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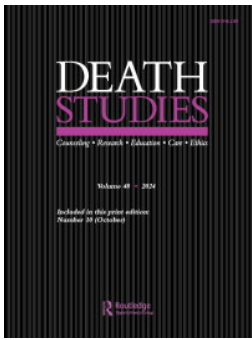
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Understanding self-healing: Recovery insights from Indonesian suicide loss survivors and support providers

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ABSTRACT

This study examines the vital but underexplored role of self-healing in postvention efforts for suicide loss survivors (SLS) in Indonesia. We investigate the perspectives of Indonesian SLS and grief support providers (GSP) on self-healing's role in managing grief. Through in-depth interviews with 31 participants (16 SLS and 15 GSP), reflexive thematic analysis reveals both shared and divergent views. Our study developed three main themes: (1) Redefining self-healing, (2) Disconnectedness following loss, and (3) Reestablishing connection. The first theme shows both groups viewing self-healing as an intentional and dynamic process of confronting pain, and the latter themes highlight its role in restoring connections disrupted by suicide loss—spanning self, social, and spiritual dimensions. The findings offer practical implications for mental health professionals, policymakers, and support networks, promoting a more compassionate approach to post-suicide grief in Indonesia.

Introduction


Suicide is a significant public health concern, claiming over 700,000 lives annually (World Health Organization, 2021), and affecting an estimated five family members and over 100 relatives, friends, and community members (Andriessen et al., 2017b; Maple et al., 2017). Those bereaved by suicide face heightened risks of intense grief, leading to long-term impacts on their physical and mental health (Erlangsen et al., 2017; Mitchell & Terhorst, 2017), impaired social relationships (Azorina et al., 2019), and an increased risk of suicidal thoughts, attempts, and death by suicide (Pitman et al., 2022). However, many suicide loss survivors (SLS) struggle to seek help due to stigma, lack of information, limited access to services, low social support, distrust of health professionals, and the effects of grief (Kaspersen et al., 2022), as well as feelings of self-reliance (Andriessen et al., 2017a). Exploring self-healing practices could provide a valuable alternative for SLS facing these barriers.

The term 'self-healing' has gained traction, particularly amid the COVID-19 pandemic, as people

sought coping mechanisms during lockdowns. In various fields, self-healing is described as the body's and mind's innate ability to restore balance and alleviate pain (McSwan et al., 2021) or as an internal capacity to maintain health and resilience in response to challenges (Chu et al., 2022). Although often used interchangeably with "self-help," the latter term is often viewed as a manualized form of evidence-based treatment, whereas service users view it as a broader lifestyle strategy that integrates wellness and social support in their journey towards personal empowerment (Richards, 2004). This distinction is reflected in the broad range of activities commonly associated with self-healing.

Our scoping review identified several self-healing strategies valued by SLS, including: (1) social support, (2) self-empowerment (e.g., helping others), (3) creative expression, (4) continuing bonds (e.g., rituals, memorials), (5) mindfulness, (6) lifestyle changes, and (7) spiritual/religious activities (Putri et al., 2024). However, there remains limited research on self-healing among SLS in non-Western and lower- to middle-income countries, as well as a lack of

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consensus on its definition and implementation following suicide loss.

In the absence of a specific self-healing model for SLS, we draw on related frameworks. Kalischuk and Davies (2001) introduced a model of individual healing after youth suicide, characterized by three themes: cocooning (e.g., social withdrawal, self-reflection), centering (e.g., developing self-healing strategies), and connecting (e.g., speaking publicly about suicide). We presume that different healing strategies might correspond to different healing themes. For instance, engaging in social or self-empowering activities by helping others correspond to those within the connecting themes.

Another relevant model is the meaning-making framework (Neimeyer & Thompson, 2014). After a loss, the bereaved often experience a shattered worldview (Beder, 2005), and rebuilding involves creating new narratives. Holland and Neimeyer's research found meaning-making to be a stronger predictor of grief adaptation than time since the loss, with sense-making and benefit-finding aiding recovery (Holland & Neimeyer, 2010; Neimeyer & Sands, 2017). A significant minority of SLS, for example, have reported posttraumatic growth in various areas of their lives (e.g., becoming more compassionate, having spiritual growth, and improving personal strength), though this process requires active reflection and effort (Neimeyer & Sands, 2017). Clinically, mental health professionals support SLS in reconstructing meaning through two key processes: processing the death and its implications, and restoring attachment by exploring the deceased's life (Holland & Neimeyer, 2010). Elements of this approach may also be reflected in SLS's self-healing strategies.

Suicide in the Indonesian context

To understand the need for exploring self-healing among suicide loss survivors (SLS), it is crucial to examine the broader context of suicide in Indonesia. While the country has an estimated suicide rate of 2.4 per 100,000 people (World Health Organization, 2021), this figure is unreliable due to poor data quality, and recent findings suggest suicide cases may be underreported by over 800% (Onie et al., 2024). The lack of accurate data hinders prevention and postvention efforts, and while prevention has improved, postvention remains underdeveloped. Indonesia's first aid guidelines for suicide lack tailored information for SLS, underscoring the need to explore their experiences and support strategies (Setiyawati et al., 2022).

Many SLS in Indonesia do not seek professional help, partly due to a lack of specialized services,

and cultural factors. Suicide is often seen as a familial failure, causing shame (Sungkana & Sutejo, 2012). Indonesia's cultural diversity, with over 17,000 islands and 633 ethnic groups (Suryadinata et al., 2003), adds complexity to societal attitudes toward suicide. For example, Javanese culture emphasizes "*nrimo ing pandum*" [accepting all of God's gifts] and values harmony (Sari et al., 2021), fostering resilience through acceptance but discouraging open discussion of shameful topics like suicide as it could bring disharmony. Similarly, Balinese culture views suicide as "*ulah pati*," or dying inappropriately, which incurs bad karma for both the deceased and their family (Valentina & Nurcahyo, 2023).

