 years old, and died by a motorcycle accident on the way to school. He was the first son and was studying in high school (*mutthayom* 5 or 11th grade). He was a nice man and helped his mother and father in everything. He took care of his brother and they went to school together every morning and evening. Moreover, he never said any bad words to others, he was nice and polite with other people and most of people in the community loved him. He loved learning and did

many activities such as singing, dancing, giving speeches and so on. He made money for himself by selling food or working at a factory near home.

M10

Mother number 10 was 40 years old, had lost a son for 8 months. She had finished elementary school (*phatom* 4 or 4th grade). She worked as a direct salesperson so she went to other provinces often. She was healthy. She had two sons. The first one was 18 years old and he died. The last one is 12 years old. Her relationship with the dead son was very close. She felt she needed to have only one son, just the deceased child, but her mother told her that she should have another son, so she gave birth to the second one. Even though she loved her dead child very much, she understood the nature of the law so she suffering severely just one day. She tried to live a normal life in the short time since the death so she started working after her child's body was cremated. After that she wanted to avoid everything bad from the situation. This meant she stopped talking even about her son, and stopped searching for the person who shot her son. She practiced meditation often; moreover she did it with group at her office every month.

Her dead child was 18 years old, and was shot dead while he was going to work for his mother in the morning. He finished *Mutthayom* 3 or 9th Grade and he did not continue his studies because the school was very far from home. Thus he took an occupational course. He worked on his own at his job before he died. He was a nice man and helped his mother and father in everything. He took care of his brother and did his duties such as washing plates, laundry, making steam rice and so on. Moreover, he did not say any bad words to others so everyone loved him. Thus his mother has no idea why his son was shot.

Table 2*Characteristics of Mothers (N=10)*

Description of mothers	Number(s)
Age (years)	
30-40	2
41-50	6
51-60	2
Marital status	
Married	10
Educational level	
Elementary	8
Diploma	1
Bachelor degree	1
Employment	
Housewife	1
Employee	5
Trader	3
Rubber worker	1
Income (Baht/month)	
< 5000	3
5001-10000	3
10001-15000	3
> 15000	1

Table 2 (continued)*Characteristics of Mothers (N=10)*

Description of mothers	Number(s)
Number of children	
2	5
3	3
4	1
7	1
Period since a child died (months)	
4-6	5
7-10	3
11-14	1
15-18	1

Participants consisted of ten mothers who each had lost a child unexpectedly. All of them were married and they lived with their husbands. The mothers' ages were 34 to 54 years and the mean age was 44.2. Most of them were educated up to elementary level and working as employees. Their average incomes were in the range of 4500-30000 Baht/month. At the period of interviewing, all of the mothers had no debts. Half of the mothers had two children. Also half of them lost their children 4-6 months before while others lost their children from 6 to 17 months before.

Table 3*Characteristics of Deceased Child (N=10)*

Description of children	Number(s)
Gender	
Male	8
Female	2
Age (years)	
10-12	3
13-15	1
16-18	6
Education level (Studying=5, Not studying=5)	
Elementary	7
High school	3
Level of sibling	
First child	2
Middle child	3
Last child	5
Cause of death	
Accident (motorcycle 5, tricycle 1)	6
Drowning	2
Stabbed	1
Gun shot	1

The ten deceased children consisted of eight males and two females. Their ages were 10 to 18 years and the mean age was 14.9. Five deceased children were studying in school whereas five of them were not studying. Most of them were educated up to elementary level. Most of deceased children were the last child. Accident was the most frequent cause of unexpected lost of the child.

In brief, the sample consisted of ten Buddhist mothers who lost a child unexpectedly in Songkhla province, Thailand. The mothers ranged in age from 34 to 54 years. All mothers were married. Half of the mothers had two children (N=5). The children had died 4 to 17 months (Mean= 7.9) ago before mothers were enrolled in this study. Children ranged in age from 10 to 18 years. Two of the deceased children were girls and eight were boys. Causes of death most were motorcycle accident. Data collection consisted of three and four tape-recorded interviews with each mother. All interviews took place at the mothers' homes.

In addition, the characteristics and suffering of the mothers after the unexpected death of a child and their dead children were presented. Their suffering after the unexpected death of a child was described by these Buddhist mothers. Using thematic analysis, the findings were sorted into three parts or topics: the meaning of suffering, the healing of suffering, and the healing outcomes. Four themes make up the meaning of suffering, four themes the healing of suffering, and five themes the healing outcomes of as first shown in Table 4

Table 4*The Experience of Suffering in Buddhist Mothers after Unexpected Death of a Child**Meaning of suffering in Buddhist mothers after the unexpected death of a child*

Theme 1. Mother's heart was torn into pieces

Theme 2. Having frozen body and no power to survive

Theme 3. Happiness in life was missing

3.1. Loss of the most love child

3.2. Hopes for the dead child were broken

3.3. Quiet and lonely home without enjoyable activities

Theme 4. Anger and rage at herself and surrounding persons

Theme 5. Worry and wonder about the next life of the dead child

Healing of suffering in Buddhist mothers after unexpected death of a child

1. Transformation of the relationship with the deceased child

1.1. Connection with the deceased child's spirit

1.2. Connection through objects, belongings, places

1.3. Connection through the deceased child's ashes, photos

2. Elevation of the deceased child to be a very good child capable for going to heaven

2.1. Pride in a diligent and talented child

2.2. Impression of a good minded child

2.3. Appreciation of a polite child

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

3.1. Giving merit on the 49th and the 100th days after the child died

3.4. Sending required items to the dead child

4. Self healing through understanding and cultivation of the mind

4.1.. Reading and listening to *Dhamma* for understanding the truth

4.2. Praying for a peaceful mind

4.3. Meditating for attaining wisdom

4.4. Understanding *kamma* for accepting the truth

5. Seeking for other support

5.1. Seeing monks for performing rite to release the child's spirit

5.2. Seeing fortune tellers to know about the dead child

5.3. Sharing experiences with empathetic persons

Consequences of healing in Buddhist mothers after the unexpected death of a child

1. Being sufficiently alive

2. Living for old *kamma*

3. Continue doing more good deeds

4. Deeper Understanding of life

Meaning of suffering in Buddhist mothers after unexpected death of a child

Theme 1: Mother's heart was torn into pieces

Mother's heart was torn into pieces refers to the idea that the most important parts of their lives were broken. The suffering in each Buddhist mother after the unexpected death of a child was a miserable situation which every mother could not compare with any previous situation in her life. However, the mothers expressed their situation in facing the unexpected death of a child. Half of mothers (N=4) used

words about it being to a crucial part of her life, especially her heart. All the following statements supported this idea:

When I think that she passed away from me I am going to die. It looks like my heart gone away. (M1)

I almost failed, I felt like I fell, I was shaking terribly, but I had to control myself on the ride to the hospital. And when I reached the hospital, 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 matters how long it takes not this life or the next life, the pain and suffering will still be with me. (M3)

I lost my son; it's much the greatest loss. It is great suffering. I felt like my heart was cut off from my chest. (M5)

In my mind, everything was confusing...I did not know how to explain like my heart would be broken in pieces. (M7)

Theme 2: Having frozen body and no power to survive

Having frozen body and no power to survive refers to the mothers' body working like a robot, the brain and organ of the body not functioning, or not having power to do anything, and seeing an ugly image. The Buddhist mothers who lost a child unexpectedly compared the death of a child with losing a significant person in their life. Most of mothers (N=8) described many elements of their suffering including physical, emotional, and embodiment experiences. Each has provided a unique narrative of suffering situated within her distinctive moral world. These mothers have some aspects of suffering that are common, as well as unique individual experiences arising as a consequence in their lives. They expressed suffering through

crying, sadness, sorrow, distress, and so on. The mothers had different durations of this phase: some just one day; some seven days or after the cremation of the dead child; some could go to work; and some remained in this phase for 2 or 3 months.

This is supported by the following statements:

At that time I was thinner than this, I had holes for my deep and dark eyes. I could not sleep. I could not eat anything for two months. I try to eat and then my teardrops fall immediately (M1)

I did not eat anything for a month. I lost much weight. Especially anything which my son liked, I would not eat at all. (M3)

It was like I was empty and lost. Not hungry, not full. It seemed like it's not my body. I ate but was not sure that I ate; I was full but not sure that I was full. All organs inside my body were like a big storm inside, I wanted to throw up. Everything seemed not to adjust. I did not know where my heart was. (M4)

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

I was suffering, I could think of nothing. I acted what I was told, my brain did not function. (M6)

I was walking to see what happened but all energy suddenly was gone. I couldn't walk, grabbed the table and stood there. I did not cry- no tears but in deep shock at first time. 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 just ate very little to survive. (M7)

Many people told me to control my mind but I still can't do that. If you don't suffer it on your own, you will not know how difficult it is. We (I and my husband) just stayed at home and cried and cried. We didn't go anywhere for 3 months. We shut ourselves in the house. I didn't have strength to walk, had no strength to do anything, not even to cook food. I had no strength to do so. (M9)

I lost consciousness. I felt senseless. I fainted and felt senseless. I could not control my mind. (M10)

Theme 3: Happiness in life was missing

Happiness in life was missing means a significant person in life had disappeared and that the hopes for the dead child were broken immediately, including the home being quiet and lonely. There was no happiness in their family. They did not have time to prepare their mind. Most of the mothers who lost a child unexpectedly suffer because they lost the most loved child in their lives. A mother shared her story saying that she loved him/her more than any other thing in her world. She had plans for the deceased child. For example, she wished to see her son become a monk and to gain great support from him. Another stated that her child would give her money so that she could survive. When they lost their child, she was faced with great suffering. In short, these mothers missed the happy time in their lives. They lost a child who had been great company and a contributing family member. They wanted him or her to be with them all the time. Thus there are three sub-themes: loss of the most loved child; mother's hope for the deceased child was broken; and the home was quiet and lonely and without enjoyable activities.

2.1. Loss of the most loved child: Loss of the most loved child refers to the feelings of a person for whom love has disappeared. Suffering is love; the greater the love, the greater the suffering. Half of the mothers (N=5) who lost a child unexpectedly talked about how much they loved their dead child. They had suffered greatly. They explained that love for a child was different to love for a mother or husband. Some mothers explained that they loved the deceased child most when compared with other children, even though the dead child was addicted to drugs. These support this theme:

Mothers do not love their children equally. The more you love, the more suffering you have. When my youngest daughter was alive, the second daughter

always said I loved her sister much more than her. I told her that's not true, I love you both equally. But in fact, I did not love them equally. (M1)

I love him dearly, I have only one son. No one knew that I loved my son the most...I gave him everything he wanted. I loved my son more than others. (M2)

My son was the most valuable thing and could not be exchanged with anything, no substitution, no replacement...I knew my son was not good, he was addicted to drugs, but I love him from all my heart. I love him so greatly, I cannot compare this with any kind of love in this world...The dying of my youngest son is my greatest loss. If I could choose, I would choose this to happen to me. I want him to live. It's great suffering, I felt like my heart was cut off my shoulder. I lost my beloved son. (M5)

My love for the child is so plentiful. Love between me and my mother is not that much like love between me and my child. I can't explain how the love between mother and child was exactly. But it is so much, much more than the love of my own life. I didn't know how much I love and care for him. I realize that it was a huge loss. (M9)

I love my son more than my life. My son means more than everything even myself. It would be better if I could die instead of him. I definitely love Jom (her dead son's name). I love him the most and love him more than any other son. Firstly, I planned to have only one child but the elders recommended that I have too few children and should have one more child. He was borne by myself. I remember that I did not treat Jom's younger brother in the same way as I treated Jom. (M10)

2.2. Hopes for the deceased child were broken: hopes for the deceased child were broken refers to mother loss of hopes for the deceased child. Hope meant everything; what the mother and the dead child planned to do. It was impossible for these to occur because the child was dead. It was not possible to replace or exchange the deceased child with anything. A child is a mother's hope. Although each dead child was so young, he/she had responsibilities in the family. The mother took care

of a child and she hoped for something in return as she was her/his mother. The mother looked forward with him or her in many ways, such as planning for having their company in life when the dead child had a job. The mother planned to gain merit from the child being ordained. She planned to live together with her/him for a long time and to be in his care when she was old or sick. Besides, the mother wanted to see the dead child enjoy educational success. More than half of the mothers (N=6) shared their feelings about their lost hopes for the dead child. This is supported by the following statements:

When my second child had an accident the doctor said he thought it might be delayed for 2 or 3 years. There was no hope so I expressed my hopes to my youngest daughter and then she died (The mother cried and her voice shook)...I hoped that she would continue to the highest education, but she has gone. She never forgot her mother. She was always thinking about me. If she got money, such as from her father, she would give it to me. (M1)

I was hoping that he would undergo a monks' ceremony. Thus I could gain merit from him but his age disqualified him, he was just 17. He had a bright future. He was going back to school. The school was opening in a month. His future was going well. (M2)

He was a very good boy so he will be a good man in the future. He was my hope, my dream, and my life...I had high hopes for him, I hoped that we could depend on him for living with him when he grew up. (M3)

Before I was thinking to buy a land and build a house for my daughter, so both of them can stay together and help each other. But now, I have no hope, I don't know what to hope. (M4)

All my daughters are grown up and we spend less time together. When they get married, they might not stay with me. But my son said he wouldn't get married he would stay with me. I teased him that he would find a wife when he was 15 years old but he said "no way, I would stay with mom and dad". (M7)

He often spoke with his dad that he would be ordained for his parents. He also talked to me that after getting a bachelor degree, he would further study for a master degree. (M9)

However, there was one mother who was faced with terrible evidence that her first daughter was raped, and the second daughter had had an accident and was mentally retarded. The last daughter was a perfect child but she died. Thus the mother had experienced great loss. She shared her ideas:

A bicycle dragged my second daughter for many meters. She destroyed a book by scratching in every page so she left school. Sometimes I talked to her with nice words but she thinks I talk with bad words. Sometimes I swear at her but she thinks I admire her. She often gave me a headache. As for the first child, her case is being dealt with now. I had hopes for my youngest daughter because she was the most perfect child. (M1)

2.3. Quiet and lonely home without enjoyable activities: Quiet and lonely home without enjoyable activities refers to the many changes in the family. This was a big change which the mother who had lost a child unexpectedly had to survive. Most of the mothers had only two children. They did everything for their children and did many activities together. Even though the dead children were young they contributed both happiness and money to the family. The dead child could share happiness and sadness. Because of the sudden loss, a mother had no time to prepare so she felt there was an imbalance in her family. Moreover, a mother who had only one son felt the lack of someone to continue her last name. This is shown in the following:

He worked, and when he received money, he saved some and gave the rest to me to save for him. I was poor before and when I was getting better with some financial status, he passed away. We wish we could have lived together happily in this house. (M2)

He was friendly and smiled easily. In the past he played with his father every day. Now my home is quiet because it does not have his voice. He is the only son in my family at Hat Yai and I have no son to continue my last name. (M3)

I felt that she just went out to have fun and she would be home soon, but the next minute she was gone. She was cheerful and funny, and then she was lying there quietly...I gave her a ride to school every morning and now I don't even know if the school is closed or opened. My life is missing, it seems like she goes out and not come back home. (M4)

He was talkative, he said nice things, he worked hard, he gave mother all money from his job and when he needed anything, he would ask – 9 baht, 10 baht. I never asked for it but he chose to give all money to me. My older son never gave me any...My dead child was cheerful, not stressed. He created a happy atmosphere at home. (M6)

He was my son, my friend, and everything. We did things together; I always hugged him and kissed him (M7).

We have only two children, always the two of them. We raised him until grown up then we lost him. We wish two of them would be here always. Whenever we're hungry, I want them to have a meal with us. When we realize that he passed away we suffer because we don't have him here anymore. Four of us used to do things together, but without him it feels like a significant thing is missing. I always think of him. (M9)

This was also supported by the same mother's experience. They had meals together but now when she had meal she cried.

In the past, four of us parents and children had meals together. Now there are only three left. We used to have meals pleasantly together, and were very happy. My tears pour 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: Anger and rage at herself and surrounding persons

Anger and rage at herself and surrounding persons refers to the internal feeling that the mothers expressed about herself and persons who were near them. Because the mothers suddenly lost her loved child they suffered greatly. They broke down and could not control their emotion so they expressed them in bad words towards others. They could not accept the truth of the loss so they felt angry because the dead child had to die. They expressed anger or blame towards herself, the husband, the child's spirit, and others. They were angry and raged with other persons associated with her deceased child. The mothers felt something bad should happen to the person who caused the child to die. However, whilst the mothers strongly expressed these feelings at the beginning of the loss they felt better after time. More than half of the mothers shared their anger as a result of their loss. This was shown by the following:

I know sometimes I am angry. Why my daughter had this when she actually tries to help other children...I cannot tell exactly who I'm mad with and sometime I sit and think and ask myself why my daughter had a short life, or she escaped from someone and someone took her back. (M1)

Sometimes, I am so mad at this - 'why did it happen to my son, you know'. All crazy people are walking freely in this country, why did it not happen to them...My thoughts were running back and forth as to why it happened to my son, why not to those crazy or bad people. My own father passed away a long time ago, I worship his picture every time I go out and I ask him to protect the family, so sometimes I was in front of his picture and complained at his not helping my son, his grandson, you know...I often blame my husband that because of him my son was dead. (M3)

The first three days after she passed, I exploded. I had a breakdown and I could not control anything. I blamed myself for not being able to take care of

her. I went crazy I just yelled to myself that it's my fault for not being able to take care of her. I also yelled in the air and blamed my dead daughter for leaving me so soon. I didn't care if she heard me or not, but I just had to release things out. I know it's not right to yell at her spirit then. (M4)

I was mad at the man who hit my son. He did not even say he's sorry, as if he did not care that it happened. And the policeman, he said my son was wrong to ride on the main street and I could not sue the man. (M5)

I was very raged during that time. I want to revenge the murderer by myself because the policeman cannot make progress...I am so mad with the policeman 'why they don't pay attention to my dead child's situation'. I say to them with a big mouth when they come back and ask me another question. (M8)

An abbot performed the rites for her dead child's spirit. Nobody ever saw him afterwards. Though we had done everything properly but someone still doesn't dare to walk past the area. They said they were afraid. I was angry when hearing this. I argued that I don't let him wander here and there. I already sacrifice merits for him. (M9)

Also, one mothers expressed her feeling to blame herself because they thought that the daughter died because of her. In this situation, for example:

I asked her to come downstairs. Things wouldn't have happened to her, if I did not ask her come down with me she wouldn't have died (quiet pause and looked at the researcher)...Every time I would go with her and she would be in my eyes. But on that day, she asked to go but I refused. Only if I went with her, this would not have happened. I know that I could save, you know. (M4)

However, Mother number 10, whose son died by gun shots, said that she was not angry any more.

