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Article

2025

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How to cite

DE CLERCQ, Eva et al. Bittersweet encounters. A qualitative exploration of parents' unexplainable grief experiences after child loss. In: Death studies, 2025. doi: 10.1080/07481187.2025.2607439


This publication URL: <https://archive-ouverte.unige.ch/unige:190826>

Publication DOI: [10.1080/07481187.2025.2607439](https://doi.org/10.1080/07481187.2025.2607439)

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Bittersweet encounters. A qualitative exploration of parents' unexplainable grief experiences after child loss

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ABSTRACT



When a loved one dies, some grievors report experiencing phenomena for which no rational explanation seems to exist. This qualitative study, based on a secondary analysis of interview data, aimed to contribute to a deeper understanding of the value and meaning of unexplainable grief experiences for 23 parents who lost a child to cancer and to integrate these insights into bereavement support. Many cancer-bereaved parents had a variety of unexplainable experiences, and none of them gave the impression that they had to hide or suppress these experiences because of perceived stigma. Although these experiences, as a form of continuing bonds, seemed to alleviate the grieving process, their impact on bereaved parents was often bittersweet. To improve grief support to bereaved families, healthcare practitioners should be aware of how the need or desire for such unexplainable experiences interacts with parents' concerns about how to sustain their child's memory.

Introduction

When a loved one dies, it is very common to experience phenomena for which there seems to be no rational explanation (Beischel et al., 2014; Mäkikömsi et al., 2023). These experiences can take a multitude of physical, sensory and mental forms and can occur with varying intensity and frequency (Mäkikömsi et al., 2024b; Penberthy et al., 2023). The common feature of these experiences is that the bereaved person feels that they are linked to their deceased loved one (Mäkikömsi et al., 2024a, 2024b). Examples include, but are not limited to: receiving dream visitations from the deceased; feeling their presence; having visual (e.g. seeing them), tactile (e.g. being touched by them), auditory (e.g. hearing their voice) or olfactory (e.g. smelling their scent) experiences; getting symbolic messages in nature, through electronic devices (e.g. flickering lights) or objects or lost items found (Elsaesser et al., 2021; Mäkikömsi et al., 2023; Pait et al., 2023). These experiences seem to occur in all cultures and are independent of the

ethnicity, age, level of education, socio-economic background or religious affiliation of the bereaved (Kamp et al., 2020; Pait et al., 2023; Penberthy et al., 2023). They also seem to take place regardless of the type of relationship loss or whether the cause of death was natural (e.g. illness) or violent (e.g. homicide, suicide) (Kamp et al., 2020). Although women appear to be more likely to have such experiences, this gender difference may be due to the fact that men are less likely to participate in research and openly share their grief experiences as it is less socially acceptable for them to do so (Elsaesser et al., 2021; Karydi, 2018; Mäkikömsi et al., 2024a, 2024b).

Different terms are used in literature to describe these experiences (Kamp et al., 2020; Pait et al., 2023). Some authors refer to them as supernatural or paranormal experiences (Exline, 2021). Others prefer the terms after-death communication (Pait et al., 2023) or post death encounters or post bereavement contact. Still, others use the terms bereavement hallucination, grief hallucinations, or hallucinatory experience (Castelnuovo et al.,

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2015; Kamp et al., 2019; Ratcliffe, 2021). Sometimes more neutral terms such as sensory or quasi-sensory experiences of the deceased are being used (Kamp et al., 2020).

The variety of words used to describe these experiences, makes it challenging to estimate the exact frequency of these phenomena among the bereaved (Keen et al., 2013), but existing research suggests percentages ranging from 25% up to 60% (Castelnovo et al., 2015; Penberthy et al., 2023). In addition, the fear of being stigmatized or ridiculed for having a mental illness, may also lead to under-reporting and non-disclosure, especially in western societies which seem less accepting toward these kind of phenomena (Hewson et al., 2024; Keen et al., 2013; Mäkikömsi et al., 2024a; Pait et al., 2023; Penberthy et al., 2023; Sabucedo et al., 2021). Although some research suggests that these experiences may be an indicator of prolonged grief disorder and other forms of severe psychological distress in bereavement (e.g. anxiety, depression, loneliness) (Kamp et al., 2019), the association between these experiences and pathological grief is inconsistent across studies (Hewson et al., 2024; Kamp et al., 2024). Furthermore, although they can cause emotional distress and confusion for some, most bereaved people report that these experiences are real and meaningful events that provide comfort and reassurance (Dewi Rees, 1971; Elsaesser et al., 2021; Keen et al., 2013; McCormick & Tassell-Matamua, 2016; Pait et al., 2023; Penberthy et al., 2023; Sabucedo et al., 2021). In the literature, these experiences are often related to the continuing bonds approach to grief, which rejects the idea that breaking bonds is a way of resolving grief (Hewson et al., 2024; Ratcliffe, 2021).