Religion plays a significant role in the lives of many Indonesians, evidenced by widespread engagement in religious practices and the perceived importance of faith (Sudjatmiko et al., 2018). Approximately 87% of Indonesians identify as Muslims, with smaller proportions affiliating with Christianity (10%), Hinduism (2%), Buddhism (1%), and other religions (0.5%). While faith can be a source of comfort, particularly in the belief of reuniting with the deceased in the afterlife (Čepulienė et al., 2021), strong religiosity can also intensify feelings of guilt, as suicide is often viewed as a condemned act (Moksony & Hegedűs, 2021; Shoib et al., 2022). These factors may lead many SLS to rely more on self-healing than seeking external support.

Given these challenges, understanding self-healing is crucial. While the focus on self-healing is particularly relevant in Indonesia, it also holds global significance. Despite cultural differences, SLS worldwide often experience periods of withdrawal (Sajan et al., 2022), which suggests times when they may be less likely to seek professional help and more reliant on self-healing strategies. By exploring these practices, we can develop better postvention strategies tailored to this population.

Research objective

Our study aims to explore the dynamics of navigating the use of self-healing following a loss by suicide based on the lived experiences of suicide loss survivors and the observations of grief support providers. More specifically, we aim to answer the following questions:

1. How do Indonesian SLS and GSP define self-healing?
2. How has suicide bereavement affected SLS, and how do SLS and GSP perceive the use of self-healing as a response to these challenges?

Materials and methods

Study design

This study followed a hermeneutic phenomenological approach, focusing on interpreting the lived experiences of individuals (Neubauer et al., 2019). It was grounded in the interpretivist paradigm, emphasizing the subjective meanings of experience, with a relativist ontology recognizing multiple, subjective realities, and a constructivist epistemology where knowledge is co-created between the researcher and participants (Urcia, 2021). This article adheres to the Consolidated Criteria for Reporting Qualitative Research (COREQ) framework (Tong et al., 2007).

Researcher characteristics

The research team comprised five members with expertise in public health, mental health, social work, and clinical psychology. Three researchers (AKP, AN, and DS) are Indonesian, with Javanese and Muslim backgrounds, offering essential cultural perspectives. AKP, the lead researcher, has worked with the SLS community in Indonesia through NGO advocacy efforts. All team members brought experience in suicide-related research, shaping the study through the lenses of suicide prevention, public health, and cultural contexts. Several team members have lived experience of suicide.

Participant

The Indonesian SLS group included individuals who (a) had experienced the suicide of a close contact, (b) were 18 years or older, and (c) self-identified themselves as someone who has used self-healing techniques for grief management. We excluded those bereaved under six months to avoid acute grief, which has been established as a good practice in previous studies (Ross et al., 2018; Zisook & Shear, 2009). Professional grief support providers included counselors, psychologists, and faith leaders offering professional assistance to suicide loss survivors.

We conducted in-depth interviews between April and August 2023. We drafted the questions and tested the interview with a personally known SLS and a GSP researcher familiar with the topic, leading to adjustments, particularly inquiring about suicide support initially. Their input also helped devise effective participant outreach strategies.

Data collection

Our study received ethics approval from The University of Melbourne's Office of Research Ethics and Integrity

(Ref: 2023-25339-38111-3) and the Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada (Ref: KE/FK/0677/EC/2023). Before data collection, all participants provided informed consent. We disseminated posters detailing study objectives and criteria across social media platforms (Instagram, Twitter, Facebook, and WhatsApp), mental health NGOs, and research centers in Indonesia. The poster featured a QR code linking to plain language statements for comprehensive study information. Participants expressed interest through a provided link, prompting automatic email notifications to the research team.

Potential participants underwent screening for eligibility. Initially, 20 SLS and 28 GSP expressed interest, with subsequent assessments leading to the exclusion of 16 individuals (SLS: 2 did not respond, 2 not bereaved by suicide; GSP: 11 lacked experiences with SLS, 2 did not respond). Ultimately, 31 participants were included (see Table 1). [Supplementary 1](#) shows the interview questions relevant to this manuscript.

Settings

Of the 31 interviews, 30 were conducted via Zoom, and one was conducted in person at a higher education institution. Most interviews involved both AKP and AN, with six conducted solo based on participant preference. AKP led the interviews while AN took notes on key topics and added probes as needed. This two-interviewer approach ensured careful handling of the emotionally sensitive interviews, safeguarding both participants and interviewers. AN's focus on notetaking allowed for deeper probing when necessary and improved transcription and translation accuracy. Interviews, conducted in Indonesian and recorded via Zoom or other devices, were sometimes split into two sessions due to their length or participant availability. For the SLS group, interviews averaged 1 hr 29 min (range: 51 min to 2 hr 39 min), and for the GSP group, the average was 1 hr 15 min (range: 43 min to 2 hr).