I do not want to investigate the case. I am not rankled by anyone as I do not know who the gunner is. I do not want to revenge anyone. If I am calm, I will be peaceful. (M10)

Theme 5: Worry and wonder about the next life of the dead child

Worry and wonder about the next life of the dead child showed that the mothers thought a lot about the dead child and they wanted to know about her/him. This was because the mothers did not know what had happened after the death of the child. They want to know what is going on in the next life of the dead child and they worry about this aspect. The next life after death is a big issue in Buddhism. The Buddha said birthing, aging, illness, and death is suffering. Because of the unexpected death of a child, the mother had no time for prepare herself so it was very hard to accept this situation.

Many mothers said it was better when a child was sick as they could take care of the child until the child died. Thus they worry about the next life of the dead child as they do not know about it. Several questions came up such as where was he/she, how was she/he? Thus many mothers went to see a monk, a psychic, a fortuneteller to know about this. Some mothers thought that the child would go to birth again because the dead child had no sin. Some felt that the dead child would stay somewhere that was a good place or heaven. Some thought that the spirit child would stay with them. All mothers (N=10) worried about the dead child and they felt this both consciousnessly and unconsciousnessly. Most mothers worried about the dead child so they dreamed about him/her.

Some mothers believed that other persons also dreamed about the dead child. Some mothers did not dream, some did so just once and others dreamed several times about the dead child. Some mothers did not dream about them even though they wanted to. There was much to support the idea that the mothers worried about the dead child. These claims were shown in these statements:

When I didn't have money, I asked her for it...I dreamed often, I bought and won the lottery often until I cleared off all the debt. I hired Manora (southern traditional dance) to worship the spirits...I saw her as being happy. But she used to be in my dream and told me to write her name down in the tray of food when I wanted to give a merit. (M1)

I want to dream about her, but I did not. She did not visit me in my dream...Some said my daughter is virgin and has not committed any sin, so she has gone to heaven already. She does not need anything that was why she did not come to my dream to ask for anything. (M4)

I had never dreamed about him but others dreamed about him. May be he didn't want me to worry about him (smile). (M6)

It's too hard to accept. Two nights ago, I dreamed of this incident. I saw him after he was hit, he ran to me and I asked him if he was hurt and he smiled and said "just a little, mom, just a little". May be, I was so worried about this...I dreamed again that I was looking for him but I met many old people sitting under a *Bodhi* tree. The *Bodhi* leaf was very beautiful- golden and shiny. There were children playing nearby the old people and my son was there. He was smiling to me but said nothing. When I woke up, I believed that he was in nice and better place and that made me feel better. (M7)

I want to dream of my son because I am concerned how he is. I have never met him since his cremation ceremony. I think that he did not come to see me as he did not want me to worry about him. Anyway, about 1-2 months after that I saw that he was lying but I did not see his face. Then I woke up suddenly....And recently my daughter dreamed about him and that he begged her for money. So I have to go to the temple to make a merit again. I think he doesn't go to birth again. (M8)

This was also supported by the mother who was worried about life after death because the child did something bad when she was very young. The mother's statement shows she was worried about the next life of her dead daughter.

The story is about what you do in this life, it will go after you to the next life. It said in the book that if your child died when he/she is young, it meant

you killed a baby in your previous life. Like my case, sometimes I think it may be because of her sin too. She liked fishing very much. She put live frogs and snakes in the fridge. When I opened the fridge, I found dead ones in there. I told her not to do it again. I don't know if it's this is part of her sin or not. (M4)

Besides, two mothers felt that they felt something happened relating to the dead child still being in the house.

Three day after cremation, I heard a noise of something moving in my house. Around 1-2 am in the morning, I smell joss sticks and Thai traditional perfume. It appeared so fast but I was not sleeping. I said to him in my mind that "If there was a next life, I wanted you to be my son again." Sometimes, I felt like he's not dead and still here with me. (M5)

I think that his soul came to tell me. I heard the sound of walking. I could remember the sound of my son's walking. (Her tears flew with more sobbing). I have never told anyone this story....It was the sound of my son's walking for sure. I opened the door and saw no one while others were sleeping. When I came back to bed, I heard the sound of smashing glass and I ran outside to see what happened. (M8)

One mother asked for permission to extend time for the dead child to be alive longer. The text supported this idea.

He also belongs to other owners. His limit of life was long as much as he survived. He did not do bad things he did only good ones. I am sure that he went to the good place. Actually, I have thought that I did not ask for permission from the owner of my child and ask my child to stay with me for a long time because my child is not born only one time. He has his former father and mother from the previous life before being born to be my son. If the child rebirths I ask permission for him to live longer. Because our religion teaches us that we were born and died many times. Buddha was born and died many times until he had definitely reached *nibbana*. (M10)

About worry about the next life of the dead child some mothers also shared that they went to see a psychic or fortuneteller. The mothers wanted to know about the dead child. This can be supported by the following statements:

When my son died, my sister in law asked the man who prepares the body for cremation to color my son's left ear. My brother and sister in law love my dead child so much and they pray for rebirth of my son. They prayed that my son will be reborn in their family. You know the man who prepares the body of my son marked his ear using water color and now my sister in law is 3-4 months pregnant...The fortuneteller said it might be a girl this time, but he would be born with my close cousin. I had a sixth sense that he would be born with my sister-in-law. If there was a birthmark on the ear, no matter a boy or girl, it must be my dead son. (M3)

My sister took me to see a psychic who has so many people believing in him. He said don't cry, whenever you cried, 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. So, don't cry because it hurts her spirit more than it hurts you. She is still near you, she won't go anyway. When she sees someone taking good care of you, she will go. If I am happy, the spirit is happy too. He said my daughter's spirit was like a traveler, hers is traveling in another life. (M4)

In contrast, nine mothers felt that their children's spirits would go to the next life following the natural law whereas only one mother insisted the spirit of her daughter stayed with her. She was afraid of losing a dead child forever. Thus she kept some remains of her deceased child, especially her ashes, and she kept them in her house. She worshiped her every day by placing food, water, and flowers. She did not want her to go away from her and she suffered because she felt fear of losing a child forever. These following statements show this:

After the start of the monk's latent period (*Kho Phansa Day*) my eldest daughter was here and she said she heard everything and she dared not to come again. I believe that it's my dead daughter. I told the monk who recommended taking flowers in front of her picture to the temple and invited her spirit to go to the temple. I told my husband but he said no. He said let her spirit stay in the house because it was her wish before she passed away. My daughter used to say that she would always be with mom even if she died. (M1)

However, worry about the dead child influenced the mothers in other ways. At least three mothers who were participants in this study were lucky in the lottery. During the suffering period an unusual thing occurred with some mothers.

I dreamed that I saw her, she said "Mother, go back home quickly." My house registration number is 14, so I bought lottery number 41 and I won. (M1)

I kept telling him in my mind that I would give a big merit when I am in better shape. It's my belief. You know, I won a 20 baht lottery, number 344. I knew he listened to me from somewhere. My financial state is not very good now, not much work to do but I won. (M2)

I won a small prize this time; I used the number of my son's age and I bought 19 and 91, but not much. I won. (M5)

In summary, this part addressed the meaning of suffering in Buddhist mothers after the unexpected death of a child. There were five main meanings and three sub-meanings to suffering in Buddhist mothers after they lost a child unexpectedly. They felt their hearts were torn into pieces, their body was frozen and had no power to survive which represented three sub-meanings; loss of the most loved child, hopes with the deceased child were broken, a quiet and lonely home without enjoyable activities, anger and rage at herself and surrounding persons, and worry and wonder about the next life of the dead child.

Healing of suffering of Buddhist mothers after the unexpected death of a child

Healing of suffering in Buddhist mothers after the unexpected death of a child refers to whatever the mothers who lost a child unexpectedly used for dealing with their suffering. The mothers in this study used several ways to heal their suffering. Each way made them feel good or at peace. They had suffered from the unexpected death of a child so they looked for appropriate ways to heal their minds. These consisted of transformation of the relationship with the deceased child, elevating the deceased child to be a special child, making merit, self-healing through understanding and cultivation of the mind, and seeking for other support.

1. Transformation of the relationship with the deceased child

Transformation of the relationship with the deceased child refers to the changes or developments in the relationship between the mothers and dead child. They wanted to maintain a good feeling with the dead child. All of the mothers in this study displayed what had happened in their homes and they intended to develop a relationship with their dead children. The relationship was transformed to maintain connections to the children's spirits through visualization, imagination, speaking to the dead child's photographs, and other ways. In the depth of their feeling every mother did not want him/her to die and they had not prepared themselves for losing their children. Therefore they kept their relationship to their dead children in their minds. However there were two mothers (M1 and M3) who both welcomed the child's spirit. Sometimes, they pushed the memory of the deceased child out of their mind because they felt so sorrowful when they looked at something which represented their dead child. The mothers transformed their relationship with their

dead children by connecting with the deceased child's spirit, and with objects, belongings, and places and through connections with ashes and photos.

1.1. Connection with deceased child's spirit: Connection with a deceased child's spirit meant the mothers maintained a relationship with the deceased child through the dead child's spirit. There were a few mothers (N=3) who lost a child unexpectedly who shared their stories which showed that they had a relationship by thinking that the dead child was still staying with them. They connected with the dead child by visualization, smelling, and imagination. These claims were shown by the statements:

...It seems like she was wandering in this house....Several nights ago, I was putting my granddaughter to sleep and she had just finished her milk so I was going to put the milk in a bottle for her. I saw my middle child sitting nearby in the dark so I threw the bottle to her and asked her to get the milk. I had been waiting for a long time, wondering why my daughter did not bring me the milk so I called her name and asked, 'Orm, what took you so long to get the milk' (Silence), so I turned to her, and saw her sleeping deeply, and I woke her up. She woke up and complained that I had awakened her; she did not know anything. She told me that she had been sleeping until I woke her up. So, I suddenly realized that someone else was sitting in the dark. And I sweated. I believe that it's my dead daughter. However, I want her to be with so me I feel good. (M1)

I smelt joss sticks and Thai traditional perfume. I wanted you to be my son again. I love you and I miss you. Sometimes, I felt like he's not dead and is still here with me. I feel warm. (M5)

My son always went to the temple with me. We usually walked with lit candle joss stick in hand around a temple together when he was alive. Now, 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)

Although mothers felt good when they imagined the dead child, there was one mother felt too badly when she thought about her deceased child.

I donated some of her clothes to kids next door but I felt lost. I thought that it might be useful to others. But when I saw those kids wearing her clothes, it broke my heart again. I was thinking that it should be my daughter wearing them...I suffer. I just went to a funeral, I was crying so badly as my friend passed who was very like my daughter. I was thinking that my daughter used to be in the coffin. (M1)

1.2. Connection through objects, belongings or places: Connection through objects, belongings or places refers to the mothers keeping something that belonged to the dead child to help them feel good. There were a few mothers (N=3) who transformed their relationship with the deceased child by touching objects, sitting on the bench or sleeping with the pillow which was related to the dead child.

I still keep his stuff; his favorites were the walkman and a necklace. I keep his stuff in my bedroom. Whenever I miss him I look at them and his picture. I caress his picture and I feel better, but I don't cry anymore. I often touch his face in the picture and then I touch my heart. (M2)

When we picked up his body from hospital, we put him on this mat and that pillow. Now, I lie down on the same mat and pillow. I miss him so much. I feel that it was his last time to sleep on it but I feel like I sleep with him every night. In my heart I feel better as he is with me. (M7)

His bathing ceremony was conducted here (where the mother and the researcher were sitting and having a second interview)...I am alright sitting here. I do not feel painful. However, I do not dare to sit at the bench on which my child died. If I sit there, I will recall his bleeding and cannot bear the painful feeling. I do not sit there at all. But here I'm alright. (M8)

In contrast, one mother did not want to keep anything which related to the dead child and she tried to give them to others.

I didn't see my son at all. When I watered my son I just looked only at his hand. I didn't look at his face. From the day of the accident until now, I still didn't see him. I don't want to see his photo. His stuff I gave to other people, I don't want to collect them...[Then the researcher said good bye and walked to her car. The researcher saw little hens and she said they were very cute.] The participant said if you want them, I give them to you. They were my own sons. He loved them very much and I want to give them to any person. If you want them, take them home. (M3)

1.3. Connection with ashes/photo: Half of mothers (N=5) transformed their relationship with the deceased child by visiting the dead child's ashes for worship and talking to their dead child's photo. Basically, there was a picture of the dead person at the place where the ashes were kept. In addition there was a photo which was the best of the dead child kept at every mother's home. These statements illustrate this idea:

I feel that she stays with us every day. I place rice, water. I don't know that she can eat or not, but I prepare for her every day...I feel that she is still with me, in this house. She will be always with us. When my husband comes back home from work he feels good and asks what I cooked for our daughter. I set out food for her every day. If I have to go out, I will call and ask Orm to prepare food for my late daughter. This helps me to believe that she is with us in the house. (M1)

When I come home, all I can do is to talk to her picture. It helps me somehow talking to her picture. I still keep all her things; clothes, books, pictures and so on because I am afraid that she would mind if she (her spirit) knows that I gave away her stuff. My sister said that I am crazy, still talking to the picture and calling her name. She said her spirit cannot go away and still worries about me. Now, I try calling her name less, then, I realize that my daughter's spirit might be upset and think that I don't love her. (M4)

In fact, I talk to him with this picture (pointed at the picture of the dead child placed in her house). I feel relieved and become better. When I have something terrible I will talk to him. For example, about another son who is the dead child's brother, I often warn him. When he comes home too late, I speak with him in front of my dead son's picture. (M8)

For me, whenever I miss him, I will look at the photo on his ID Card. I miss him and want to see him. Pi Roj (her husband) never looks at any photos of his child, he kept them locked in a cabinet so I can't see them. I only look at the photo on his ID card, 10 or 9 times a day I see the picture. (M9)

I kept my son's ashes at the temple and went to see him every day. When I went to see him, I felt peaceful. I told him to have a meal during the monks' mealtime. When I have to come back home, I told him again that I will visit him next time. I just thought that my son stayed at the temple and the monks take care of him. (M10)

However, connection with the dead child through looking at something not only shows in positive ways but in negative ways also. This statement shows this:

I still cannot see his picture. I leave it upside down. My husband told me to keep it in the room where we keep all Buddha images but I don't want to see it. If I see it, I feel weird. If I keep it in the Buddha image room or prayer room when I worship the Buddha with flowers, it seems like I worship my son too. I cannot do that. (M3)

Keeping ashes is one rite in Buddhism. Seven mothers who lost a child unexpectedly kept ashes in containers and kept them at the temple where other dead person's ashes were kept. One kept them at her home and another two did not keep any ashes. They threw all of them away in the sea. The two mothers who did not keep ashes felt good because they had no burden to take care of it. Moreover, they think that the dead child had no sin so there was no need to keep ashes for worship. These were the ideas of the two mothers.

I was told that my son was young. I should not keep his bone ashes. Therefore, I dropped his ashes into the sea. I did not keep his ashes. I think we should keep our father's and mother's bone ashes but not children's bone ashes. We should drop all our child's ashes into the sea. It is good not to keep those bones. (M8)

We floated all her ashes after cremation. Because she was a child there was no one to take care of her ashes and we thought that she loved the sea so much, so we threw all of them on the sea. Usually, if we keep the ashes, we have to show high respect to the ashes but we are her parents, we could not show high respect. So we distributed her ashes at the place where she was drowned. (M4)

2. Elevation of the deceased child to be a very good child capable for going to heaven

Elevation of the deceased child to be a very good child capable for going to heaven refers to how the mothers' talked about their esteem for the deceased child's. They admired them and remembered good things of the dead child. Also, they appreciated the child was a polite child. Because of doing well of the dead child, the mothers believed that the deceased child could go to the good place or heaven. Loss of a child was a huge suffering but when they shared about how good the child was, they did it with happy faces and this elevated the dead child to a special child. Every mother appreciated their dead children and was proud that their dead children were very good, including the mother who had a son addicted to drugs. Although the mothers suffered for not being with their deceased children, they were comfortable in thinking that their children were special ones and they might be in a good place or heaven. The mothers took care of the children and ensured that everything went well for them. When they shared special things about the dead children they admired their children. Even though they suffered in losing them, they felt happy to keep this

wonderful feeling in their minds. There were three sub-themes of elevation of a special child: pride of a diligent and talented child; impression of a good minded child; and appreciation for a polite child. All of mothers expressed and shared these ideas with happy feelings.