Most studies have focused on the unexplainable experiences of spouses or persons who have lost a long-term partner (Dewi Rees 1971; Hewson et al. 2024; Jaaniste et al. 2017; Kamp et al., 2022; Karydi 2018; Klass & Steffen, 2018; Lichtenthal et al. 2020; McCormick & Tassell-Matamua, 2016; Sormanti & August, 1997). Some studies included a broader group of bereaved people (e.g. those who have lost a spouse, child, grandchild, sibling, parent, grandparent, or friend) (Mäkikömsi et al. 2023, 2024a, 2024b; Feifer et al., 2023). However, to our knowledge, only one study has explored the phenomenon of unexplainable experiences in a sample of cancer bereaved parents (Sormanti & August, 1997). This study found that such experiences play an essential role in the parents' healing process, and that parents want these continued connections with their children to be acknowledged by healthcare professionals as a *normal* part of bereavement (Sormanti & August, 1997). This study used qualitative questionnaires rather than in-depth

interviews and was published in the late 1990s, a time when the paradigm shift in bereavement research—moving from a stage-oriented model that encouraged detachment from the deceased to one that emphasized maintaining a connection (Klass & Steffen, 2018)—was not yet widely recognized.

In light of this, the current paper, based on a secondary analysis of qualitative interview data, aimed to contribute to a deeper understanding of (a) the value and meaning of unexplainable experiences for cancer-bereaved families *today*, which may differ from the 1990s; and (b) how best to integrate these insights into grief support. The experiences of bereaved parents of children with cancer are likely to differ from other bereavement experiences due to disease-specific factors, such as prognostic uncertainty, and the nature of treatment (Jaaniste et al., 2017). Research further shows that these parents may face decisional regret if they feel that curative treatment continues either too long or not long enough (Feifer et al., 2023; Lichtenthal et al., 2020). The study is part of larger mixed methods project that aimed to improve the bereavement support for parents who have lost a child to cancer by exploring their experiences, complex needs and coping mechanisms both in the short and in the long-term (Raguindin et al., 2025; Vokinger et al. 2025).

Following Mäkikömsi et al. (2023), we prefer not to use the terms after-death communication, bereavement hallucinations, paranormal experiences etc. either because they do not capture the wide variety of ways in which these phenomena manifest themselves, or because they run the risk of characterizing these experiences as inherently pathological or abnormal (although this is usually not the authors' intention). We prefer to use the word “unexplainable” (Mäkikömsi et al., 2024a) rather than “unexplained” (Mäkikömsi et al., 2024b; Mäkikömsi et al., 2023), to emphasize the fact that these experiences may never be fully understood and do not require an explanation in order to be perceived as real and meaningful by bereaved parents. Moreover, unlike the traditional view, we interpret these experiences more inclusively; that is to say, they can encompass both spontaneous (direct) experiences and induced experiences, which are mediated either by a medium—a person who facilitates communication between the deceased and the living—or by the bereaved themselves through hypnosis (Beischel et al., 2014).

Methods

This manuscript involves a secondary analysis of qualitative interviews originally collected as part of a larger mixed-methods study on bereavement care for parents

of children with cancer in Switzerland. We used semi-structured interview data from bereaved parents whose child had been diagnosed with cancer at age <18 years and had been treated in a pediatric oncology center in Switzerland. At least one year had passed between the child's death and the time of the interview. Parents were recruited by the collaborating pediatric oncologist or pediatric palliative care specialist or by a Swiss cancer or bereavement support organization which sent or gave them a flyer about the study. If interested, parents contacted the study team directly for additional information. Parents could choose between separate or joint interviews, and decide for online or in-person interviews, choosing both date and location.

The team developed the interview guide based on a review of the existing literature and team discussions. The guide covered four dimensions: (1) the experience of loss, (2) the grieving process, (3) availability and accessibility of support and bereavement services and (4) (un)met needs or wishes. A pilot interview helped us to refine the guide before the main data collection.

All parents provided written and verbal informed consent before the start of the interview. Two experienced and trained interviewers, the first author, a senior researcher with a background in ethics, and the second author, a PhD student in health sciences with a background in social anthropology carried out the interviews. The interviews were recorded with an audio-device or via zoom and stored on a local computer (not on the Zoom cloud server). They were then transcribed ad verbatim using F4 transcript transcription software and then transferred to Atlas.ti for qualitative data analysis. The transcripts were reviewed for accuracy. Interviews were conducted from March 2022 to September 2023. They took place in English, French, German or Swiss German. Additional details on overall results are available elsewhere (Vokinger et al., 2025).