Analysis

This study utilized reflexive thematic analysis (RTA) (Braun & Clarke, 2022). RTA enabled us to interpret themes actively and reflectively, supporting the interpretive goals of phenomenology. This approach recognizes the co-construction of meaning between the researcher and participants and allows us to capture the nuanced details of their narratives. We used an

Table 1. Participant demographics.

| Demographic | Suicide loss survivors | | Grief support providers | |
|---|------------------------|------|-------------------------|----|
| | n | % | n | % |
| Sex | | | | |
| Male | 5 | 31 | 9 | 60 |
| Female | 11 | 69 | 6 | 40 |
| Age (in years) | | | | |
| 20–39 | 12 | 75 | 11 | 73 |
| 40–59 | 2 | 12.5 | 4 | 27 |
| ≥60 | 2 | 12.5 | | – |
| Religion | | | | |
| Islam | 9 | 57 | 9 | 60 |
| Christian | – | – | 2 | 13 |
| Catholic | 3 | 19 | 1 | 7 |
| Hindu | 2 | 12 | 2 | 13 |
| Buddhist | 1 | 6 | 1 | 7 |
| Atheist | 1 | 6 | – | – |
| Ethnicity | | | | |
| Javanese | 7 | 44 | 11 | 73 |
| Tiong Hoa | 2 | 12 | – | – |
| Balinese | 2 | 12 | 2 | 13 |
| Melayu | 1 | 6 | 1 | 7 |
| Bugis | 1 | 6 | – | – |
| Mixed | 3 | 20 | 1 | 7 |
| Education | | | | |
| Diploma | 2 | 12 | – | – |
| Bachelor | 7 | 44 | 8 | 53 |
| Masters | 7 | 44 | 2 | 13 |
| Postgraduate | – | – | 5 | 34 |
| GSP occupation | | | | |
| Counselor ^a | – | – | 7 | 47 |
| Community health center instructor | – | – | 2 | 13 |
| Faith leaders | – | – | 4 | 27 |
| Teacher/school counselor | – | – | 2 | 13 |
| Loss duration (in years) | | | | |
| ≤5 | 5 | 31 | – | – |
| 6–10 | 5 | 31 | – | – |
| ≥11 | 6 | 38 | – | – |
| Relationship to the deceased ^b | | | | |
| Parent | 1 | 7 | – | – |
| Child | 3 | 19 | – | – |
| Spouse | 2 | 12 | – | – |
| Sibling | 2 | 12 | – | – |
| Friend | 6 | 38 | – | – |
| Other relatives | 2 | 12 | – | – |
| Duration of employment (in years) | | | | |
| ≤5 | – | – | 5 | 33 |
| 6–10 | – | – | 6 | 40 |
| ≥11 | – | – | 4 | 27 |
| Frequency of supporting SLS | | | | |
| 1–2 | – | – | 11 | 73 |
| ≥3 | – | – | 4 | 27 |

^aCounselors consist of psychologists, therapists, and clinical counselors.

^bRelationship with the deceased shows SLS's position in the relationship.

inductive approach, allowing coding and theme development based on the data instead of being driven by a predetermined theory. The analysis was conducted by a single coder (AKP) across several phases following Braun and Clarke's six-step process (Braun & Clarke, 2022).

First, data were imported into NVivo 14, and AKP familiarized themselves with the transcriptions by repeated readings and taking reflexive notes throughout. AKP then systematically applied semantic coding

to the dataset. To manage the extensive number of semantic codes, AKP conducted an additional step to cluster similar codes into overarching codes before grouping them into preliminary themes to improve reporting. Related codes were grouped into initial themes, which were further organized into overarching themes to identify key patterns. The team reviewed all overarching codes and themes at each stage to provide feedback, which AKP used to refine the overall coding. The same steps were taken for the GSP data.

Once both datasets have been analyzed, a comparative analysis was conducted to identify similarities and differences between the two groups. Similar codes were merged into one code in the combined version during this last stage. For instance, under the "Regaining functionality and growth" subtheme, SLS had a "growing larger than the pain" code, while GSP had a "growth through meaning-making and acceptance" code. Both codes were centered on the growth topic; thus, we merged it into the "Experiencing growth through meaning-making and acceptance" code. In other instances, the codes remained distinct but were integrated at the subtheme level, particularly when an issue was raised by only one group (as indicated in Table 2). The final themes and subthemes were finalized through team discussions, with a comparison table circulated to all authors.

The sample size was determined using the concept of information power, which considers the study's objectives, sample specificity, established theory, quality of dialogue, and analysis strategy (Malterud et al., 2016). Given the specific nature of the population and the researcher's experience with bereavement studies and SLS, a small sample can still yield high information power. However, a larger sample was considered due to the study's exploratory nature and the limited existing theory on self-healing. Thus, we aimed for 15 participants per group.

Results

Our analysis resulted in three main themes: (1) Redefining self-healing, (2) Disconnectedness following loss, and (3) Reestablishing connection (Table 2). The first theme illustrates a consensus between SLS and GSP on defining self-healing as an intentional, active, and dynamic process of confronting and transcending pain, whether with or without professional assistance. The latter two themes emphasize the impact of suicide bereavement and the role of self-healing in restoring connections at the personal, social, and spiritual levels.