2.1. Pride in a diligent and talented child: More than half of mothers (N=6) shared the idea that the dead children were very good children, they loved learning, they were clever and got high scores in studying, and they were able to do other special things. For example, he/she could have been a leader, or could sing, dance and so on. The mothers were happy when for talking about the skills of the deceased child. They talked about this again and again. Even though some mothers talked about this experience they did so with tears in their eyes. They felt the tears came out because of happiness in thinking about everything good of the dead child. These claims were made in these statements:

He was excellent and he got grade 4 in every subject. Moreover, he was a chief of his class. I was proud of him. (M3)

He was a good student and liked going to school early. He went to school at 6.30, before the school janitor opened the door. He was good in academic activities, he played the long drum in school and he was head of the class...Teachers showed all his works at school like the poem he wrote on Mother's day, and all picture of him doing activities at school. He was a grade A student. (M7)

He did every thing. He took care of mother. He was diligent not lazy at all. He did whatever he was hired, such as construction labor. He did housework, wash a dish and cook rice. He helped mother do everything. When his uncles asked him to do anything, he did them upon request. (M8)

He always took extra study and enjoyed it so much. He would be absent, only for really necessary reasons...He was diligent, used to work in the factory

for some times. He liked to make money. During summer, he even sold goods in front of Wat Sai Khaw School...He was also good in singing. He attended singing contests at Thaksin University twice. He always won the 1st place for reading melodious poems on the occasions of father's day or mother's day. He also performed Manora (Thai traditional dancing in The South of Thailand) and he was in the musical band of his school; he played trumpet in the band (M9)

Other thinking about the dead child included solving problems, and two mothers shared the view that the dead child could survive herself/himself when she/he in trouble. These texts show this.

One time, my house was flooded badly, my husband went to Indonesia, and I told my girl that 'I don't have money for you to go to school.' But my youngest daughter, 8 years old at that time, said 'They give students free food at school; I don't need money to go to school' so the three of them went to school together...My dead daughter bought insurance last year at her school, 150 baht per month, and she paid 5 baht a day by herself. My dead daughter was a cheerleader at her school and every year she performed Thai dancing as well. (M1)

He was going back to school. He loved learning. In the past, I was in trouble so he left and had to work to help himself and his parents. Now he wanted to study again. The school was opening in a month. (M2)

2.2. Impression of a good minded child: A good minded child was a dead child who always liked to help both his/her parents and other people. He/she also looked after some animals such as hens, fishes, dogs and cats. Four mothers appreciated that their dead children were very kind. These claims were made in these statements:

If she got money, such as from her father, she would give it to me. She liked to support or help other people such as me, her dad, and teachers. Every teacher loved her. When the teachers saw her picture, they said, 'This girl is very good. She usually helps the teachers.'" (M1)

He was a very good boy. Everyone loved him such as friends, teachers, and neighbors. He was a kind boy who helped his father, mother and sisters. He specially helped his grandmother, and he loved her so much because she looked after him from 40 days after birth until he was dead. He was friendly and smiled easily to at everyone...My son was purity itself. He was a good boy. He looked after many small chickens. (M3)

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My younger daughter was very kind you know, even she had less money than her sister, and she would buy meals for her (she laughs). The day we were back from Bangkok, our motor-tricycle ran out of gas so we pushed all the way down to the house; it was fun. Anyway, in the early morning, my younger daughter went out to buy food for fish and also filled up the fuel. She said "mom, I already filled the fuel"...The dead daughter obeyed me and was a reasonable girl. And she likes giving money to her sister (she laughed again). She took care of two dogs and a lot of fish. (M4)

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 his drug addiction, he had good relations with people, and he loved helping them. If he saw old man/ lady walking, he would pick him/her up on his motorcycle and take him/her home. He was good in most of the things, except for the drugs. (M5)

2.3. Appreciation of a polite child: A polite child was one who talked softly with the parent and other persons, especially aging people. Moreover, the dead child did things neatly. Few mothers (N=2) talked about the politeness of their child. These claims were made.

She was so nice. She spoke with her parent and other people softly. Everyone loved her and she helped me sell fried chicken. She said nice words. (M1)

He was talkative; he said nice words to everybody like his grandfather. His grandfather loved him so much. (M6)

He was a nice person. People liked him because he talked politely to them. He didn't like rude persons. He was well-mannered from the time he was in kindergarten. If we didn't iron clothes for him, he would do it on his own. He had been a neat and clean person since he was a little boy. (M9)

3. Making merit in order to pass the merit to the deceased child

Making merit in order to pass the merit to the deceased child refers to everything that the mothers could do to do good deeds. The good deed included going to the temple, buying something related to the temple such as sand, roof, or rock, and so on. In addition the mothers woke up in early morning to offer food to monks and sometimes they went to the temple to sending required items to the dead child. For doing these acts, they prayed to send the merit to the dead child. A significant purpose of making merit for mothers who lost a child unexpectedly was to send merit to the dead child. They wanted them to be in a nice place or heaven.

Making merit for the dead person is a specific action. The mothers thought that because of the merit that they sent, the dead child would go for rebirth in the good place. However, after merit making all mothers would pour water and pray for the child. If they did not pour water, the dead child could not obtain that merit. To pour water is a traditional practice in Buddhism. There were many activities that could be followed in order to make merit for the dead person. The mothers did these at religious ceremonies and intentionally brought benefits to the dead child.

3.1. Giving merit on 49th and 100th day after the child died: This is a religious ceremony. The mother of the dead child made merit during the funeral and some spent three days, five days or 7 days doing this. Then the body of the dead child was cremated. At the early death of a child all mothers suffer tremendously. After the ceremonies each mother felt a bit better and she made merit at individual times. However, every mother made a big merit again at 100 days after the child died. There was one mother who made a big merit continually at the temple for 49 days, although the dead child was cremated. She believed that during 49 days the spirit of the dead person would know that he/she had died already. In making merit activity included pouring water to tell the dead child (*groudnum*) and offering food to monks (*takbart*). The following support these ideas:

August, 8 2006, it was the day making a big merit (100 days). When we were ready at the temple we gave food to monks first. After that the monks blessed for us. While the monk praying there was a heavy rain in a short time without a clue or sign of it raining. Everyone looked together. It was weird or surprising. The grandmother said Nong golf (the dead child's name) knows that we were doing a good deed for him. (M3)

I gave merit to her for 49 consecutive days...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 continue for 49 days, when there was a day that her spirit knew that she'd died, she could take the benefits from 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 on the 100 days after she passed away. (M4)

I made a major merit like everyone did; during the funeral, at 100 days and a week after 100 days just like our tradition. Other than that, I did *takbart* in the early morning and poured water for his benefit. (M6)

I could talk about this story about my son's religious ceremony after death for 100 days. I became better. The event has passed for almost one year. Everything gradually becomes better. (M8)

However, most mothers felt pleased and good when they made merit 100 days after the death, with the exception of mother number 1. She suffered because she did not want her daughter to be gone forever. This supports the idea.

Actually, the merit day should be set up after she died at 100 days but there is not a good day for doing that so I will set it on the date 8/05/06. It is 5 months after my daughter died. The closer I come to a merit day the more I cry every night because I am afraid that my daughter will go away from me. (M1)

Pouring water after making merit is a common practice in Buddhism and is done in order to make sure that the dead person could gain a good deed. Even though pouring water is a common part of making merit, for the mother who lost a child unexpectedly it is a very special act. All mothers shared deep feelings which were different from the previous time they did this act. Even though they did not say this exactly, there were four mothers who shared this specific feeling after they did so. These show this.

Every time I made merit, I poured water and specifically told her to obtain the merit that I did. (M1)

I think he rests in peace and happily. When I give merit and pour water for the dead child I think of him and call his name. I think he is benefiting from my merit making and he is happy. That makes me feel happy too. (M5)

In the past, I gave merit and poured water to my dead ancestors, I did not feel much about this. But now, I specifically give benefit to my own son, I feel differently. It is like I am suffering, so when I give benefits to my dead son, I feel better. One needs one's own experience to explain how you feel. (M6)

I offered a thicker blanket to a monk afterwards. After that I have to know how to pour ceremonial water properly. If not, it won't reach the dead one. (M9)

When I made a merit and I poured ceremonial water I felt calm. If we feed our children but we do not pour ceremonial water, the food is still in the pot. If we can pour ceremonial water, it means that our children are fully satisfied with the meal. (M10)

In contrast, most mothers feel good about pouring water because they thought that the dead child would gain the merit from what the mother did for them. One mother felt so bad when she poured the water. She thought that her daughter would go away from her. This supports this.

The ceremonial pouring of water dedicates the merit obtained to the dead. I gave a merit, giving things she liked to the monks but while I was praying and pouring water, I cried badly. I am not sure whether my child was taken away. (M1)

Offering food to a monk is one way of giving (*tanna*) which is merit making. Buddhists can offer fresh food or dry food to monks at the appropriate time but in the early morning Buddhists commonly prepare fresh food for the monks. This act has more purpose in doing it this way. Buddhists can offer food to a monk (*Takbart*) in many situations such as on birthdays, religious days and so forth. At least three mothers who lost a child unexpectedly continued intentionally to prepare food for a

monk every early morning up to now and they feel very good. Others do this often at suitable times. These illustrate this:

I give food to monks every morning. Everything I made was my daughter's favorite food. She liked sour soup (gang-som) made of tamarind paste and sweet pork so much then I cook it so that I give it to the monks. I feel better. I feel that I give her merit and I feel better. (M1)

I usually prepare food for monks every religious day, I give merit. If it is not a monk's day and I don't forget, I give merit. But every monk's day, I won't forget. In my mind and my heart, I told my son "Golf, mother is giving merit to your spirit. Come and get the blessing from the monks". Then I feel better. After I lost a son I give food to monks every morning even now. (M3)

Usually, I have prepared food for monks every morning since I was a child. Monks come to my mother's house every day so I can do it. I still do so but with a different meaning. Now I intend giving benefit to the dead child. (M6)

3.2. Sending required items to the dead persons: Sending required items to the dead person's means that the mothers intend to set up doing good deeds in special situations. Although the mothers of the dead child regularly make merit through religious ceremonies, they make merit intentionally. For example, the mothers themselves or other persons dreamed in relation to the dead child. If the mothers knew that someone dreamed about the dead child they were concerned and they had to do something for them. Three mothers talked about these unusual events:

My oldest daughter told me that she used to borrow money from her dead sister (200 Baht) when she was alive and she has not paid her back. She dreamed that her sister asked for money back. So, I told her to give money for making merit to her. (M1)

A few days after he passed away, his boss dreamed that my son asked for tobacco and the boss told me about this. There was a monk smoking tobacco here, so I bought it to give to that monk, and poured water to benefit my son. (M6)

My mother dreamed that my son asked for a blanket ...His grandmother dreamed that he told her that he was cold and asked for a blanket. His grandmother loved him so much. She wanted to offer the blanket to monks on Buddhist holiday or religious days. I couldn't wait so I offered the blanket to the monks the next morning. (M9)

4. Self-healing through understanding and mind cultivation

Self-healing through understanding and mind cultivation refers to trying to understand and refine the mind for understanding and truth. The mothers who lost a child unexpectedly not only healed their suffering just for giving benefit to the deceased child, but they also wanted to overcome their suffering. Many actions in Buddhism which the mothers did prior to and after the child died, they continued doing to cultivate their minds. Their minds could be best cultivated under the guidance of Buddhism which aims at ethical-moral development. Finally they wanted to be relieved of their suffering. They healed their suffering by reading and listening to *Dhamma*, praying, meditating, and understanding *hamma*.

4.1. Reading and listening to Dhamma for understanding the truth: The mothers who lost a child unexpectedly responded this to suffering with an unconscious mind, and cried, showed anger, yelled and so on. After that they had a conscious mind and clear conscience and looked for other ways which helped them release their suffering. Reading *Dhamma* books need a conscious mind to understand each concept in Buddhism. Moreover, mothers who lost a child suddenly needed a conscious mind and much time to achieve a peaceful mind. Several mothers wanted to read *Dhamma* books but they did not have enough time for reading. A few mothers (N=2) often used this way to reduce suffering after their loss. These ideas are supported by following statements:

I read only *Dhamma* books or books about Buddhism. I feel better reading them. Sometimes, my sister wants to throw away books, I check them first and if they are related to *Dhamma* I keep them. I love to read the book related to *kamma*. It made it easy for me to understand life. (M4)

I always pay respect to the Buddha or read *Dhamma* books that temples give out to me. It makes my heart peaceful. I learn how to survive from the *Dhamma* books (M9)

Because the mothers who lost a child are good listeners they love to listen to *Dhamma* in different places such as in the temple, at their home, in their car and so on. They listened to *Dhamma* from monks live, on television and radio. They loved to listen to the topic of loss. At the beginning of listening they felt pain, but after that they thought through the sermon, they gained peaceful minds. Almost all the mothers went to the temple to make merit in different situations when their children were alive. Three mothers strongly believed in this action for relieve suffering prior to and after they lost a child. These ideas are shown in the following:

From preaching, Like coconut, if it is raw (young) but not healthy, it doesn't fall from tree but when it become too ripe (old), it also falls from tree , Like us, youth or aging can pass anytime. If we can accept this, we can conclude about fate. I listen to preaching and I understand it so I am resigned to fate. (M6)

I often listen to the *Dhamma* from monks on television because my husband regularly listened to the monks. I listened to the sermon with him. I listen to a monks' sermon and feel calm. (M8)

I prefer listening to *Dhamma* than reading it. Practicing *Dhamma* is more important. I love to listen to monks. Monks teach enlightenment and things relevant to my sorrow. Monks give very good sermons. Telling me nothing belongs to me, they cite examples. I think over this and agree with them. When I accepted the truth, I was relieved from the pain easily, and I felt calm. (M10)

4.2 Praying for a peaceful mind: There are several sermons used in Buddhism. The mothers who lost a child not only prayed for the dead child they also prayed for their peaceful mind. They prayed both at home and at the temple. When the mothers went to the temple for a religious ceremony or other event they might pray. But they had more peaceful minds than in the past. Every mother prayed for the dead child and they felt peaceful through this action. Although most of mothers prayed in normal life there were four mothers who strongly conducted prayer. This is shown as follows:

I often pray especially after I give food to monks. I pray and I feel better. At home if I feel sad I pray again but if I feel jumble up or confused I cannot pray. To think benevolently or kindly of merit the ceremonial pouring of the merit obtained from the dead. (M1)

I learned to pray for most chapters, I can pray all chapters like a monk can, I studied from school where is in the temple. I feel good, seemed like I meditate at the same time. It calms me down. (M3)

I pray every morning. I light joss sticks and pray in front of the Buddha image. I feel comfortable when I smell the fragrance of the sticks...The regular section is *Na-mo, tassa...* and I pray for good things like no more accidents. I pray for the happiness of the family members. I cannot sleep at night if I don't pray. Sometimes I felt sleepless without praying, I would wake up in the middle of the night and pray and then I could sleep well. (M5).

4.3. Meditating for attaining wisdom: Meditation was a significant action for the mothers who lost a child. There are two major meditations: tranquility (*Samadhi*) and insight (*Vipassana*). Meditating for attaining wisdom refers to control of the mind to focus on something strongly. The aim of meditation is for attaining wisdom. Three mothers practiced meditation to send good wishes to the dead child, achieve a peaceful mind and attain wisdom. These ideas are shown by the following:

I had practiced *Dhamma* at *Suan Moke* and I do meditation but not fully. When I have a problem, I would sit alone quietly and thinking about *Dhamma* or what Buddha teaching. I would feel good. (M5)

I joined in the 60 year ceremonies of the reign for King (December, 5) and I did meditation for 15 minutes in order to give good wishes to the King and our parents. They sit together in big groups and the united mind sends good wishes to the King. I also wish for my dead child not to be born in a bad place and wish that his spirit would not worry about anything. (M9)

I usually practice meditation at home. My company arranges a group meditation monthly. Monks from temples named *Dhammakai* instruct us to do the meditation...Monks tell me to let my mind be free and peaceful. I should think that there is nothing in my body. I am not mine. I should not adhere to anything. Then I feel free. If I purify my mind, it is good for me. (M10)

4.4. *Understanding Kamma to accept the truth:* Understanding *Kamma* to accept the truth refers to knowing actions and the consequence of actions. Terms such as “*Kamma*” are divided according to notions of good or bad that are linked to craving and clinging. The mothers knew that whoever did the actions, whether good or bad, he/she must receive the result of the actions. Whenever people do something good, they tend to hope for some kind of ultimate reward. Understanding *kamma* helped the mothers to feel better. Belief in *kamma* is invested in the mothers’ attitude, even though mothers had lost a child through a terrible death. For example, one mother lost a child who received 32 stab wounds, and another lost a child through being shot by a gun. The following show this:

All crazy people are walking freely in this country, why it did not happen to them. Maybe those have to live to suffer in other ways, but my son finished his *kamma* and it’s time for him to go to heaven. I think this way makes me feel better. I think that my son has gone to the better place, his *kamma* was over...

My son paid back his *kamma* as he was a good boy and had no sin, so he went to the better place. (M3)

It's about *kamma*, you know 'go around come around, what good we do we earn, what bad we do we pay'. The story is about what you do in this life, it will go after you to next life. It said in the book that if your child died when he/she is young, it meant you killed a baby in your previous life. Although my daughter had killed animals but not intentionally she was a very good daughter. Now she stopped doing *kamma* and she would go to the good place. (M4)

Firstly, the older brother did not know the story because he worked at sea. After he had learned the story, he wanted to take revenge on the murderer himself. I prohibited him and told him not to take revenge. Even policemen could not do anything. Although we were very angry, we should not commit sin anymore. Let it go with his *kamma*. They killed my son who was not bad so their *kamma* would come back to them some day... As I believe absolutely in sin, I let the murderer be punished by his own retribution. He killed an innocent boy who was not able to defend himself. The murderer must face nemesis. (M8)

5. Seeking for other support

Seeking for other support refers to whatever is done to get good feeling in response. The mothers who lost a child unexpectedly were not ready to face their great loss. They did everything for themselves, the dead child, and for community. Thai culture is integrated with other beliefs and forms the basic activities which influence life styles. Mothers who lost a child unexpectedly search for other ways for healing their suffering. These ways included seeing a monk performing rites to release the child's spirit, seeing a fortuneteller to know about the dead child, and sharing with understanding persons.