Table 2. Overview of themes, subthemes, and codes.

| Themes | Raised by | |
|--|-----------|-----|
| | SLS | GP |
| Theme 1: Redefining self-healing | | |
| <i>Subtheme 1: Intentional, active, and dynamic process of facing the root of the pain</i> | | |
| Intentional and active process of facing the root pain. | Yes | Yes |
| Journey through self-awareness. | Yes | Yes |
| Self-healing is dynamic and unpleasant. | Yes | Yes |
| <i>Subtheme 2: Ways to grow larger than the pain.</i> | | |
| Returning to a somewhat normal state of functioning | Yes | Yes |
| Experiencing growth through meaning-making and acceptance | Yes | Yes |
| <i>Subtheme 3: Self-healing is not something that you do (literally) on your own</i> | | |
| Not alternative, but complementary to professional help | Yes | Yes |
| Does not mean the absence of external help | Yes | Yes |
| Theme 2: Disconnectedness following loss | | |
| <i>Subtheme 1: Feeling disconnected from self</i> | | |
| Disruption in emotional clarity | Yes | Yes |
| Disruption in thought clarity | Yes | Yes |
| Decline in physical and mental health | Yes | Yes |
| <i>Subtheme 2: Feeling disconnected socially</i> | | |
| Social withdrawal | Yes | Yes |
| Social isolation | Yes | Yes |
| <i>Subtheme 3: Feeling disconnected spiritually</i> | | |
| Anger toward God | Yes | Yes |
| Questioning the fate and afterlife of deceased | Yes | Yes |
| Theme 3: Reestablishing connection | | |
| <i>Subtheme 1: Reestablishing connection with self</i> | | |
| Reconnecting with emotion | Yes | Yes |
| Reconnecting with thought | Yes | Yes |
| Knowing when to seek help | Yes | Yes |
| <i>Subtheme 2: Reestablishing social connection</i> | | |
| Seeking shared experiences to foster belongingness | Yes | No |
| Creating opportunities to reconnect socially | Yes | Yes |
| Providing outreach support | No | Yes |
| Educating social circle on suicide | No | Yes |
| <i>Subtheme 3: Reestablishing spiritual connection</i> | | |
| Religion as a positive framework for acceptance | Yes | Yes |
| Religious practice as a gateway to spiritual resilience and support | Yes | Yes |
| Openness to balance faith and mental health | No | Yes |

Theme 1: Re-defining self-healing

This section depicts how SLS and GSP define self-healing. Our exploration reveals a consensus between SLS and GSP regarding their understanding of self-healing. They described self-healing as (1) an intentional, active, and dynamic process of facing the root of the pain, (2) ways to grow larger than the pain, and (3) not something that you do (literally) on your own.

Intentional, active, and dynamic process of facing the root of the pain

One of the most effective ways to encapsulate this theme is summarized by one SLS: “*Self-healing is not going on a vacation...*” [F, lost a family member]. Similar sentiments were repeated across the SLS participant group. Both population groups, with a particular emphasis on SLS, emphatically underscore the prevailing misperception surrounding self-healing.

SLS participants felt that most people tend to equate self-healing as a mere distraction from pain, often involving travel and self-care activities. However, they stress that true self-healing goes beyond these surface-level approaches. Participants highlighted that it involves a deliberate/proactive effort to confront the root causes of pain and develop effective management strategies.

self-healing varies, and the pain itself is not the same for every condition. Think of it as a wound. If it was just a scratch, then we can run it underwater, and it's done... If the wound is ripped, you'll have to put some ointment. So, it's not about the output of the healing that needs to be the focus but the root cause... (M, lost a friend)

This quote implies that SLS deems it important to be self-aware of the root cause of the pain so that they can develop the most appropriate strategies to address and manage grief. Despite acknowledging the discomfort and pain associated with confronting triggers, participants recognize it as essential for achieving acceptance. GSPs echoed these sentiments, though with more clinical language.

self-healing involves becoming aware of the subconscious and returning to a state where one can confront, accept, and adapt to the situation (F, Community psychologist)

Ways to grow larger than the pain

For certain sub-groups of SLS participants, self-healing represents strategies employed to surpass the pain, marked by the ability to resume daily functioning. This viewpoint was raised mainly by SLS participants who were immediately confronted with responsibilities demanding their attention, such as caring for surviving children or assuming the role of primary breadwinner.

Self-healing is something we do to regain a sense of normalcy...becoming a normal functioning person again, who can move, get up, cook, and carry out daily tasks, that's challenging. That's what I needed. I needed a way to help my body wake up, physically move, and resume daily activities.... (F, lost a family member)

Conversely, while the GSP participant group also stresses the importance of resuming normal functioning, especially in reestablishing social connections, self-healing was equally perceived as facilitating growth through meaning-making and acceptance. They viewed gaining positive new meaning as the main output of healing, shaping their intervention approach.

Self-healing is not something that you do (literally) on your own

Although some participants suggest that certain individuals may process grief independently, for most, it involves informal or formal support. Regardless of whether SLSs have engaged with a professional, almost all participants describe self-healing as complementary to professional help, highlighting the importance of psychologists, counselors, or faith leaders in the healing process.

...you need to meet a professional who can guide you. Once you're able to walk on your own, then you can. Professionals can help by giving directions on how to heal. They give you various options. Maybe your outlet can be through exercising... or art... Ultimately, how we want to let out our emotions is entirely up to us... (F, lost a friend)

Similarly, GSP participants acknowledge that professional intervention would not be optimal without SLS's willingness to work on themselves between counseling sessions. Thus, they actively introduce, encourage, and teach self-healing strategies to SLS to complement the healing process.

Self-healing doesn't mean you actually do it on your own; it refers to the self-work that one must do. The healing process can be guided through books, social media, and professionals like psychologists or psychiatrists...however ultimately, you still need to do the self-work. That part is what I consider self-healing... (F, Psychologist)

Theme 2: Disconnectedness following loss

The impact of loss by suicide, as experienced by SLS and observed by GSP, is profound and multifaceted. Both groups emphasized the importance of comprehending its depth across personal, social, and spiritual domains.

Feeling disconnected from self

Following the loss, many SLSs reported struggling with profound negative emotions, including sadness, confusion, frustration, anger, and a sense of betrayal. Most expressed guilt, feeling responsible for preventing suicide despite their bereavement. Some, especially those mourning a friend, felt guilty about the duration of their grief. Conversely, the GSP participant group noted emotional numbness among many SLS, hindering SLS's understanding of their feelings and highlighting the normalcy of varied emotions during grieving.

Participants also described experiencing intrusive negative thoughts about the death, which affected

their focus, ability to make decisions, self-perception, and self-esteem. Both SLS and GSP also reported seeing increased physical health issues following loss, like psychosomatic problems, heart issues, insomnia, and headaches, along with mental health challenges such as depression, anxiety, PTSD, and psychosis. Several participants added that these escalated to suicidal ideation and self-harm, particularly among SLS with preexisting mental health concerns.

He felt like he didn't need help, but he has started to destroy himself...He started thinking that harming himself was a way to redeem his guilt of losing his sibling (F, Therapist)

Feeling disconnected socially

Beyond the personal impact on SLS, participants described a pervasive sense of social disconnectedness following the loss. Participants reported social withdrawal as a common reaction, often driven by internal changes post-loss, such as increased introversion, diminished self-esteem, and heightened fear of further loss. They expressed fear of burdening others by disclosing their stories, making them hesitate to seek help. In some cases, they felt that feelings of failure to protect their loved ones extended to other relationships, leading to withdrawal.

...because my client was married at the time, he felt like he couldn't build a warm relationship with his wife. He felt like since he wasn't able to protect someone, he too wouldn't be able to protect his wife... He gradually became more withdrawn from his old circle of friends... (F, Psychologist).

Participants also revealed that social disconnection stemmed from perceived social isolation, exacerbated by external factors such as social stigma, religious stigma, and the lack of postvention support available for SLS in Indonesia. SLSs expressed their frustration over being unable to find an SLS community in Indonesia, adding to their feelings of loneliness. They felt that having a community with people with shared experiences could help normalize their feelings.

Feeling disconnected spiritually

Following loss by suicide, some participants felt a sense of spiritual disconnection or disruption. A few SLSs described moments of anger toward God, which diminished their motivation to engage in religious activities. However, they also described feeling conflicted and fearful of feeling this anger because it goes against their teachings. In this context, participants describe disconnection as more of a disconnect in

their expectations of divine support and their struggles to engage in prayer instead of a complete abandonment of faith. This illustrates that individuals can maintain spiritual strength while still experiencing moments of disconnection.

...I've been consistently devout in my worship. I've sought God's protection and prayed for my family's well-being. So why did I have to endure such a severe calamity?... (F, lost a family member)

However, most SLS concerns are centered on questions surrounding the fate of the deceased in the afterlife. This preoccupying thought causes SLS much distress, prompting them to seek answers to various questions about the afterlife—as emphasized by the non-clinical GSP population (i.e., faith leaders). Notably, some SLS sought support from religious or spiritual leaders to address these concerns, reflecting a common practice in Indonesia.

Theme 3: Reestablishing connection

Participants found self-healing particularly valuable for reconnecting with themselves socially and spiritually. [Supplementary 2](#) details the activities they reported as helpful in each area.

Reestablishing connection with self

Participants from both population groups emphasized the importance of self-healing strategies in reconnecting with emotions. Strategies included identifying emotional patterns, enhancing positive emotions, organizing and grounding thoughts, challenging irrational beliefs, and fostering positive meaning-making. Various activities such as journaling, meditation, and creative arts facilitated this reconnection, notably advocated by the GSP group, integrated into the self-work for SLS between counseling sessions.

...After I did my journaling for a month. It became apparent that 'Oh, this month, my emotions have been really unstable. I became easily annoyed,' or maybe based on my writing, I can see that I've been feeling disappointed that day. From there, I started to identify in a month what emotions I was feeling and ways to manage those emotions... (M, lost a friend)

Participants noted that meditation or mindfulness-based activities were particularly helpful in identifying and grounding thoughts, especially when coupled with journaling or reflective activities afterward. They recommended that beginners opt for guided meditation in person or through an app to

avoid being overwhelmed by emotions and thoughts. GSPs supported this process.

Meditation is a formal activity aimed at training oneself to be mindful...I encourage clients to incorporate meditation into their morning and night routines consistently. By doing so, individuals often discover unique inspirations—guidance on what actions to take, whom to meet, leading them toward positive experiences and a better path. (F, Psychologist)

Both SLS and GSP stressed the importance of assisted self-healing for addressing mental and physical health concerns, viewing it as complementary to professional help. They emphasized self-reflection as a useful tool for determining when to seek professional assistance. Some used lifeline scales to assess distress and connection levels, while others evaluated the perceived effectiveness of their strategies. Both groups agreed that the presence of suicidal thoughts or significant disruptions in daily functioning should signal the need for professional intervention.

Reestablishing social connection

Participants suggest that rebuilding social connections was essential after periods of social withdrawal and isolation. One common self-healing strategy among SLS in this study involves connecting with individuals who share similar experiences. SLS participants value these connections because they foster a sense of belonging, encourage self-disclosure, and provide validation for their feelings. This extends to seeking professional help, as SLS actively seek professionals with expertise in supporting suicide-related cases.

...when we're in a community of people with the same experience, we don't have that process of comparing each other's sadness because we're all the same. So, we're already comfortable knowing everyone there would understand how we feel. Meeting someone at the same frequency as you contributes to your healing. (F, lost a family member)

Participants described that, when connecting with others who share similar experiences was difficult, building a support system with friends and family became essential. However, many found self-disclosure challenging, as they had to navigate potential stigma and fear of judgment. Some participants introduced the "testing the waters" approach, namely discreetly mentioning suicide cases to gauge others' reactions before sharing their own experiences. Additionally, participants intentionally created opportunities for social connection, such as returning to work or involving friends in their safety plans.