5.1. Seeing a monk for performing rites to release the child's spirit:

Performing rites refers to the ritual action that is done in each situation. Doing the action depends on one's own belief in order to attain good feelings. Belief influences Buddhist people. Most mothers invited monks to perform rituals at the place where the accident happened, especially when the child died by a car accident. They performed rites in order to release the child's spirit from that place and the mothers felt better for doing this ritual. Moreover, for the dead child who had a fiancé, his mother performed a rite to finish the engagement. These statements support this idea.

After 100 days, I dreamed that he asked me to pick him up. In my dream he said, 'Mom, please pick me up' I had similarly dreamed for a month. And in my dream I asked him 'where do you want me to pick you up. I just cremated you. You are dead'. As I had the same dream, revealingly, so I went to see the monk. The thing was he died on the road and no one invited his soul/ spirit, and he's still there and could not go anywhere. I asked the monks to pray at the point where the accident took place, released 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)

Someone told me that we have to do something like sending my son's spirit. So I invited a monk to do a good deed at that place. I prepared 8 kinds of food including complete fishes (composed of head and tail), candles and joss-sticks or aromatic vapors. A chief of a temple prayed for him. You know I never dream about my son. He might go to a good way. (M3)

I often told him to understand his fiancé and the last day before he died he said he understood and he let her go. We had a rite to finish the engagement, we asked an old person to do this rite. (M5)

The Holy Father performed bathing rites with the corpse and made the holy water for parents, asking him not to appear so that we wouldn't be in sorrow for long. The Holy Father completed both at the temple and the place

where he died. I and his father have never seen him and never dream of him.
(M9)

5.2. Seeing a fortuneteller to know about the dead child: Fortunetellers are partners in human life. Sometimes he or she can tell the people of something in the past and sometimes he or she can predict something in the future. Thus many people love to see the fortuneteller. Few mothers (N=3) who lost a child suddenly went to see the fortuneteller to know something related to the death of their child.

I did not believe in the beginning but a fortune teller predicted that she saw things. She described how my husband looked; she knew my work very accurately. I just went to see her 2-3 months ago; she said my children are good. I told her that Golf passed away; she said he would be reborn in the same family, with your close cousin. She said the boy had no sin, so he would be born through a close cousin. Now, you know, my sister in-law has got pregnant. (M3)

My sister took me to see a psychic who has so many people believing in him. He asked if I still cried and I said 'Sometimes, it's not like I can accept the fact all the time' then he said, 'Don't cry, whenever you cried, your daughter's spirit is crying next to you but 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. So, don't cry because it hurts her spirit more than it hurts you. She is still near you, she won't go anyway. (M4)

Actually, I don't want to go to see a psychic but on that day my friend invited me to go with her. I think I will ask him about the illness of the youngest child. However, I ask for my dead child as well. He said my dead child did not commit any sin so he would be alright. Don't worry. He told me to take care of myself. (M9)

5.3 Sharing experiences with understanding persons: Talking about some problem to someone who is an understanding and empathetic person is a way which was used by the mothers who lost a child. Some mothers loved to share their situation with someone who understood and listened to them, such as a close friend, a mother

who had had the same experience, or the researcher. Most mothers could not share the suffering with their husband because their husband had had as much suffering as them. An exception was mother number one; she could share with her husband and they healed each other. Half of the mothers (N=5) shared this idea as shown in the following:

My husband has been giving me great support. We talked together about my dead daughter. He asked me several times even though he goes to the sea (her husband is fisherman). He asked me that what I cook for the dead child today. Something likes that. When the monk told me to keep my daughter's bone ashes at the temple I consulted my husband. He said, keep it at home. (M1)

You know you study this topic; it is useful for me because I can share my story and I feel relief of suffering. Not only you got your benefit but I got it as well. I can feel relief and share it with you. Thank you so much. (M3)

Thank you so much for talking together. I feel good to share about the story. (She walked beside the researcher by holding hand together to her home.) (M4)

I met Tim (a mother who lost a child unexpectedly). We shared the same feelings and we understood each other...My mother lost a child also (my brother) so she helped me and I feel better (M6)

Sometimes it's good to share; having someone to listen is good too...During daytime, I try to spend time with friends to forget this. At night, I lay down quietly and I miss him. I cannot forget, it comes and goes (M7).

I can talk about him with my close friends. I've lived here for 18 years and have four close friends to whom I can talk about everything. (M9)

However, from this study, the spouse was not a person who could understand and the mothers could not share their feeling with them. Three mothers could not share their suffering with their husband because their husband had suffered more than

them. The husbands drank more alcohol after their child died. They too suffered in talking about the situation:

I can't talk about this situation to my husband. He suffered more than me and he drank alcohol every day. (M6)

I don't talk about this event to my husband. He is always in a worse shape. He cannot pass the road where the accident happened, he avoids seeing it and talking about it. (M7)

My husband doesn't want to talk about it anymore. He doesn't want to hear his name. He never looked at any photos of his child and he kept them locked in a cabinet. (M9)

Consequences of healing in Buddhist mothers

Consequences of healing were identified in terms of the consequences that emerged through a plan after trying something. Most mothers in this study are Buddhist. All of them practice in the Buddhist way but they had different prejudices and different in-depth practices in Buddhism. However, the mothers spoke about the consequences of the healing of her suffering in a positive way. Even though they could not overcome the suffering completely, they learned to live and love with suffering. They learned from their own experience that going forward meant for the rest of their life, being sufficiently alive, living for the old *kamma*, and continuing to do more good deeds. They had to understand life more and think that they were lucky to spend time among the suffering.

1. Being sufficiently alive

Being sufficiently alive is defined as living a proper or adequate life. The mothers learned to live with suffering through the situation in which they lost their

child unexpectedly. They were concerned with this for the rest of their life. Two mothers felt that they would lead a sufficient life. They did not want anything more. They loved to live in a peaceful place. These ideas are supported in the following:

It made me stronger to confront everything in my life. I don't want to make more money; buy any land or any home. It is enough. If this house is small I want to sell it and buy a small house. But it is too big, it is difficult to sell. (M3)

I never think this will happen to our child. No matter how, we have to go on because we have another child. We do everything for him. The two of us (the participant and her husband) can live a sufficient life. (M9)

2. *Living for the old kamma*

Living for the old *kamma* refers to spending time in daily life in response to the old actions that we did. Moreover, they thought that a person was born through good or bad things done in a previous life. It meant that how we were born depended on *kamma*, what we did in the last life. We did not know the last life; do not know the next life but we know our recent life. We still live to face suffering in the world. Three mothers thought that we were in the world for doing good or bad things in their previous life. We could not affect the bad things that we did but we can select doing good things. Thus we had to do good things in the rest of our life. These ideas are reflected as follows:

To understand that certainty is uncertainty. The dead person stopped doing anything (stopped doing good or bad) in this world whereas we are still in the world and still face many terrible things and we are still suffering more than him. (M3)

I don't want to talk about my dead son but my husband often talked about him. I think our son has gone to a better place; we as living human being are paying for old *kamma*, and have no need to worry about him. (M6)

Now I do not feel very suffering but I am not completely peaceful. You know, people who did not have too much sin will rebirth to be human again. People who have too much sin must be punished in some places or rebirth to be an animal or something else. Rely on what the people did. We are lucky to be a human however we did not know what we did in the previous life. (M8)

In contrast, one mother shared a negative way for living the old *kamma*.

I asked myself why should I make merit? I did not get anything back. We are making merit for our next life but we don't know what the next life is, or if we did something wrong in our past life so *kamma* is doing to us in this way. (M3)

3. Continue doing more good deeds

Doing a good deed is a special way to heal suffering, not only for giving benefit to the dead child, but also for the rest of the mothers who lost a child as well. Through this situation and by this healing method, four mothers chose to make more merit for the dead child and for themselves.

I go to the temple every monk's day. I give food to the monks (*takbart*) every day for my daughter's life after death. If she was in a nice place, I want her to have a better life after death. But if she was in a miserable place, I would accept all the misery myself. I will make a merit like this forever. (M1)

I love helping people and making friends. I believe that if I am good to everyone, everyone will be good to me. This is the reason why I allowed you to interview me. My children are studying and one day they might need to interview someone and he/she might help them as a result of my kindness. (M2)

At the end, I think she died for another spirit. There was another spirit there (at the place she died). It's her old *kamma* so I made big merit continually 49 days for relieve her spirit from there...Actually, I gave her permission to go and have good time, but I did not want her to die. So it's time to go. I feel better when I can accept this. If I blame someone else or even myself, I will be miserable. I always talk to my husband about our lives and so we do more good deeds. (M4)

We have to do good things all the time when you are alive. Do not give up making a merit...I always feel pity to everyone in trouble. If I can do anything to help them, I would not hesitate to help. When I help them, I am glad to all of them and I don't feel tired. (M5)

4. Deeper understanding of life

Deeper understanding of life refers to knowing more about survival or why they had a strong reason to do something in life. It included being aware in order to do something. They knew how to control their minds when they had to face bad things again, including death. For example, one mother stated that she had to let things go and not keep anything bad in her mind. Because all the mothers who lost a child unexpectedly were Buddhist, not only by custom but also by practice, the Buddhist way of life was prior to them after they lost the child. After they were faced with great suffering, they were healed in their suffering through the Buddhist way and other methods they knew that helped them survive in life. Moreover, they could advise other persons who were in the same situation. Six mothers showed that they understood the truth more.

Now I have to be more careful about my life. For example, when I ride a motorcycle I have to look around and ride more slowly than in the past. I also warn my husband and my older daughter about that. (M3)

Before I just could not let things go, I was stressed. I was stressed in many ways, working for a living, my husband...then I realized that I was luckier than many others, I was not crippled. Many were born poorer than me. So I realized that happiness is at and from my heart. You know, we are hurt because we allow ourselves to be hurt. Look at our King, he spends all his life working hard for Thai people, he does everything for us so why do we have to think about nonsense things to make ourselves unhappy? (M4)

Life is uncertain. We should do good things all the time because we do not know when our day will come but the good things are always left behind. Like

my son, people liked him despite his drug addiction, he had good relations with people, he loved helping them...I think what the Buddha teaches us is so true, you know – whatever will be, will be. We cannot prevent this. There are reasons behind everything that happens on this earth. We just have to solve each problem, day by day. I have many problems and sometimes you have to let things go, and the problem might be solved. (M5)

The truth is giving merit is for the individual, who does it and gets it. Goodness cannot be bought, you have to do it. If you do well, you will get good things in return. Those who are doing bad things now but we see them getting good things, it is the result of the good things they did in the past. We cannot see the next life, but we can do good things in this life. We were born as human being who is better than being born animals because animals cannot make merit. Someone asked me why I make merit when some monks are not good, but this is not relevant. If some bad monks do bad things, they will get back the bad results. If we think like that, we will not go to temple to make merit. (M6)

Now, I still miss him a lot but I have to be strong for my other child. My heart is warm when I rely on religion. You need to practice to release your suffering. We all have to admit the truth. Buddha said every household has experienced lost of their love ones, no matter how poor or rich you are ordinary people or loyal families. I follow what the Buddha said. (M7)

According to this thought, I feel peaceful. I think that no matter how we are, if our lifetime comes to the end, we must die... Death is not certain. I always teach my children about this thought. Previously, I believed like this but did not clearly understand. When my son died, I clearly understood that life is not stable but death will certainly happen. No one can escape from the death. We do not know when we will die. Previously, I could not accept this truth but now I can accept it. (M8)

I joined the funeral and met the mother who lost a child like me. I could only say that I understood her well because I myself suffered it. That was all I could say. I told her that I understood her well. Both of us cried together in the same feeling. I told her husband that if she had no strength to sell food or to

work. Just let her relax and don't force her because it was so hard to control the mind. (M9)

I have applied *dhamma* all my life not just after my son died. I always practice *dhamma*. *Dhamma* is in my mind all the time. It governs my goal. My goal is to try my best for today for my living child as well as my family. It is not possible to be stuck with the past. I have to clearly understand my own thoughts. My mind can lead my thoughts. (M10)

Only one mother (M10) was strong in practicing *Dhamma*. Even though she shared her story with her tears she understood her mind. She said crying is common but she knew what it is.

It is not possible to be stuck with the past. The story sometimes flickers into my mind when I return home and make me feel sad again. However, when I figure out, consider and comprehend the situation, I let it pass away. I feel better...When I accepted the truth, I felt easily relieved from the pain ...I was taught not to adhere to anything. This means that nothing belongs to us. I should not be attached to anything. My body does not belong to me. If I think like this, I feel safe. No matter what story happened, I can accept it easily. (M10)

Conclusions to the findings

The findings from the suffering and healing in Buddhist mothers who lost a child unexpectedly are that their worldview was influenced by their Buddhist religion. The results were shown in three parts: (1) the meaning of suffering, (2) the healing of suffering; and (3) the consequences of healing. In term of suffering, the mothers explained themselves as normal human being. The described the meaning of suffering as: (1) mother's heart was torn into pieces, (2) having frozen body and no power to survive, (3) happiness in life was missing, (3) anger and rage at herself and surrounding persons, and (4) worry and wonder about the next life of the dead child.

For healing, most of information about healing which the mothers described related to their Buddhist religion. They pointed out these healing aspects as: (1) transformation of the relationship with the deceased child; (2) elevation of the deceased child to be a very good child capable for going to heaven; (3) making merit in order to pass the merit to the deceased child; (4) self-healing through understanding and cultivation of the mind; and (5) seeking for other support. For transformation of the relationship with the deceased child, the mothers stressed that they transformed through connecting with the deceased child's spirit, connecting through objects or belongings or places, and connecting through the deceased child's ashes and photos. In elevating the deceased child to be a special child, the mothers stated that the dead child was diligent and talented, good minded, and polite. For making merit in order to pass the merit to the deceased child, they remarked that they did this by giving merit on 49 and 100 days after the child died, pouring water after making merit, offering food to the monks in the early morning, and sending required items to the dead child. To achieve self-healing through understanding and mind cultivation, the mothers practiced by reading and listening to *dhamma*, praying for a peaceful mind, meditating to attain wisdom, and understanding *kamma* to accept the truth. In seeking other support, the mothers explained more about seeing monks for doing good rites, going to fortune tellers, and sharing their experiences with understanding persons.

For outcomes of healing, the mothers depicted these in four aspects. These were: (1) being sufficient in life; (2) living for the old *kamma*; (3) continue doing more good deeds; and (4) deeper understanding of life.

Discussion

The findings of this study show the meaning, the healing, and the outcomes of healing in Buddhist mothers who lost a child unexpectedly. These mothers shared their experiences of their suffering phenomenon as a consequence of losing a child. They shared the experiences both when a child was alive and dead. Hermeneutic phenomenology allows the researcher to understand the struggle of their lives after they lost a child unexpectedly. These mothers have some aspects of suffering in common as well as unique individual experiences arising as a consequence of their existence over their lives.

The meaning of suffering from unexpected death of a child

All specific five meanings in this study consisted of: the mother's heart was torn into pieces; a frozen body and had no power to survive; happiness in life was broken; anger and rage at herself and surrounding persons; and worry and wonder about the next life of the dead child. However, all five themes showed in the meanings and mothers shared general signs and symptoms through physical, emotional, mental, spiritual, and embodiment features.

Suffering is a universal concept. Every notion and every language presents it in much the same expression and feeling. They expressed extreme distress and extreme discomfort that may be physical, mental, or spiritual. Physical suffering presented physical discomfort resulting from the functioning of body organs and body systems. It may be illustrated in crying, not sleeping well, not eating and losing weight, or powerlessness. Mental suffering refers to feeling or sensation, perception,

and mental formation. It may be manifested in fear, confusion, anger, rage, sadness, not accepting, and being sorrowful. Spiritual suffering refers to feeling deeply and the subjects cannot live a normal life. All mothers had a combination of physical, mental and spiritual suffering and felt they could not survive, especially during the two to three months after they lost a child. In reality, the mothers who lost a child unexpectedly had suffered all physical, mental, and spiritual difficulties at the same time. For example, the mothers could not eat and could not sleep well, as well as being shocked, crying, angry and so on, and they could not do anything in normal life. . Similarly, Payutto (1995) stated that suffering is presented through sorrow, lamentation, grief, and despair as the whole mass of suffering. Morse (1995; 2001) stated that suffering is a universal concept that means emotional response to a loss. Suffering also means extreme discomfort that is shown in physical, mental, or spiritual ways (Steeves & Kahn, 1987). This is similar to Hatthakit and Thaniwathananon (2007) who stated that the Tsunami survivors suffered through physical and psychological problems.

Approximately 95% of Thai people are Buddhist. Understanding suffering and seeking the way to overcome it are the goals of Buddhism. In addition, the mothers' experiences of suffering in this study is their feeling of being abandoned, and is related to Buddhist perspectives.

The expression of the ideas that mother's heart was torn into pieces and had a frozen body which had no power to survive, are related to *Dukkha-vedana* (the sensation or feeling to suffering) in Buddhism. *Dukkha-vedana* shows through emotion and the body. In short, *Dukkha-vedana* is related to sense formation through body and mind or the Five Aggregates of Existence or Five Heaps (*Skadas* 5). The

Five Aggregates are subject to suffering because of being oppressed but growth and decay are a cause of suffering. People are engrossed in these sensations which are latent in their mind. When sensations occur, their mind cannot stop passing through perception, mind formation or volition, and consciousness. They feel these two types of sensations - the physical and the mental. This period is different in individuals. Some mothers adhered to this in their mind in this period for a day, a week, a month, or three months. The deep feelings of the mothers wanted the dead child to be with them because of love, clinging and mind formation or volition.