The GSP participant group offered a slightly different perspective, highlighting the difficulties SLS face in non-assisted healing, particularly due to emotional overwhelm. They emphasized the vital role professionals play in supporting social reconnection through outreach programs. Acknowledging the hesitation of SLS to seek professional help, GSP participants noted that community health services and faith leaders have developed outreach systems to assess the well-being of SLS following suicide loss. While these initiatives are not yet widely accessible, they reflect a growing openness to post-vention efforts and aim to educate communities about suicide and reduce the isolation experienced by SLS.

Reestablishing spiritual connection

Participants found reestablishing spiritual connections to be important. While most participants described engaging in religious practices and rituals for spiritual healing, the term “spiritual connection” is used here to acknowledge a broader range of practices beyond religious contexts.

For SLS, reengaging with routine faith-related activities such as prayers offer solace amid chaos, providing a space for quiet self-reflection and inner peace. Many liken this experience to meditation, which they feel fosters emotional and cognitive awareness while instilling a sense of hope and security. Participants described scripture reading and reflection as pathways to finding positive meaning and personal growth, which strengthened their faith and helped alleviate feelings of guilt. A few participants explained that it was because religious teachings often teach about the notion of accepting things that are out of our control, which provides relief when navigating the complexities of grief and loss. The faith leader GSP population group echoed this sentiment, explaining that they often use stories from scriptures that could inspire strength and lessons of acceptance during congregation or visits to the bereaved in their religious community.

Furthermore, our study revealed a growing openness among clinical and non-clinical GSPs toward integrating spirituality into the healing process. SLS participants frequently sought guidance from faith leaders on existential questions about the afterlife, underscoring the importance of spiritual consultation in complementing clinical support. Several GSPs acknowledged the limitations of a purely secular approach, recognizing spirituality’s vital role in navigating crises and fostering holistic healing.

...some would say that it should be used hand-in-hand instead of choosing one over another. In fact, the role of spirituality is very important in any type of support to help the healing process of someone who is going through a crisis in their life (F, Faith leader)

Similarly, several faith leaders in the GSP participant group have taken proactive steps to support SLS. One faith leader, for example, sought guidance from a Professor of Theology to deepen their understanding of scripture and more effectively address the needs of SLS in their community. Another faith leader consulted a psychologist to learn communication strategies for discussing loss within their congregation. These efforts reflect emerging collaboration between faith-based and clinical professionals, aimed at enhancing support for SLS and promoting healing within religious communities.

Discussion

Our study first sought to understand how suicide loss survivors (SLS) and grief support providers (GSP) define self-healing. While previous research often portrays self-healing as an innate capacity (Logan & Selhub, 2012; McSwan et al., 2021), our findings show that SLS views it as an intentional and active process. This distinction may stem from prior studies focusing on physical illness, where healing is more biologically driven (McSwan et al., 2021). In contrast, suicide grief is unexpected and often shatters SLS’s assumptive world (Beder, 2005); thus, requiring a more deliberate effort by SLS to process and explore their pain.

Self-healing has also been described as a dynamic return to balance across psychological, social, and spiritual domains (Chu et al., 2022; McSwan et al., 2021). This resonates with our code of “returning to normal functioning” under the broader sub-theme of “growing larger than the pain.” It echoes psychological resilience, or the ability to adapt to trauma while maintaining positive functioning (Denckla et al., 2020). However, our findings extend beyond resilience, framing self-healing as a path to self-growth through meaning-making and acceptance. In Indonesia, this acceptance is closely tied to spirituality, with participants in a study on adolescents’ self-healing after a parent’s death emphasizing trust in God’s plan as a source of comfort (Nurriyana & Savira, 2021). Similarly, in our study, several SLS described self-healing as making peace with limited control over others’ life choices, trusting that only God understands why events unfold as they do and that He is the most kind and merciful. This mindset fosters self-compassion

and positive self-talk, which might alleviate the guilt many SLS experience (Sari & Damanik, 2023).

Our second aim was to explore the impact of suicide loss on self, social, and spiritual connections, and how self-healing helps SLS reconnect in these areas. While our findings align with Kalischuk's theory of healing in the aftermath of youth suicide, particularly in themes like social disconnection (Kalischuk & Davies, 2001), we uncovered deeper layers of disconnection. Beyond social disconnection, SLS also experienced a profound loss of self and spiritual disconnection, highlighting the multi-faceted nature of their grief.

Dis/connection with self

SLS in our study experience significant self-disconnection, marked by emotional turmoil and cognitive confusion, which mirrors descriptions in recent studies (Klussman et al., 2021). Our findings confirm previous research showing heightened guilt and self-blame among SLS compared to those bereaved by other causes (Camacho et al., 2020; Jordan, 2020), which can lead to self-harm or suicidal ideations (Westerlund et al., 2020). Self-healing allows SLS to reconnect with their emotions and thoughts, improving both mental and physical well-being. This aligns with research in the medical field, which identified themes like physiology (e.g., adopting healthy lifestyle changes), psychology (e.g., positive thinking, finding self-worth), and spiritual pursuit as key aspects of self-healing process in Taiwanese older adults (Chu et al., 2022). Our sub-themes—reconnecting with emotions and thoughts, and knowing when to seek help (i.e., by assessing physical and mental health)—mirror these findings, reflecting the importance of psychological and physiological awareness in self-healing.