Interesting and relevant participants said that happiness in life was missing because a significant person in the life of the mothers had disappeared. They lost a most loved child, the hopes for the deceased child were broken, and the home was quiet and lonely without enjoyable activities. A mother and child has a close relationship. The dead child was valuable to the mothers thus they wanted to have a child as long as they could. When a child died suddenly the mothers could not accept the truth. They felt that they lacked a significant person in their life immediately. They shared the experience of a quiet and lonely home or loss of hopes with the dead child because they loved the dead child very much. The complete family is composed of mother, father, and child. Most of the mothers who participated in this study had two children. They were strong in clinging to each other. They did every activity together in the morning even going to bed so they associated with the dead child. Moreover, the mothers had life plans for the child. When they lost a child there was no doubt that they suffered. This situation was similar to what Gregory and Longman (1992) reported - that the mothers felt loneliness after the son died.

Love is a part of defilement and desires. The loss of the most loved child was very bad news for the mother. It is a meaningful matter to be faced with suffering. Love between mother and child is an unconditional love or eternal love. The mothers who lost a child unexpectedly expressed grief by not doing anything, even eating. They lost a loved child so they did not want to be alive. Lindholm and Eriksson (1993) state that endless love or love that will not leave or be abandoned is longing love that gives to a person life, it makes a person survive. According to Thai culture, a mother and child has this longing love and longing care regardless of the age of a child. Hasker (2005) states that love for everything would heighten suffering to a human being. We would have to recognize the great wisdom of those in the West who have seen happiness and those in the East who have no desire. Payutto (1995) recommended *dukkha* associated with fluctuations in *sukha* that brings about *dukkha* because of change itself. Love does not feel like suffering at all, but when sensations begin to disappoint or fade away, the original condition of comfort changes to suffering. As love or happiness increases, latent suffering spreads out further and further. If that kind of love or happiness were not to occur, then suffering would not arise. Most of the dead children were the youngest child in the family (N=5) so the mother lavished care on the child. One of mothers (M5) even loved and worried about the deceased child even though he was a drug addict. Similarly, Gregory & Longman (1992) stated that the mother who was a participant loved her son very much, but she dared not to show him how much she loved him. Because she was afraid of her husband's (the father in law of the dead child) jealousy in comparing him with other children, so she could not express her feelings. After the son died, she said she loved the dead son more than any of the other children. In short, all mothers

loved the dead child most, along with suffering hidden in their heart. After they lost their child they face great suffering.

The study's findings indicated that mothers suffered from unexpected death of a child. The death of a loved one especially a child was the most traumatic suffering experience in the family (Mussbaumer & Rusell, 2003). Mothers who survived this tremendous situation found it difficult and a few of the mothers in the study showed that they soon reached the way to overcome suffering, that is they understand the natural law (birth and death) and the law of *kamma*. They could regain their strength and were able to deal with it the rest of their lives. They healed the suffering individually because of deeply practicing and understanding it in *Dhamma*.

In addition, this meaning related to *Dukkha-laksana* (uncertainty suffering) in Buddhism. *Dukkha-laksana* is related to Three Laksana, uncertainty (*anicca*), suffering (*dukkha*), and has no self (*anatta*). This meaning is suffering because all conditioned states are subject to change, to conflict and to suffering. Suffering is uncertainty because the suffering happens, remains, and disappears. And suffering is also closed up to not-self because they are found to be impermanence. Unexpected death is sudden loss and it shows that it is uncertainty. The previous time the child was alive and then the child died immediately. Hopes for the dead child were broken and there was quietness and loneliness in the family. There were no enjoyable activities which the dead child did with her/his family. However, the mothers who understood the suffering let the suffering go. They moved on with their lives by doing everything well and accepted that the suffering from the unexpected death of a child is one great loss and used it to be a lesson in their lives.

In addition, the suffering of the mothers especially in the initial stage of the loss was expressed by anger and rage. The anger and rage were associated with the cause of the death of their children. For example, with mother number 8, her child died from multiple stabbed wounds, she was very angry and she wanted the killer to die also. With mother number 7 too, her child died from being hit by a bus, she felt frustrated, angry because the person who drove the car was not concerned about her loss and he spoke bad words to her. During such a tremendous situation, feelings of anger and guilt were often found. Anger, hatred, or ill will is one of the defilements and are bad thoughts. It is barrier to move on to doing well. Similarly, Laakso & Paunonen-Ilmonen (2001) reported that mothers' feeling following the death of a child showed physical responses that included fatigue, and psychological ones included depression and anger. Similarly, Payutto (1995) also stated that suffering is expressed in terms of anger. Besides, Ratanahul (2002) stated that the root cause of suffering is ignorance (*aviccha*) conjoined with feelings of hatred (*dosa*). This is related to the sudden loss that also made the survivors from the Tsunami to feel angry for not having enough time for serving the family (Hatthakit & Thaniwathananon, 2007). The children died by different causes such as accident, multiple stabbed wounds, or gun shots so the mother felt angry with persons around. For example, a surrounding person was her husband who took her child or the policeman who could not arrest the person who killed the child.

This means the mothers expressed a stage of *Dukkha-ariyasacca* (causes and conditions of suffering) in Buddhism. *Dukkha-ariyasacca* is related to the Four Noble truths, especially the cause of suffering. The law of dependent origination (*Paticcasamuppada*) is a cause of suffering. There are 12 aspects *Aviccha*, *Sankhara*,

Vinnana, Nama-rupa, Ayatama, Phussa, Vedana, Tanha, Ubbatan, Pope, Chatti, and Jara-marana but the most important two aspects are Ignorance (*Aviccha*) and clinging or attachment (*Ubbatan*). Clinging or attachment (*Ubbatan*) is related to suffering caused by the unexpected death due to the strong bond of love (*Tanha*) with the child and the care which the mother pours upon the child. Moreover, the mother and family plan the child's future; thus, when the child died, the mother suffers greatly. Four kinds of unwholesome tendencies (*kilesa*) are clinging to sensuality, clinging to views, clinging to mere rules and rituals, and clinging to belief in self (Payutto, 1995). In short, attachments are the result of craving and suffering. The mothers suffered because they did not understand their loss and they had strong attachment to the dead child. They shared various situations in which they felt suffering after they lost their daughter or their son through volition, consciousness, mind-matter, six organs, six sensory, feeling, craving, and clinging. Although they had lost their children several months ago the suffering remained in their heart.

Defilement (*kilesa*), desire or craving (*Tanha*) and clinging or attachment (*Uppatana*) are three important linking processes to the causes of suffering (that is., thought processes in Dependent Arising kinds of causes of suffering). There are three kinds of craving; request for everything in worldly happiness (*Kamatanha – sensual desire*), request in mind (*Bhavatanha – Like or wishful condition*) or 'craving for (eternal) existence and request for dislike or 'craving for non-existence', or for self-annihilation (*Vibhavatanha*) (Chanchamnong, 2003). All cravings are normally experienced in everyday life depending on the situation. From clinging to a close relationship between the mother and the child, the process of suffering continues up to becoming. The more attachment there is to the child is the greater the suffering of

the mother. The mothers who lost a child unexpectedly characterized their suffering by focusing mainly on both physical and psycho-spiritual aspects. The child is so important as part of their life. They were attached to the dead child very much and most of the mothers did not prepare their mind for the situation of loss. Physical suffering may decline but psycho-spiritual suffering remains even though they try to understand and accept this situation of uncertainty. It requires a longer period of time to recover. Carrera, Diez-Domingo, Montanana, Sancho, Minguez, and Monleon (1998) suggested that the mothers' suffering had higher levels of depression from perinatal loss and this suffering effect remained for a year. These mothers received psychological intervention. Each person responds differently to loss, some adjust fairly quickly to loss, usually one year, while others take several years. In particular, mothers who lost a child unexpectedly and who had strong attachments to their child would continue to grieve many years (Kinzbrunner, Weinreb, & Poliezez, 2002).

Regarding worry and wonder about the life after death of the deceased child, most mothers in the study were dramatically concerned about how their child was. The mothers who lost a child unexpectedly wanted their dead children to go to a good place. If the dead child is to be reborn, they wished he/she to be their child again and live a long life. The belief in rebirth is an important issue in the world. Buddhists believe that life is in a chain of rebirths. The form of rebirth depends on deeds or *kamma* of the previous life.

Every mother shared the same ideas about the next life of the dead child but in different aspects, such as the dead child would go to a good place, rebirth in the human world again, and live a long life if the child was reborn. In order to consider this belief, there are two beliefs of rebirth; atman and Brahman, and Atheistic

Buddhism. The theory of atman and Brahman (Upanisadic philosophy) believes that after we died there is a transmigration of the soul through another body. The soul or self or atman is what remains when everything has been eliminated (Chanchamnong, 2003). Therefore, the soul is residue, which is left after all physical and mental matters are resolved/disintegrated. Buddhist arguments are against the self-theory. The concept of permanent ego or atman and transcendental ego are not acceptable to the Buddhist. The Buddha taught that everything is impermanent or *anicca*. The Buddha taught that ignorance produces desires. Unsatisfied desire is the cause of rebirth. When all unsatisfied desire is extinguished, then rebirth ceases. To stop rebirth is to extinguish all desires (Dhammananda, 1987). Buddhadasa Bikkhu confirms that, according to the Dependent Origination, it will explain the process of suffering during this present life, there is neither past life nor future life (Chanchamnong, 2003). At the same time, when the physical body loses its vitality it can no longer support the current of consciousness, the mental side. But there is a clinging to life, a desire to on existing; the current of consciousness does not stop the mental current driven by the thirst for more existence. Thus, rebirth takes place in the immediate life. In short, rebirth can occur at the present life, past life, and future life and depends on all desires. Even the Buddha himself rebirthed several times until he was absolutely gone. Rebirth takes place as long as craving for existence and attachment exist in the mind. Those who cannot reduce their craving and attachment must be associated with rebirth and becoming again and again (Dhammananda, 1987). However, if humans cannot stop all desires, humans cannot stop rebirth. Thus, the effect of rebirth in Buddhist is mind (*jitta*) not the soul. Because of unexpected death of a child, the mothers had no time to prepare themselves and

prepare for the dead child, so the mothers worried about the next life of the dead child. At the same time, the mothers still had the desire to stay with her/him as long as they could so they still suffered. This theme related to how well the mothers did for the dead child because they wanted their dead child's spirit to go to the good place or heaven or the dead child might reborn in the next perfect life.

However, in the world systems, the Buddha has commented on the nature and composition of the universe. According to this idea, the Buddha has mentioned that there are thirty-one realms of existence within the universe. There are four States of unhappiness or sub human realms: (life in hell, animal life, ghost-worlds, and demon-worlds), 1 state of human world, 6 states of *devalokas* or heavenly realms, 16 states of *rupalokas* or realms of fine-material forms, and four states of *arupalokas* or formless realms (Dhammananda, 1987). The existence of these other world systems influences Thai people in terms of doing something good or something bad. They also influence Thai people, especially the belief of rebirth. In short, the mothers who lost a child unexpectedly wished the dead child to go to the good place or heaven, or rebirth in the human world because in the world humans can make merit. In the human world, if the human pursue strong practice in following *Dhamma* they will reach *nibbana*. This is related to the idea that "man is the only living being in this world who has discovered religion and performs worship and prayer" (Dhammananda, 1987, p. 249)

However, the Upanishad belief influences Thai people, especially the belief in rebirth. Most of the mothers in the study would like their children's spirits to be reborn in a good place and have longer life in the next life. There is only one mother (M1) would like her dead child's spirit not to go away from her. She feared losing a

child forever, so she did everything to keep her child with her. Even though a monk suggested her to do a rite for relief of the spirit of the child she did not do so. This is a controversial issue even among prominent Buddhist scholars. Rebirth or becoming again and again is natural occurrence not created by any particular religion or god.

According to the Buddha's teaching, desire or craving is the cause of 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*. The Law of *Kamma*, or the acts of persons leading to either good or bad outcomes, is a direct result of how they have acted. *Kamma* is a part of the Law of Dependent Origination (*Paticcasamuppada*) divided into three parts. These are defilement (*kilesa*), *kamma*, and the result of *kamma*. The process of *Paticcasamuppada* shows the process of *kamma* and its result started with the cause of *kamma* through the result of what we do by our intentional mind. *Kamma* can be committed through the three doors of action; actions done through the body, those performed through speech, and those performed through the mind. There are four types of *kamma*; *kamma* is oneself, *kamma* is legacy, *kamma* is birth point, and *kamma* is heritage/tribe. The belief in previous lives and the next life influenced the mothers' thought more than the belief of *Paticcasamuppada* (The Ad Hoc Sub-Committee. 2003). The belief of *kamma* is easier to understand than the belief of *Paticcasamuppada* and mothers were afraid of doing bad things. Thus rebirth of the dead child would depend on how the dead child acted. Most of the mothers believed that their children had no sin, so they would go to the good place or go to rebirth. However, as mothers they would do the good deed

for the dead child as well. There is only mother (M4) who stated that her daughter used to kill animal so she was so worried about the next life of her child.

For Buddhism, the force of *kamma* produces the cycle of birth and death, chiefly ignorance, craving and attachment. In order to achieve *Nibbana*, these defilements must be eliminated from the mind. Although this is a difficult task for lay people much of the content related to *kamma*, *samsara*, the next life, hell, or heaven might lead people to do a good deed, avoid doing a bad deed and accumulate positive *kamma* in the hope of being reborn in a happy human condition.

The healing of suffering

Healing is completely unique and creative in maintaining wellness (Fontaine, 2000). Whenever humans confront with suffering they search for whatever is fitting in the mind so that they can alleviate or eliminate the suffering. Thus healing is what we call the best ways we humans have found for dealing with suffering in our lives. There were several healing methods that the mothers used in this study. The ten mothers who lost a child unexpectedly were Buddhist. All healing practices honored the memory of the dead child in order to pass merit to him/her as well as making the mothers feel good from doing so. Even though the deeply felt need of the mothers was to overcome suffering, yet the mother still memorized him/her in her mind.

Because of suffering from the unexpected death of a child the mothers maintained good memories about the child by transforming the relationship with the deceased child, elevating the deceased child to be a special child, making merit in order to send benefits to the dead child, and seeking other good things to do for the

dead child. Furthermore, the mothers need self-healing through understanding and acceptance in order to alleviate their suffering.

The ways of healing in this study showed that some mothers transformed the relationship with the deceased child by memorizing the good experiences between the mothers and the dead child. This was done by connecting through many ways, such as connecting with the deceased child's spirit, connecting through objects belonging to the dead children, or connecting through the deceased children ashes/photos. The mothers did whatever they could while they were awake. For example, they talked to the photo or ashes of the dead child, touched the things belonging to the dead child, slept with a pillow which the dead child slept on, and thought of the good experiences they had together. Moreover, the mothers often dreamed about the dead child in their sub-conscious minds. Similarly, Gudmundsdottir & Chesla (2006) have suggested that all the families display home memorial or things preserving the memory of their dead children: for example, the bedroom memorial, keeping the body's hair, and bags of clothes.

Elevating the deceased child to be a very good child capable for going to heaven was one way the mothers healed. When the dead child was alive, this perception was not clearly thought of. After the dead child died the mother shared the very good experiences of the dead child to remind herself that the dead child would dwell in a good place. They mentioned many times that the dead child was a very good child in several aspects. They admired and stressed everything good about the dead child. One mother in the study elevated her son although he was a drug addict. For example, the dead child was diligent and talented, had a good mind and was responsible and polite. These feelings about the good experiences with the dead

child made the mothers happy even though they had lost him/her. Moreover, the mothers felt that the deceased child would go to heaven. This is in accord with Thai Buddhists' beliefs; they believed that good persons with merit (*boon*) will go to heaven whereas bad persons with sin (*barb*) will go to hell after they died.

However, the strong feature of the mothers' experiences of losing their children was in making merit for the dead children and the mothers could cultivate their minds through this experience. Buddhist mothers who lost a child unexpectedly were strongly active in making merit in order to pass all benefits to the dead child. The following discussion demonstrates these notions which are related to the healing of suffering

According to making merit for the dead person, the Buddha advised the King *Bimbisara of Magadha* to pour water and transfer the merit to his former relatives (The Ad Hoc Sub-Committee, 2003). Such practice is still being performed even now. All mothers in this study were Buddhist. Most of them regularly practiced Buddhism, such as going to the temple, making merit, practicing charity, listening to *Dhamma*, preparing food for monks, and so on. They did such healing to pass the benefits to the dead child, for their peaceful mind, as well as for their own benefit in developing wisdom. These activities related to three fundamental modes of training: (1) *Sila* or morality, is the first recommended practice for Buddhists. In particular, the basic five precepts for lay Buddhists serve as the preliminary base for the cultivation of higher virtue for mental development. (2) *Samadhi* or the training of concentration is the second recommended practice for Buddhists. *Samadhi* or meditation (the Pali word for meditation is *bhavana*) which is practiced directly with the mind. (3) *Panna* or wisdom is the third recommended practice for training in

wisdom for Buddhists. These activities represented in the Ten Meritorious acts which are part of Thai Buddhism. However, only one of them regularly practiced *vipassana* meditation prior to and after the loss. One other of them has been attending a mind development course at *Soun Mok*, and meditated sometimes prior to her loss and continues to do so. Another one of them has just started to do meditation after she lost a son. As a consequence, the mothers who lost a child unexpectedly shared different ways of alleviating their own suffering individually. However, there are many *Dhamma* which lead to end of suffering in Buddhism, one important one being is The Middle Way or the Eightfold Path. Making merit in performing a Buddhist ceremony after the person has died is an inauspicious ceremony but it is important to do so for the live person and the dead person. The mothers who lost a child unexpectedly had great suffering. So making merit was a great action that they did for healing their minds. They did this for sending benefits to the dead child and for alleviating their suffering. However, making merit could perform good action by following the Ten Meritorious acts.