Social dis/connection

The present study reveals that SLS often experience social disconnection following a suicide loss. This aligns with a meta-synthesis of 58 qualitative studies on bereavement by suicide, which highlights the profound impact on social interactions, including withdrawal, altered family communication, and role changes (Sajan et al., 2022). However, unlike the common perception that social withdrawal stems primarily from shame, our findings suggest it is more often driven by fear of further loss and abandonment. This leads to anxiety about forming new connections—an

insight supported by prior research (Azorina et al., 2019; Kasahara-Kiritani et al., 2017; Ross et al., 2018). Additionally, many SLS in our study socially withdraw due to concerns about burdening others or making them uncomfortable by sharing their stories.

While stigma does not directly cause social withdrawal, it contributes to perceived isolation, as families often prioritize privacy due to social and religious stigmas. In Javanese culture, suicide is associated with suffering, hopelessness, alienation, mental vulnerability, and a lack of religiosity (Nurdiyanto & Subandi, 2023). Major religions typically regard suicide as an unforgivable sin, intensifying the emotional burden for those grieving (Moksony & Hegedűs, 2021; Shoib et al., 2022). Given that the Javanese are Indonesia's largest ethnic group and the country has a high religiosity rate (Sudjatmiko et al., 2018), discussing suicide remains particularly challenging. However, our findings suggest that cultural and religious influences also shape strategies for social reconnection.

In our study, participants emphasized the importance of interpersonal connections and shared experiences as crucial for self-healing, aligning with existing research on collectivist societies (Hechanova & Waelde, 2017). This is particularly evident in Javanese culture, where maintaining social harmony and peaceful relationships is prioritized. Javanese social norms discourage the open expression of negative emotions to avoid disrupting harmony (Kurniati et al., 2017), resulting in a preference for indirect communication. Understanding the "*rasa*" [feeling] behind someone's words is essential, as there is an unspoken expectation that others will interpret their needs based on subtle social cues (Nadar, 2007). Similarly, in Balinese Hindu culture, suicide is seen as sinful, associated with *ulah pati*, where both the individual and their family are believed to receive bad karma as consequence of that act. As a result, families may hide the suicide due to the shame associated with it (Valentina & Nurcahyo, 2023). These cultural dynamics explain why Indonesian SLS in our study valued shared experiences, as they reduce the risk of burdening others with their grief and help avoid public scrutiny, whether through formal or informal support.

Another reason for seeking shared experiences as part of self-healing is the perceived therapeutic effect it provides. Our findings highlight that such interactions help normalize emotions and support SLS in accepting their loss. Additionally, the sense of belonging and trust formed among peers with similar experiences fosters greater self-disclosure, with interpersonal factors playing a key role in promoting post-traumatic

growth (Levi-Belz, 2022; Levi-Belz et al., 2021). This emphasis on shared experiences also extends to professional support, as SLS participants in our study actively sought GSPs with specific experience with suicide-related cases.

Spiritual dis/connection

The aftermath of suicide loss often triggers a spiritual crisis, prompting individuals to grapple with existential questions and reassess their beliefs (Dransart, 2018; Gall et al., 2015) and anger toward God (Andriessen et al., 2017a; Krysinska et al., 2017). Similarly, in our study, SLSs experience disruption in their spiritual connection. Our “questioning about the afterlife” is similar to the “spirituality” meaning-making themes noted in previous studies (Bottomley et al., 2019; Gillies et al., 2014). It is also partially similar to “building comprehension about the loss” as a form of sense-making (Bottomley et al., 2019). However, unlike other studies focusing on understanding the factors leading to loss, our findings show that Indonesian SLS was more concerned with how the deceased would fare in the afterlife, reflecting the strong religious and spiritual influence in Indonesian culture. In the present study, this concern was most prominent among participants with Islamic, Protestant, or Catholic backgrounds, likely due to their beliefs about the finality of death rather than reincarnation.

In our study, SLS felt that self-healing, particularly faith-based activities, was helpful in making peace with concerns regarding the afterlife and anger toward God. Given that Indonesia is home to the second largest Muslim population globally and makes up the largest religious group in our dataset, we draw upon Islamic teachings as illustrative examples. Islam provides clear guidance on various aspects of life, including suicide (Pouradeli et al., 2021). According to Islamic beliefs, suicide is prohibited, and individuals who take their own lives may face consequences in the afterlife (Pouradeli et al., 2021; Shoib et al., 2022). Similar beliefs are echoed in other religious traditions, including Christianity (Potter, 2021), Catholicism (Torgler & Schaltegger, 2014), and Hinduism (Vijayakumar & John, 2018). While these teachings focus on the consequences of suicide, they also highlight divine mercy, offering general frameworks for coping with life’s challenges.

These guidelines are often conveyed through stories that inspire strength and resilience which provides a framework for acceptance. For example, a study on

self-healing from an Islamic perspective highlighted four strategies revealed to Prophet Muhammad during times of fear and sorrow: night prayers (*qiyamul lail*), mindful recitation of the Qur’an, practicing patience, and avoiding harmful environments (Rahmatika et al., 2023). Our study found that similar strategies were used to regain a sense of spiritual connection. However, it is essential to avoid oversimplifying the idea that prayer alone leads to healing. In the following paragraphs, we explore potential mechanisms that may explain why SLS might find these strategies helpful and how they can be applied in non-religious contexts.

Firstly, many SLS in our study described daily religious practices as providing a “break away from chaos,” similar to the effects of meditation. In Islam, adherents are required to perform five daily prayers (*Salat*) at specific hours of the day, which include physical movements, recitations of Quranic verses, and specific postures. Prior literature has underscored the various health benefits associated with this routine physical activity and the cultivation of attention during prayer to focus on God (Chamsi-Pasha & Chamsi-Pasha, 2021; Montero-Marin et al., 2019). These elements can be adapted into secular contexts, such as establishing routines, incorporating physical activity, and practicing meditation (Rahmatika et al., 2023).

Secondly, our findings indicate that reconnecting with religious communities may provide SLS with a supportive environment that enhances social engagement. Existing research supports this, showing that attending religious services and participating in community activities can buffer against self-stigmatization and reduce the tendency to self-isolate among SLS (Čepulienė & Skruibis, 2022). Surrounding oneself in a non-judgmental environment is therefore important. However, individual factors such as age, culture, and community attitudes toward suicide may influence how helpful SLS finds this strategy (Mastrocinque et al., 2020). While most SLS in our study found spiritual healing beneficial, 1–2 participants had negative experiences with faith leaders. Therefore, it is essential to tailor mental health approaches to the individual, taking into account their spiritual and religious needs.

While the need for social and professional support is acknowledged, the role of religious and spiritual support in the grief journey is often overlooked (Krysinska et al., 2017). Health professionals frequently lack the knowledge to address spirituality in clinical practice, while faith leaders face the challenge of

balancing the need to honor the deceased's life with the complexities of suicide loss (Krysinska et al., 2017). In our study, there is a growing openness among both clinical (e.g., psychologists, counselors) and non-clinical (e.g., faith leaders) GSP to collaborate. Countries like Ghana have started to integrate faith leaders into suicide prevention efforts by fostering healing communities, offering lay counseling, referring to mental health professionals, and providing spiritual support (Osafu et al., 2021). Guidelines to help professionals and faith leaders support suicide-bereaved individuals have also been developed in other countries (Awaad et al., 2024; Suicide Prevention Resource Center, 2004). Implementing similar efforts in Indonesia could offer significant benefits.

In conclusion, our findings reveal that Indonesian SLS view self-healing as an intentional, active, and dynamic process that addresses the root cause of their pain, enabling them to not only recover but also grow beyond it. This process supports both a return to normal functioning and the achievement of personal growth. Importantly, self-healing is seen as complementary to, rather than a replacement for, professional help. It plays a critical role in restoring connections at personal, social, and spiritual levels, highlighting its profound impact on holistic recovery.

Strength and limitation

This study offers novel insights into how Indonesian SLS and GSP define and experience self-healing. It highlights the impact of suicide bereavement on personal, social, and spiritual disconnection, as well as the role of self-healing in restoring these connections. By incorporating perspectives from both SLS and GSP, the research delivers a comprehensive and nuanced understanding of the self-healing process. These findings offer valuable guidance for future postvention efforts and interventions to support individuals bereaved by suicide.

However, the study's findings should be considered in light of certain limitations that may affect their transferability. Despite efforts to recruit participants from rural areas, our sample predominantly reflects the experiences of urban residents with better access to education and healthcare. Additionally, the majority of participants were from Java and Bali, regions with a higher concentration of mental health organizations, which may have influenced their perspectives. Future research should aim for broader geographic representation to better capture Indonesia's cultural and regional diversity.

Implication

Clinical implications

Unlike prior studies that describe self-healing as innate, SLS viewed it as an intentional and active process for addressing pain and fostering growth. Interventions should support this by incorporating structured self-reflection and proactive coping strategies. A comprehensive approach that combines immediate coping with long-term growth is essential. Open communication between survivors and professionals ensures support aligns with individual goals. Given the multi-dimensional impact of loss (self, social, spiritual), GSPs should assess which areas SLS wish to focus on. SLS value shared experiences and prefer professionals familiar with suicide loss, emphasizing the need for specialized postvention services. GSPs with lived experience might consider sharing their background to build trust and understanding.

Policy implication

Policies should focus on creating culturally sensitive postvention services. This includes establishing specialized postvention programs, such as group counseling for SLS, and ensuring these services are accessible nationwide, especially in rural areas. Involving GSP with lived experience of suicide loss, supported by funding for peer programs, can help build trust with SLS. Additionally, integrating spiritual care into mental health interventions and training faith leaders in basic grief support and mental health principles would provide more holistic support for survivors.

Research implication

Future studies should explore the effectiveness of self-healing strategies among SLS, such as journaling or meditation. Research into the role of lived experience in postvention care is also needed, particularly how GSPs disclosing their own experiences with suicide loss affects trust and therapy. Given SLS's reliance on both clinical and faith-based support, further studies on the effectiveness of integrating mental health professionals and faith leaders could provide insights into holistic care approaches, including grief support and mental health training for faith leaders and the impact of faith-based discussions.

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Ethical statement

This research was approved by The University of Melbourne's Office of Research Ethics and Integrity (2023-25339-38111-3) and the Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada (KE/FK/0677/EC/2023).

Author contributions

AKP conceptualized the study, designed the interviews, conducted them, transcribed and analyzed the data, and drafted the manuscript. AN supported the ethics application, aided data collection, interview transcript, and analysis, and contributed to the manuscript. GA contributed to study conceptualization, interview questions, data analysis, and manuscript. DS provided input on data analysis and manuscript. KA contributed to study design, interview questions, analysis, and manuscript.

Disclosure statement

No potential conflict of interest was reported by the authors.

Data availability

The participants of this study did not give written consent for their data to be shared publicly, so due to the sensitive nature of the research supporting data is not available.


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