A common rule in making merit is to prepare one's mind and thoughts. The mind has to be purified, ready and attentive. Buddhist temples used to be centers of all local wisdom in the community. Making merit through the Ten Meritorious Acts can be performed at different places, but the temple seems to be the perfect place for these actions. Most Thai Buddhists want to go to the temple for peace of mind. In particular the mothers of the dead children loved to go to the temple for merit making. Going to the temple consists of multiple activities related to healing at the same time, especially the Ten Meritorious Acts (*Boonkiriya-vutthu 10*) such as Giving, Morality, Mental culture, Reverence, Service in helping others, Sharing merits with others,

Rejoicing in the merits of others, Listening to the *Dhamma*, Preaching and teaching the *Dhamma*, and Straightening one's view. Thai Buddhists love to go to the temple in order to do a good deed on different occasions, such as on religious days, on birthdays and for making merit for the dead one. Although they could not do all the Ten Meritorious Acts, at least they could do some; giving, morality, mental culture, or listening to the *Dhamma*, and sharing merits with others. These are important actions that mothers of the dead child loved to do. According to the mothers who lost a child unexpectedly, they went to the temple for doing good deeds for the dead child and they felt good about this.

It is not only Buddhist practices that could heal the mothers who lost a child unexpectedly, as adequate social support also helped heal them. M1, M2, M5, spent time talking about their suffering to their spouses. In addition, M3, M4, M6, M7, M8, and M9 spent time speaking with persons who understood them. They were close friends, the researcher, and others. Moreover, M5 also talked to her co-worker and shared her situation with others. Having supportive spouses, friends, co-workers and others is important to bring about an effective healing of mothers who lost a child unexpectedly. Talking, sharing, and being a friend is often helpful to create a good environment in a situation of loss. Social support could reduce the suffering of the mothers who lost a child unexpectedly. Dossey, Keegen, and Guzzetta (2000) stated that social support has been found to reduce the incidence of heart disease as well as other health problems.

In the beginning of such a loss, the mothers suffered tremendously so they wanted someone to be their friend. They did not want to talk lightly about their loss. They were sad, and they cried basically a great deal. Every mother shared that period

of time when nothing could heal their mind. She had to heal with it in some ways especially *Dhamma*. Almost all mothers could talk and share their suffering after they have lost the child for at least three months. In reality, the mothers felt better after they performed a major merit-making at 100 days after the child died. This was because they thought that the loved child would obtain every good thing. Most mothers said, it was a suitable time for the researcher to come to see them. Initially, they did not want to talk to any one. Beare and Myers (1994) stated that in acute grief which is in a crisis period the sufferer experiences serious symptoms for 20 minutes to 1 hour, delayed up to 4-8 weeks. In chronic grief, serious symptoms, if delayed for more than 2 weeks, should give cause for concern. The period of time since a child died in this study was 4-17 months and they could share their experiences. However, half of the mothers had serious symptoms and they did not do anything for at least 2-3 months. Moreover, there was one mother whose child died from suicide. The mother did not allow the researcher to talk about the child so the researcher had to terminate the case. In short, the mothers who lost a child unexpectedly suffered for a long time. Talking about their feelings with people who listened kindly and understood them did them good. Family, friends, ministers, counselors, social workers, psychologists and other helpers have to be there when you need to talk about your suffering. They are external helpers to give support for the people who are faced with a serious situation (Halligan, 2007). Even though the mothers could be healed by multiple ways that they themselves could seek, the health provider should be involved and concerned in such situations.

Interestingly, there were interesting points among ten mothers who lost a child unexpectedly. M5 used to training mind development course at Soun Mok,

Surajtanee and she continue meditation in daily life. Also, M10 usually practices insight meditation prior and after she lost a son. The two mothers are easy to understand the phenomena. They can survive in normal life so quickly whereas M1, M6, M7, and M9 were prolonged suffering during first three months. They did not work and did not want to do any thing. Others back to work after the children's bodies were cremation. The study was conducted 4-17 months after the child passed away. Even time has been passed the mothers still suffered but different degrees of suffering. They sensitive to whatever that prompt their suffering feeling. The mothers showed physical suffering may dissolved but deeply suffering remains and requires a longer period of time to recover similar to Hatthakit and Thaniwathananon (2007). They conducted 11/2 years after the Tsunami but the survivor still deeply suffering. Different causes of dead such as accident, multiple stabbed wound or gun shot were not influences the severe of suffering. Hope much more influenced the mothers' suffering. Two dead children were girls and eight were boy. For boys, mothers hope to gain merit from his monk ordination whereas mothers hope for girls to depend on for help when they were so old. Especially, M1, the first child was raped and the second child was disability so the dead child seems like her life. She was very severe suffered. However, mothers suffered more or less depended on individual prejudice, how hope with the dead child, and healing practiced in depth of Buddhism.

The consequences of healing

Consequences from doing something occur by intention and by chance. According to the Buddha's teaching, nothing happens by chance. Everything

happens from cause and condition both intentionally and unintentionally. The mothers in this study were confronted with the great loss in their life. They lost a child suddenly and they did everything for the dead child even though they did not know whether the deceased child would receive it or not. One thing persisting in the mothers' mind is that they did everything good for the dead child and for themselves. The mothers in this study learned to live a humble life, accepting the consequences of *kamma*, continue do more good deeds, and understand life better. These ideas helped the mothers survive the world by being conscientious in life and towards others.

The outcomes or consequences of doing something are related to The Law of *Kamma* in Buddhism. The Law of *Kamma* is the Universal law of cause and effect whereby Buddhists believe in the cycle of birth and death and is called *Samsara* in the Pali word. This belief is based on the recognition of the continuity of a series of lives from the past to the present and from the present to the future. *Kamma* simply means action, both good action and bad action, but the consequence of *kamma* is known as *kamma-vipaka*. Both good *kamma* and bad *kamma* is the responsibility of one's own self. Therefore, it is the *kamma* that one has done and committed that dictates that life. *Kamma* can be emphasized through the three channels of actions as follows: 1) bodily *kamma*, the intentional actions through the body such as helping and killing; 2) verbal *kamma*, the intentional actions through speech such as telling the truth and lying; 3) mental *kamma*, the intentional actions through the mind such as engaging in a feud. The deceased child had its own *kamma* and he passed away so he/she stopped doing *kamma* in the existing world. The Buddha teaches that *kamma* is a heritage; *kamma* is its own; *kamma* is heir; and *kamma* is birth. The mother of the dead child had *kamma* as a person related to the law of heredity (*bijaniyama*) which is

best described in the terms “as a seed or a fruit”. The mother and the dead child had a hereditary relationship so the mother suffered with the unexpected death of a child. The mothers understood and accepted this *kamma* hence they felt free of the death of their children. Moreover, they thought the children had no more sin so they felt less suffering.

The supreme goal in Buddhist practice is to be free from the continuity of these series of lives (births and deaths), and to reach a state called *Nibbana (Nirvana)*. In order to reach *nibbana*, the defilements, which come from ignorance, craving, and attachment, must be got rid of. However, the person who wants to overcome suffering has to practice more and more in Buddhism or *Dhamma* in order to reduce the cause and effect of suffering. They will reach *nibbana* some day.

To attain *nibbana*, the person should understand this world and beyond. A life of wisdom can be described from two perspectives: the internal and external aspects (Payutto, 1995). Internal aspect relate to proper understanding, which is one part of the Eightfold Path (*Magga 8*). Proper understanding is a leader in the eightfold path. If we have right understanding we can reach other paths namely right speech, right action, right livelihood, right effort, right mindfulness (Body-Feeling-Mind-*Dhamma*), and right concentration. The intellectual activity will be suppressed and tranquility developed, joy, a sensation, disappears (all sensation disappears), and right thought is obtained. This also means that when we gain proper understanding, other paths will arise in a proper way. External aspects related to action are from pure reason. People with wisdom appear competent, and always ready to be involved with other people in proper manner. We can achieve wisdom, either with worldly happiness (*logeeya*) or transcending the world (*loguttara*). The worldly happiness is

common in life. The aim is having good action, avoid doing sin, and purifying one's mind, whereas the aim of transcending the world is *nibbana*. However, if a person can gain wisdom with equanimity, they will be free of suffering. It means that person would not indulge in pleasant sensations (*sukkha-vedana*), unpleasant sensations (*dukkha-vedana*), and neither pleasant nor unpleasant sensations (that is neutral, neither *sukkha* nor *dukkha*). In reality, a person's life is composed of birth, death, sorrow, lamentation, suffering, grief, and despair therefore people's life is made up of *dukkha*. Wisdom leads them to overcome suffering. Most of the mothers are lay person who try to practice the Buddhist way of life. They try to overcome suffering by searching for a proper way that suits each of them. Although the mothers are still in a recurring process, sometimes it is better for the two mothers who practice meditation prior to and after losing a child. This alleviates suffering through gaining a better understanding of the situation and *dhamma*.

In order to develop the mind, we need to utilize the mind that we have. So whenever we do good deeds we utilize the own mind that we have. What gradually results is coming to understand mind functions according to Buddhism on two different levels. One is to alleviate all of our misery, frustration, pain and suffering. It also functions on another high level, which has the capacity to free us from the suffering that we experience. Moreover, we understand the suffering and accept it because suffering is uncertainty. This stage is related to *Dukkha-laksana* in Buddhism. *Dukkha-laksana* is related to Three Laksana, uncertainty (*anicca*), suffering (*dukkha*), and has no self (*anatta*). This suffering is suffering because all conditioned states are subject to change, to conflict and to suffering. Suffering is uncertainty because the suffering happens, remains, and disappears. Suffering is also

close to not-self because they are found to be impermanent. The mothers who understood suffering let suffering go. They moved on in their lives by doing everything well and accepting that the suffering from the unexpected death of a child is one great loss and used it to be a lesson for their lives.

According to the level of the consequences of healing, it could vary between recurrences of suffering, the end of suffering, and the complete end of suffering. All mothers were in recurrence of suffering; sometimes they felt peace of mind and accepted the suffering; sometimes they experienced suffering when there was something to prompt their feelings. However, suffering occurs from causes and conditions. Causes and conditions relate to the cycle of suffering or the Law of Dependence Origination (*Paticasamuppada*). To overcome suffering is to stop the cycle of suffering. All connections to the deceased child in this study through visualization, imagining and so forth related to six sense-organs (*Ayatana*), the eye, ear, nose, tongue, body, and mind. In effect, the six sense-organs are part of the cycle of suffering (The law of Dependent Origination) so the mothers still suffered. The mother's suffering from an unexpected death of a child starts when the mother hears or learns that the child is dead. In addition to the ignorance (*avicca*) of the event, three factors arise: volition (*sankhara*), consciousness (*vinnana*), and matter and mind (*nana-ropa*). These factors lead to contact (*phussa*), feeling (*vedana*), desire (*tanha*), and attachment (*ubbatan*) and she suffers when she thinks about her child's birth, life, and death. If the mothers cannot reach equanimity, they will not overcome suffering. Even though they still suffer, yet they would feel better also by transforming their relationship to the dead child. In short, the mothers were in recurrent suffering (*Samudayavara*). They sometimes accepted and sometimes did not accept the reality

of the cause of their suffering. Such suffering sometimes went away and sometimes returned. There are three aims of successfully solving or ending suffering; recurrent suffering (*Samudayavara*), end of suffering (*Nirodhavara*), and complete eradication of suffering (*Nibbana*. But) all mothers were in the stage of recurrent suffering.

Summary

All mothers who lost a child unexpectedly were in the stage of recurrent suffering because they felt good and bad changeably. In the initial period they had suffered severely. They expressed this in terms of the heart was torn into pieces and having a frozen body which had no power to survive. Their happiness in life was missing, they had lost the most love child, and hopes for the dead child were broken, the home was quiet and lonely and without enjoyable activities. Later, when they thought about the situation of death they felt angry with themselves and surrounding persons, such as husbands, policemen and so on. In addition, they were enraged with the person who attacked the dead child. Finally, they missed the dead child very much and they worried and wondered about his/her next life. This showed consciousness and unconsciously in the mothers.

They used several methods for healing their minds. These methods related to the Thai Buddhist way of life. The most common way was making merit in order to send the benefit to the dead child. Moreover, the mothers healed their minds through mind development for alleviating suffering. Lindholm and Eriksson (1993) concluded that suffering can be alleviated but not eliminated. In Buddhism, suffering can be eliminated by relying on strong practice in order to reach *Nibbana*. The

Middle Way or the Eightfold Path beginning with Right understanding is the practical central way to end suffering. The most important aspect is *vhicha* or the wisdom path made up of Right understanding and Right thought, of which Right understanding is leader of this *Dhamma*. However, the Eightfold Path can be applied at two levels: there is worldly happiness (*logeeya*) and beyond the worldly (*loguttara*). According to worldly happiness, suffering cannot be eliminated but can be alleviated because in the worldly human there are still desires. For beyond the worldly, suffering can be eliminated because the end of beyond the worldly is the end of all desires, therefore beyond the worldly there is no suffering. If a person practices according to the teaching of the Buddha that person can overcome suffering.

Suffering, Healing, and Consequences in Buddhist Mothers

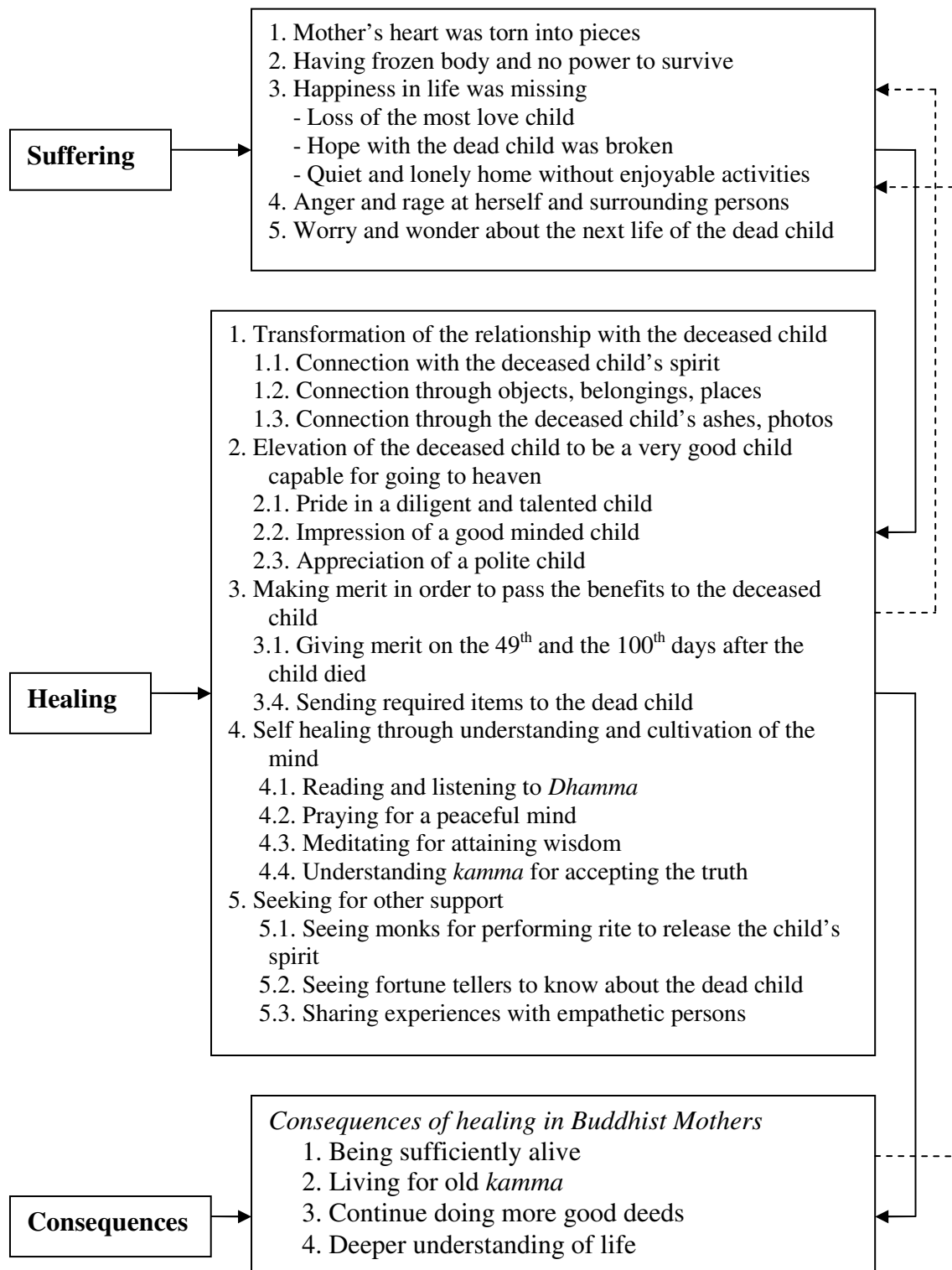


Figure 3: Suffering, Healing, and Consequences in Buddhist Mothers

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the conclusions of the study. Recommendations for nursing practice, education, further research are discussed, strength in gathering data, and limitation of this study.

Conclusions

This qualitative study, explored universal concept of suffering related to Buddhism, entitled “Experience of suffering and healing in Buddhist mothers after unexpected death of a child”. The study intended to explicate Buddhist concepts related to suffering, and explain the meanings and healing of mothers who lost a child unexpectedly.

This research was conducted based on experiences of mothers. The hermeneutic phenomenology was used to achieve the aim of this study. Ten Buddhist mothers in Songkhla province, Thailand participated in this research. Data were collected by researcher using several collecting techniques, including demographic data, in-depth interviews, tape recordings, observations, taking field notes, and taking photographs until there was saturation of the data. Each interview was contained at least three times occurred at the participants’ home. Data from tape recorders were transcribed verbatim and translated in English transcription. Gadamer philosophy of hermeneutics inspired of this study. Gadamer’s key philosophical concepts are the hermeneutic circle, dialogue, fusion of horizons, and prejudice. Data were analyzed

all information from the beginning of field notes and transcriptions. The findings found that Buddhist religion and other beliefs influenced healing for the mothers who lost a child unexpectedly.

The meaning of suffering

Buddhist mothers described suffering after they lost a child unexpectedly as showing lack of significant person in their lives related to they love the dead child most, imbalance family and lack of the hope with the dead child, angry and enraged herself and surrounding persons, and worry about the next life or the life after death of the child. All meaning related to Defilement (*kilesa*), desire or craving (*Tanha*) and clinging or attachment (*Uppatana*) which is important three kinds of cause of suffering in Buddhist perspective.

In ethical conduct in Buddhism, there are at least two kinds of precepts that Buddhist morality commonly addresses. There are the Five Precepts and the Eight Precepts. The Five Precepts are to abstain from killing living creatures, taking what is not given, sexual misconduct, false speech, and taking intoxicating drugs and liquor. The Eight Precepts are to abstain from killing; stealing; sexual acts; lying; liquor; taking food after the sun had crossed the horizon; dancing, singing, music, unseemly shows, the use of garlands, perfumes, unguents and things that tend to beautify and adorn the person; and using high and luxurious seats. If the mothers have strong practice in Buddhist way, they will get rid of recent suffering. At the end, there is wisdom or *Panna* in the mothers who understand the Law of Karma and Three *Laksana*. They will have no suffering.

The healing of suffering

Buddhist mothers after unexpected death of a child shared in numerous perspective of their healing of suffering. Most of them were Buddhist regularly practiced religion such as going to the temple, making merit, charity, listening to *Dhamma*, preparing food to monks, and so on. They did all healing so that giving the benefit to the dead child, for their peaceful mind, and for their wisdom development. These activities related to three fundamental modes of training, *Sila* or morality, is first foundation recommended practice for Buddhists. Especially, the basic five precepts for lay Buddhist serves as the preliminary base for the cultivation of higher virtue of mental development. *Samadhi* or the training of concentration is second recommended practice for Buddhists. *Samadhi* or meditation, the Pali word for meditation is *bhavana* which practice directly with the mind. *Panna* or wisdom is the third recommended practice for training of wisdom for Buddhists. These activities represented in Ten Meritorious Acts which are in nature of Thai Buddhist. However, two of the mothers who lost a child unexpectedly regularly practiced meditation prior to and after the loss while one of them just started to do meditation after she lost a son. As a consequence, individual appeared to alleviated suffering differently.

The consequences of suffering

Consequences of healing were identified in terms of the consequences emerged by from the mothers after doing something for healing their mind. Most mothers are Buddhist. All of them practice in Buddhist way but they had different prejudice and different in-depth practice in Buddhism. One important thing that all mothers shared their experiences of healing related to *kamma* and how they could

survive in the rest of their life in happiness world (*logeeya*). Some mothers shared about living with sufficient live and continue doing good deed for the dead child and for themselves reserving to the next lives.

Recommendations

The findings from the deep and rich details of participating mothers' experiences showed that Buddhist religion and some beliefs influenced healing for mothers who lost a child unexpectedly. These indicated significant suggestions and recommendations for nursing practice, nursing education, and further research. The following are proposed:

Nursing practice

My own personal and professional experiences have led me to become interested in both maternal and child perspective. Having read the literature related to both suffering and Buddhism phenomena and I have felt the need to better understand the world of mothers in which a child has suddenly died. Their stories need to be told so that we nurses and other health care providers can better understand these mothers and hopefully learn from them what may be helpful or not helpful as they survive through the way of suffering lives.

1. Although there are nurses who did a good support for the mother, some nurse showed in not appropriated nursing practice, for example a nurse tells the truth about the death to the mother directly, or a mother walked alone out of emergency room without supportive nurse.

2. The finding found that nurse should provide or encourage self help group for supporting for this mothers.

3. The finding found that the high meditation practice for healing for mothers who lost a child unexpectedly was one activity that helping mother to overcome suffering. Thus health providers should encourage this activity in nursing practice preparing understanding the truth of suffering and healing.

Nursing education

Because most of population in Thailand is Buddhist (95%), the nursing curriculum should take into account these findings about the Buddhist activities and life ways of Buddhist people by providing an education program. This will encourage nursing students achieve deeply need when dealing with a sensitivity situation, especially suddenly loss.

Nursing research

In the process of interviewing a participant or pilot study, the researcher found at least two families in which the researcher met a father and sibling of a dead child. In some families, the father joined in the communication. There are many topics to study in the future, such as how the father feels and how the sibling feels in the situation of losing the loved person. What did they do in the situation? Moreover, there was one case that a mother died by accident at the same time as her daughter the researcher was interested in the feeling of the father most. The researcher thought that after this study was finished she will start on another project. The project will be Experience of Suffering and Healing in Buddhist Fathers after an Unexpected Death

of Child or Experience of Suffering and Healing in Buddhist Children after an Unexpected Death of a Sibling. Moreover, the researcher wants to gather the feelings of the man who lost both wife and daughter. In short, the researcher is interested in other perspectives. She will study in this field but extend into other subjects and other religions such as Muslim or Christian.

Actually the researcher has another plan related to suffering in Buddhism. There is a very strong practice community in Buddhism called the *Asoke* community. There are at least seven *Asoke* communities in Thailand. The most important and central one is called *Santi Asoke*. The researcher aspires to understand in depth how this group reacts to suffering and healing when they lose a loved person. (Basically, I am just a new member of the *Asoke* group). A methodology of the study may be ethnography. Ethnography is a means of studying the life ways or patterns of groups or individuals. Ethnography also is a body of knowledge of culture descriptions and the theory (Munhall, 2001). It is well suited to study people's religious beliefs and perceptions of health and illness. Moreover, ethnography is focused on culture. Culture is the life ways of individuals connected through group membership (Speziale & Carpenter, 2003). The description of culture must be guided to understand the lives of other individuals to the extent that the researcher becomes a part of the specific cultural scene. The researcher will collect data from the beginning of the situation until the persons who lost the loved one overcome suffering. (It is interesting to search in www.google.com and type *Santi Asoke*. There is much information about the *Asoke* community). More importantly, the result of the study will be essential for Buddhist people and useful for the discipline of nursing in Thailand in order to assist

in improving the quality of a person's life, enhancing humans' potential, consciousness, and empowering them as valuable and precious holistic beings.

At the final point, the researcher and teamwork will conduct the model or intervention for this group who lost the loved person.

Strengths in gathering data

There is much strength in gathering data such as the specific participant, the background of the researcher, inclusion criteria, and setting

Informant: The researcher was concerned with the suffering that related to Buddhist outcome. Thus the inclusion criteria will be constructed. The participants will be Buddhist not only by legacy, but also by practice. Strengths in gathering data could be the participants who had their own experience and practice in Buddhism. Moreover, the participants can tell the true story.

Researcher: The researcher is Buddhist not only by legacy but also concerns, and she practices in the Buddhist way. She has pre-understanding of this perspective. Even though the researcher has no experience of losing a child, she is a nurse who faces suffering situations in the whole life. The researcher can share opinion with the participant. Moreover, almost all participants speak in the southern language dialect that is hard to understand for other regions. But the researcher was born and grew up in the south of Thailand, so she can understand it well.

Setting: In addition, the setting of gathering data is Songkhla province in the south of Thailand, and in the year 2000, Songkhla province was accounted for the highest incidence of deaths in the southern region.

Limitation

Translation: Translation is a weakness issue. Actually almost of my participants used Southern Thai language in communication. They talked to the researcher in southern dialect language, which the researcher had to translate into Central language. After that she again had to translate into English in order to write a report in English. She wondered that the result might be changed or distorted. In fact, when the researchers read all of the transcriptions, they were similar to the original Thai. On the other hand, it is an interesting point because language is complex. For example, one word might have more than one meaning. Sometimes the researcher had to use different questions to gather data to confirm the answer. Hermeneutics is a linguistic philosophy that focuses on questions of how people understand spoken language, written text, and themselves through language across sociocultural environments (Gadamer, 1975; Allen, 1995 cited in Bonomi, Allen, & Holt, 2005). The researcher had fun gathering the true data; especially since she was born and grew up in the Southern part of Thailand. She really understood that language. For the translation the researcher selected her best friend who had studied in the USA and now works in the research field of an American company in Thailand. Therefore she can understand the meaning of each text both in Thai and English.

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APPENDICES

APPENDIX A
DEMOGRAPHIC INFORMATION FORM

DEMOGRAPHIC INFORMATION FORM**Mother**

- Age:
- Marital status:
- Education:
- Occupation:
- Income:
- Housing:
- Health problems:
- The number of children:
- Family relationship:
- The relationship with the dead child:

Child

- Age:
- Level of child:
- Gender:
- Education:
- Cause of death:
- The period since dying:
- Strength and weakness:

- **Buddhist activities**

Mothers were considered eligible inclusion criteria of practicing in Buddhist way as following:

Recruited questions: How often does a participant practice?

Activity	Never	Hardly	Sometimes	Often
1. Keeping Precept 5/8				
2. Praying				
3. Giving/Charity				
4. Meditating*				
5. Making a merit				
6. Listening to <i>Dhamma</i>				
7. Reading <i>Dhamma</i> book				
8. Discoursing <i>Dhamma</i>				
9. Giving food to monks (<i>Takbart</i>)				
10. Having been a nun*				
11. Attending mind development course*				

Remarks: An activity that has * is of the most importance in Buddhist practice, thus a participant can do at least one activity one time. The other activities a participant has to practice in an ongoing way.

APPENDIX B
RESULT OF BUDDHIST PRACTICE OF THE MOTHERS

Table 5*Buddhist Practice of Mothers*

Activity	Never	Hardly	Sometimes	Often
1. Keeping Precept 5/8				Except 1=2 Except 4=3 Except 5=5
2. Praying			1	9
3. Giving/Charity				10
4. Meditating*	6	1		3
5. Making a merit				10
6. Listening to <i>Dhamma</i>			1	9
7. Reading <i>Dhamma</i> book	1	3	4	2
8. Discoursing <i>Dhamma</i>		2	6	2
9. Giving food to monks			3	7
10. having been a nun*	9			1 when she was 12 years old
11. Attending mind development course*	9			1 four days at Soun Mok

APPENDIX C
INTERVIEW GUIDE

INTERVIEW GUIDE

Main questions

This paper attempts to obtain an in-depth understanding of the suffering and the healing of suffering in Buddhist mothers who had unexpectedly lost a child. The following research questions are examined:

1. What was it was felt about losing of a child unexpectedly?
2. What were the meanings of suffering from the unexpected death of a child?
3. How did the mother heal her suffering from her own healing capability?
4. What were the outcomes of their healing?

First interview guide

1. How was your child when she/he is alive? (or) Please tell me about the child when she/he was alive
2. Can you tell me about the situation? (or) Can you share with me when you knew the situation?
3. What happened in your life when you got bad news?
4. What do you think about the situation?
5. What kind of changes in your life took place after your loss?
6. Can you give the meaning of the events that occurred?

Second interview guide

1. How are you doing now? (or) How are you today?
2. Could you tell me what support you received in your situation?
3. Who helped you in this situation?
4. What do you think about that or this research?
5. Can you share with me how much you love the child?

6. Could you please explain about the dead child?
7. Why do you think about that or the situation now?
8. How do you deal with the dead child's spirit?
9. What really makes you suffer?
10. What do you do to alleviate this suffering? (or) How do you heal the suffering?
11. What do you do to overcome suffering?
12. Could you please share with me again about this suffering? (or) How is it now?
13. How do you do special things for the dead child?

Third interview guide

1. How are you doing now? (or) How are you today?
2. How is your life?
3. Could you please talk about your dead child?
4. When did it happen and how?
5. Could you please explain more?
6. How do you plan to deal with the dead child?
7. What do you expect from the dead child?
8. How's about your future? (or) What do you plan for your family in the future?
9. What do you learn for this situation?
10. What do you get from the way of healing? (or) How do you learn to get over it?
11. How is your suffering now?
12. What do you want to tell other mothers about your story?

APPENDIX D
PROTECTION OF HUMAN SUBJECTS

CONCENT FORM (Thai): ใบแสดงความยินยอมของมารดา

มหาวิทยาลัยสงขลานครินทร์

ประสบการณ์ความทุกข์และการเยียวยาของมารดาไทยพุทธหลังจากการสูญเสียบุตรโดยไม่คาดคิด

ผู้วิจัย	กัลยา วิริยะ นักศึกษาปริญญาเอก คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ อำเภอหาดใหญ่ จังหวัดสงขลา 10110 เบอร์มือถือ 086-6139862	ที่ติดต่อ 246/5 ตำบลสิงหนคร อำเภอสิงหนคร จังหวัดสงขลา 10280 โทร 074-331773
ที่ปรึกษา	ผู้ช่วยศาสตราจารย์ อูไร หักกิจ ภาควิชาศาสตร์ประยุกต์ทางการพยาบาล มหาวิทยาลัยสงขลานครินทร์ อำเภอหาดใหญ่ จังหวัดสงขลา 90112 โทร 074-286544	

คำแถลงของผู้วิจัย

ผู้วิจัยแสดงความจำนงขอให้คุณเข้ามามีส่วนร่วมในงานวิจัยครั้งนี้ การวิจัยนี้เป็นส่วนหนึ่งของการศึกษาปริญญาเอกทางการพยาบาล ของคุณ กัลยา วิริยะ ณ มหาวิทยาลัยสงขลานครินทร์ วัตถุประสงค์ของใบแสดงความยินยอมนี้ เพื่อที่จะให้ข้อมูลแก่คุณที่จะช่วยให้คุณตัดสินใจว่าจะเข้าร่วมในการทำวิจัยหรือไม่ กรุณาอ่านแบบฟอร์มนี้อย่างละเอียด คุณสามารถถามเกี่ยวกับวัตถุประสงค์ของการวิจัย หรืออื่นๆที่ผู้วิจัยจะขอให้คุณทำ ความเสี่ยงและผลประโยชน์ หรือสิทธิประโยชน์ของคุณ และสิ่งอื่นเกี่ยวกับการวิจัยในแบบฟอร์มนี้ที่คุณไม่เข้าใจ เมื่อคุณได้รับคำตอบจากคำถามทั้งหมดแล้ว คุณสามารถตัดสินใจที่จะมีส่วนร่วมหรือปฏิเสธการมีส่วนร่วมในการวิจัยครั้งนี้ ทั้งนี้การตอบรับหรือปฏิเสธของคุณ ไม่ได้มีผลใดๆต่อการรักษาพยาบาลในสถานพยาบาลที่คุณได้รับ ดังนั้นขั้นตอนนี้เรียกว่า การแจ้งให้ทราบเพื่อรับการยินยอม อนึ่ง ผู้วิจัยขอขอบคุณสำหรับเวลาและความเอื้อเฟื้อของคุณมา ณ ที่นี้

วัตถุประสงค์และประโยชน์ของการวิจัย

คุณกำลังถูกขอให้มีส่วนร่วมในการศึกษาครั้งนี้เพราะประสบการณ์ของคุณและการสูญเสียบุตรอันเป็นที่รักโดยไม่คาดคิด มีส่วนสำคัญที่จะช่วยให้พยาบาลเข้าใจเกี่ยวกับประสบการณ์ความทุกข์ การเยียวยา ตลอดจนผลของการเยียวยาของคุณ เพื่อพยาบาลและเจ้าหน้าที่ในทีมสุขภาพได้เรียนรู้และเข้าใจประสบการณ์ และยอมรับความทุกข์ของคุณและครอบครัวดีขึ้น ดังนั้นข้อมูลที่ให้คุณให้ที่นี่สำคัญและจะเป็นประโยชน์อย่างมากต่อการให้การพยาบาลต่อมารดาที่สูญเสียบุตรโดยไม่คาดคิด ถึงแม้ว่าคุณจะไม่ได้รับผลประโยชน์โดยตรงจากการศึกษาครั้งนี้ คุณมีโอกาที่จะได้พูดคุยถึงปัญหา ความทุกข์ ความเข้าใจเกี่ยวกับความทุกข์ หรือระบายความคับข้องใจหรือ

ความต้องการที่เกี่ยวเนื่องกับการสูญเสียบุตรในครั้งนี้นี้กับผู้อื่น ผลประโยชน์ระยะยาวคือข้อมูลที่ได้อาจจะถูกนำไปใช้ในการบริการ โดยตรงกับความต้องการของมารดาและครอบครัวที่ประสบปัญหาเช่นเดียวกับคุณ

ขั้นตอนการวิจัย

การเข้ามามีส่วนร่วมในการวิจัยนี้เป็นไปด้วยความสมัครใจ เพื่อที่จะเข้าใจประสบการณ์ของคุณเกี่ยวกับความทุกข์และการเยียวยาจากการสูญเสียบุตรโดยไม่คาดคิด ดิฉันจะศึกษาประสบการณ์ที่คุณได้รับ โดยการพูดคุยหรือสัมภาษณ์คุณที่บ้าน หรือสถานที่อื่นที่คุณสะดวก ขอให้คุณอธิบายรูปภาพ หรือ อ่านบันทึกประจำตัวของคุณ (ถ้ามี) โดยคาดว่า คุณจะใช้เวลาประมาณอย่างน้อยหนึ่งถึงสองชั่วโมงในการเยี่ยมบ้านแต่ละครั้ง การเยี่ยมบ้านจะเป็นไปตามสะดวกของคุณ ทั้งนี้การติดตามพบปะคุณจะมีขึ้นสองหรือสามครั้ง หรือเมื่อผู้วิจัยได้รับข้อมูลเพียงพอแล้ว คุณจะมีส่วนร่วมในการตัดสินใจเรื่องความถี่ของการพบคุณ ดิฉันจะพูดคุยกับคุณในเรื่อง 1) ประสบการณ์ส่วนตัวของคุณกับการสูญเสียบุตร 2) ผลกระทบของการสูญเสียบุตรต่อคุณและครอบครัว และ 3) การจัดการกับประสบการณ์ในครั้งนี้ การสนทนาจะดำเนินในสถานที่ที่คุณเลือก ในบางครั้งบทสนทนาจะถูกบันทึกใส่เทปชื่อของคุณหรือคนที่คุณกล่าวถึงจะถูกเปลี่ยนเพื่อปกป้องความเป็นส่วนตัวของคุณ ข้อมูลที่คุณให้จะถูกเก็บรักษาไว้ในที่ปลอดภัย คุณอาจเลือกที่จะไม่ตอบคำถามใดๆก็ได้ หรือคุณสามารถที่จะปฏิเสธการบันทึกเสียงในบทสนทนาที่ลับข้อหรือลำบากใจ

โอกาสที่จะเกิดความเครียด ความเครียด หรือความไม่สุขสบาย

ระหว่างการสนทนา คำถามบางคำถามอาจทำให้คุณรู้สึกเศร้า เมื่อคุณนึกถึงประสบการณ์ดังเครียดหรือยากลำบากของคุณ และต้องสนทนาเกี่ยวกับสิ่งนั้น คุณอาจจะรู้สึกกระอักกระอ่วน วิตกกังวล หรือเครียดที่จะต้องพูดถึงความรู้สึกส่วนตัวซึ่งคุณไม่ค่อยพูดให้คนอื่นฟัง ถ้ารู้สึกเหล่านี้เกิดขึ้นระหว่างการสนทนา คุณสามารถที่จะพูดคุยเกี่ยวกับความรู้สึกกับผู้วิจัย หรือเปลี่ยนเรื่องคุย หรือหยุดการสนทนานั้นๆ คุณมีอิสระเต็มที่ในการไม่ตอบคำถามหรือถอนตัวออกจากการวิจัยได้ตลอดเวลา

ข้อมูลเพิ่มเติม

คุณจะไม่สูญเสียสิทธิประโยชน์ใดๆ ที่คุณเคยได้รับจากสถานพยาบาล ถ้าคุณไม่เข้าร่วมในการวิจัยครั้งนี้ ดิฉันอาจจะขอถ่ายภาพคุณหรือครอบครัวของคุณในบางครั้ง และภาพเหล่านั้นคุณจะเป็นผู้พิจารณาให้นำภาพไปใช้ในการศึกษา ข้อมูลทั้งหมดจากการวิจัยจะถูกรักษาไว้เป็นความลับ ในที่ๆปลอดภัย ชื่อของคุณจะไม่ปรากฏบนแบบฟอร์มใดๆ ของการสัมภาษณ์หรือเชื่อมโยงถึงเทปบันทึกการสัมภาษณ์ ตัวเลขจะถูกใช้แทนชื่อของผู้ร่วมวิจัยแต่ละคน ผู้วิจัยกับคณะกรรมการวิจัยและผู้แปลเทปและภาษาเท่านั้นที่จะทราบข้อมูล เทปบันทึกการสัมภาษณ์จะถูกลบเมื่อการวิจัยของดิฉันผ่านการพิจารณาจากคณะกรรมการวิจัยเป็นเวลาหนึ่งปี บันทึกการสัมภาษณ์หรือข้อมูลอื่นๆของคุณจะถูกรักษาโดยผู้วิจัยเป็นเวลา 10 ปี หลังจากนั้นข้อมูลที่เกี่ยวข้องกับคุณจะถูกทำลาย ผู้วิจัยจะยังเก็บข้อมูลที่ไม่เกี่ยวข้องกับคุณไว้ตลอดไป ผลการวิจัยจะถูกนำเสนอในการประชุมวิชาการ หรือเพื่อการศึกษา คุณสามารถจะขอรับผลสรุปของการวิจัยได้หลังจากการวิจัยสิ้นสุดลง

อนึ่งดิฉันไม่ต้องการให้คุณต้องยุ่งยากในการเตรียมการต่างๆ ในการต้อนรับในการเยี่ยมบ้านแต่ละครั้ง ดิฉันยินดีที่จะตอบคำถามของคุณเกี่ยวกับการศึกษานี้หรือสิทธิของคุณในฐานะผู้ร่วมวิจัย

ลายเซ็นของผู้วิจัย

วันที่

คำแถลงของผู้ร่วมวิจัย

ดิฉันได้รับการอธิบายเกี่ยวกับการศึกษาวิจัยที่กล่าวมาแล้ว ดิฉันมีความสมัครใจที่จะมีส่วนร่วมในการศึกษาครั้งนี้ ดิฉันมีโอกาสสอบถามข้อสงสัยต่างๆ เกี่ยวกับการวิจัยครั้งนี้ หรือเกี่ยวกับสิทธิของดิฉันในฐานะผู้ร่วมวิจัย ดิฉันสามารถติดต่อเพื่อรับคำชี้แจงจาก คุณ กัลยา วิริยะ ที่เบอร์มือถือ 086-6139862 หรือเบอร์บ้าน 074-331773 ดิฉันจะได้รับสำเนาของใบยินยอมนี้ด้วย และดิฉันเข้าใจแล้วว่า คุณ กัลยา วิริยะ จะเก็บรักษาข้อมูลการสัมภาษณ์ หรือข้อมูลอื่นที่สามารถเกี่ยวข้องกับดิฉันได้เป็นเวลา 10 ปี หลังจากนั้น คุณ กัลยา จะเก็บข้อมูลที่ไม่สามารถเชื่อมโยงถึงดิฉันได้ตลอดไป

ลายเซ็นของผู้ร่วมวิจัย

วันที่

ดิฉันอนุญาตให้ผู้วิจัยบันทึกเทปในการสนทนาต่างๆ ที่เมื่อผู้วิจัยต้องการใช้การบันทึกเสียงการสัมภาษณ์แต่ละครั้ง

ลายเซ็นของผู้ร่วมวิจัย

วันที่

CONSENT FORM (For mothers)

Prince of Songkla University Experience of Suffering and Healing in Buddhist Mothers after Unexpected Death of a child

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Investigator's statement

I am asking you to be involved with my research study. This study is part of my graduate studies in nursing at the School of Nursing, Prince of Songkla University, Thailand. The purpose of this consent form is to give you the information you will need to help you decide whether to be in the study. Please read the form carefully. You may ask questions about the purpose of the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all your questions have been answered, I will ask if you want to be in the study. You may say yes or no without hazard to your medical care in any way. This process is called "informed consent."

Purpose and Benefits

You are being asked to participate in my study because of your experience of suffering from the unexpected death of a child. Your experiences will help nurses and other health-care professionals understand how you dealt with suffering. There may be no direct benefit to you from this study; however, you may benefit by discussion with another person. In addition, your experiences may be used to develop and support services to assist Thai Buddhist mothers who are suffering like yourself.

Procedures

Your participation in this study is voluntary. To understand your experience, I would like to visit you at your home and accompany you to other places where I can better understand your suffering. During these visits with you, I would ask you to participate in semi-structured interviews and perhaps to explain pictures or diary. I will need to spend at least one hour and a maximum of two hours. I estimate that they will be at least two or three times interview until I obtain sufficient that data. I will explore 1) your suffering experience from the unexpected death of a child, 2) the impact of suffering on you from the experience and, 3) your management of suffering. All information will be recorded on audiotapes or MP3. Some questions may be

sensitive, such as question about your death child or your family relationship. You may refuse to answer any questions if they made you feel unhappy. The information you provide will be kept in a safe place.

Risks, Stress, or Discomfort

There is minimum risk to your participation in this study. Some interview questions may distress you when you recall your experiences and talk about them. You may feel uneasiness, anxiety or stress. If any discomfort arises due to the interviewing process, you can discuss those feelings with me, or we can change the topic immediately, or stop the interview. If you preferred, I would not use the information you gave me. You are also free not to answer the questions, and you may end your participation any time.

Other Information

You will not lose your medical benefit if you refuse to participate in this study, I may ask to take pictures of you and your family, but you will have to approve those pictures before I use them. All your information provided in the study will be kept in a secure place. Your name will not be linked to the audiotapes. A number will be used to identify your only investigators, the advisory committee, and persons who help me with transcription and translation will know your identity. The interview tapes will be erased one year after my dissertation is written and has been approved by my committee. I will keep the links between your name and your information for ten years. Then the transcript will be kept by me indefinitely in an unidentifiable form. Results of the study will be presented at professional meetings or used for teaching purposes. A summary of the study results will be available to you upon your request at the end of the study. In addition, please do not prepare anything for me when I visit and conduct your every life as usual. I will be happy to answer any questions you have about the study and your right as a participant.

.....
Signature of Researcher

.....
Date

Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have a question later, I can ask one of the investigators listed above. I can call Miss Kallaya Wiriya at (086) 6139862 or home phone at (074) 331773. I will receive a copy of this consent form. I understand that Miss Kallaya will store my transcript in an identifiable form for ten years, and after that, she will keep it as an unidentifiable form for indefinitely.

.....
Signature of mother

.....
Date

I consent to the tape-recording of all interviews and all photography requested by Miss Kallaya Wiriya.

.....
Signature of mother

.....
Date

Faculty of Nursing, Prince of Songkla University

Criteria for Approval of Institutional Review Board

Name Miss Kallaya Wiriya Code 4758001 Year 3 Date 31 July, 2006

Thesis Title Experience of Suffering from Unexpected Death of a Child in Buddhist Mothers.

Please determine all of the following items for research approval regarding ethical components (issues)

	Yes	No
1. There are risks to subjects	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any, please identify.....		
2. Research plan provides adequate monitoring for risks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The appropriateness of subject selection (Sampling, equity of selection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Respect to subject's risks to clearly identified	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Informed consent is presented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Confidentiality of data is maintained throughout the research process	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Results

- Exempt
- Need to be approved by IRB
- Notify the researches to correct as follow :

1. identify risk during interviews & methods to help prevent

2. subject selection must be ethical

Evaluator's Signature Aranya Chaowalit
(Assoc. Prof Dr. Aranya Chaowalit)

Date 31 July, 2006

To Chair of IRB

The researcher has already corrected as follow :

- 1.....
- 2.....
- 3.....

(.....)

Researcher

(.....)

Advisor

**The Faculty of Nursing,
Evaluation Form : Defense of Thesis Proposal
Doctoral of Nursing Science Program**

Name Miss Kallaya Wiriya Code 4758001 Year 3 Date 31 July, 2006
 Thesis Title Experience of Suffering from Unexpected Death of a Child in Buddhist Mothers.

Assessment Item	Result		Rationale & Comments
	Passed	Failed	
1. Researcher			
1.1 Shows interest and intention	/		
1.2 Ready and well prepared to conduct the study	/		
1.3 Shows skillfulness and competency in conducting the study	/		
1.4 Ethical awareness	/		
2. Thesis Structure			
2.1 Appropriate thesis title	/		- change experience of suffering in Buddhist Mother having an unexpected death of a child - merge question 4 to 3 - Try to use Payutto in order to use the same terms. - Re-organize the theoretical framework
2.2 Background and clear rationale of the study	/		
2.3 Precise objectives, research questions and hypothesis of the study	/		
2.4 Good documentation of relevant theories and theoretical framework	/		
2.5 Appropriate research design	/		
2.6 Appropriate sample selection	/		
2.7 Appropriate research tools	/		
2.8 Appropriate data analysis	/		
2.9 Appropriate research and budget plan	/		
3. Writing			
3.1 Correct format and tidy report	/		- correct the level of heading
3.2 Correct referencing	/		
3.3 Appropriate academic writing style	/		

Signature Aranya Chaowalit
 (Assoc. Prof. Dr. Aranya Chaowalit)
 Principal Examiner

Signature K. Kriengsak
 (Assoc. Prof. Dr. Kriengsak Liewchanpattana)
 Examiner

Signature Urai Hatthakit
 (Asst. Prof. Dr. Urai Hatthakit)
 Examiner

Signature Wantanee Wiroonpanich
 (Dr. Wantanee Wiroonpanich)
 Examiner

Signature Arporn Chuaprapaisilp
 (Assoc. Prof. Dr. Arporn Chuaprapaisilp)
 Examiner

APPENDIX E
DATA COLLECTION REQUEST LETTER

โรงพยาบาลหาดใหญ่
เลขรับ 176304
วันที่ 26 พ.ย. 2550
เวลา 10:30น

12/51



12/51

ที่ ศธ.0521.1.05/ 3404

คณะพยาบาลศาสตร์
มหาวิทยาลัยสงขลานครินทร์
ตึก ปณ. 9 ปทส.คองหงส์
อ.หาดใหญ่ จ.สงขลา 90112

23 พฤศจิกายน 2550

กลุ่มงานการพยาบาล
เลขที่ 1808
วันที่ 27 พ.ย. 50
เวลา 18:30

เรื่อง ขอกความอนุเคราะห์ข้อมูลเพื่อทำวิทยานิพนธ์

เรียน ผู้อำนวยการ โรงพยาบาลหาดใหญ่

ด้วย นางสาว กัลยา วิริยะ นักศึกษาหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาการพยาบาล (นานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ มีความประสงค์ที่จะทำวิทยานิพนธ์เรื่อง "Experience of Suffering and Healing in Buddhist Mothers after Unexpected Death of a Child" โดยมี ผู้ช่วยศาสตราจารย์ ดร. อุไร หัตถกิจ เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก ในการนี้ นักศึกษามีความจำเป็นต้องใช้ข้อมูลเกี่ยวกับรายชื่อ และที่อยู่ของมารดาที่มีบุตรเสียชีวิตอย่างกะทันหันที่แผนกฉุกเฉินของโรงพยาบาลหาดใหญ่ เพื่อเป็นข้อมูลประกอบการทำวิทยานิพนธ์ ดังกล่าว

คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จึงขอกความอนุเคราะห์ให้ นางสาว กัลยา วิริยะ ขอข้อมูลดังกล่าว ตั้งแต่วันที่ 15 พฤษภาคม 2549 ถึง วันที่ 15 สิงหาคม 2550

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์ด้วย จักเป็นพระคุณยิ่ง

๑ - สนใจในเอกสาร
ดำเนินการต่อ
รับเรื่อง ทวี ๒๕๕๐
ส่งตาม ๑ paper
มต. ๕1. ๐ พุทธ
ส่งมอบให้บัณฑิต
ตาม info from em
ตั้งแต่ มต ๕1
ดำเนินการ 1 paper
๒ - ขอความเห็นกรรมการบริหารคณะ
มหาวิทยาลัย สงขล
14 มต

ขอแสดงความนับถือ

(Signature)

(ผู้ช่วยศาสตราจารย์ ดร.แสงอรุณ อิศระมาลัย)
ผู้ช่วยคณบดีฝ่ายบัณฑิตศึกษา ปฏิบัติราชการแทน

คณบดีคณะพยาบาลศาสตร์

๑ - ขอความเห็นกรรมการบริหารคณะ มหาวิทยาลัย สงขล 14 มต

ผู้อำนวยการ โรงพยาบาล
- เพื่อโปรดทราบและพิจารณา
มอบกลุ่มการพยาบาล
- เห็นด้วย.....
(Signature)

15 ม.ค. 51
(Signature)
26 พ.ย. 2550

สำนักงานเลขานุการ
โทรศัพท์ 0-7428-6561
โทรสาร 0-7421-2901

๓ - ขอความเห็น
ผู้จัดทำ ER
(Signature)
17 ม.ค. 50

(Signature)
๒๖ พ.ย. ๕๐

๑ - ขอความเห็น
(Signature)
๑๗ พ.ย. ๕๐

๔ - เห็นด้วย
๑๗ พ.ย. ๕๐
(Signature)

VITAE

Name Miss Kallaya Wiriya

Student ID 4758001

Education Attainment

Degree	Name of Institution	Year of Graduation
Bachelor's degree of Science (Nursing and Midwifery)	Borom Rajchonnee Songkhla Nursing College, Songkhla, Thailand	1984
Master's degree of Nursing Science (Maternal and Child Nursing)	Siriraj Faculty of Nursing, Mahidol University, Bangkok, Thailand	1996

Scholarship Awards during Enrollment

Ph.D. Government Scholarship of Commission on Higher Education Ministry
of Education, Thailand

Work-Position and Address

Nursing Instructor in Maternal and Child, and Midwifery at Faculty of
Nursing (Ongkaruk campus), Srinakarin Taraviroj University, Nakornnayok Province.
Thailand 26120

E-mail kallayawiriya@yahoo.com, Kwiriya@hotmail.com

List of Publication and Proceeding

Wiriya, K., Hatthakit, U., Wiroonpanich, W. & SmithBattle, L. Experience of suffering
and healing in Buddhist mothers after an unexpected death of a child. (Manuscript
for publishing in Thai Journal of Nursing Research)