For this manuscript, we conducted an in-depth analysis of data that were not focused on in the primary analysis. In fact, it was only during the primary analysis of the interview data that the research team noticed that many parents reported on unexplainable experiences. Secondary analysis of qualitative data provides an opportunity to maximize data utility and is particularly valuable with vulnerable and difficult to reach populations (such as bereaved parents) or about sensitive topics (like bereavement and palliative care) (Tate & Happ, 2018).

We used interpretative phenomenological analysis (IPA) to analyze the empirical data (Reid et al., 2005; Smith & Osborn, 2015). The aim of IPA is to explore how people make sense of their life-experiences rather

than aiming for an objective account. It focuses on the unique characteristics of individual participants but also looks for patterns of meaning across participants. It views participants as experiential experts, but acknowledges that these experiences can be understood only through interpretation.

We followed Smith and Osborn (Smith & Osborn, 2015) for data analysis. We started with reading the transcripts several times and made notes in the margins on content, context and word use to encourage data-familiarization. Two researchers then separately made preliminary written interpretations and after a close line-by-line analysis of the experiential descriptions on unexplainable experiences, we identified codes. We then progressed by developing themes for each individual transcript, rather than coding across the entire dataset, and then progressing to theme development. We followed the same process for the other transcripts and then looked for patterns and themes across the data set. This iterative, multi-analyst approach enhanced the credibility and trustworthiness of our findings.

We used Lincoln and Guba's trustworthiness criteria of credibility, transferability, dependability and confirmability to ensure rigor in qualitative research (Lincoln, 1995; Lincoln et al., 1985). We attained credibility through researcher triangulation, with two team members coding the data and resolving discrepancies, as well as through providing a detailed account of participants' experiences. Transferability was strengthened by providing contextual information on the study settings and participants. Dependability was achieved by keeping a detailed record of the entire research process ("audit trail"). Reflective debriefing by the researchers during data collection and analysis enabled us to achieve confirmability.

The Ethics Committee Northwest and Central Switzerland (EKNZ), project-ID 2021-00906, approved the study. All recordings and transcripts were stored on secure university servers in accordance with institutional and national data protection protocols.

Results

We conducted 18 semi-structured interviews with 23 parents (16 mothers and 7 fathers) aged 36 to 55 years. The interviews lasted on average 2 hours. Most of them (N=12) were conducted in person at the participants' home and took place in Swiss German (N=10). Two interviews were in German, 3 in English and 3 in French. At the time of death, the children (11 male, 5 female) were between 2 and 16 years old. Only a minority of the children (N=6) died at home,

Table 1. Sample characteristics.

Participant information	N	Range
Total	23	
Age		36-55
Sex		
Female	16	
Male	7	
Child Information	N	Range
Total	16	
Age		
Age at diagnosis (years)		0-13
Age at death (years)		2-16
Time since death (years)		1-11
Sex		
Female	5	
Male	11	
Place		
Hospital / Health Center	10	
Home	6	

the others died in the hospital. Time since death ranged from 1 to 11 years (Table 1).

The secondary analysis of parents' bereavement experiences resulted in two major themes: (a) Normal yet unique: the rich variety of parents' unexplainable experiences; and (b) Unexplainable experiences as *pharmakon*: both poison and cure? For both themes and respective subthemes, illustrative (translated) quotes are provided. Pseudonyms (for the child's, sibling's and parent's names) are used to protect parents' identities.

Normal yet unique: the rich variety of parents' unexplainable experiences

Spontaneous disclosures about normal grief accompaniments

All participants, both mothers and fathers, *spontaneously* reported on their unexplainable experiences without any prompting from the interviewer. Some parents emphasized that these experiences are perfectly *normal* and seemed to be well aware that they were *common* among bereaved people. One participant mentioned the relief he felt when he read a book on bereavement in which these phenomena were described as a common feature of the grieving process. In many cases, parents also seemed to share these experiences with their partner and child's siblings to grow stronger as a family. Some parents reported that the deceased child's siblings had also had these experiences.

The miracles of life, I mean that whenever I feel a strong need, something happens around me that confirms his [Leo's] presence. It's not madness. It's really true. Whether it is seeing his name, where you would not expect it. You will hear this ten thousand times. Whether it's the title of a film, the title of a song, or when you turn on the radio (...) For me, for example, 19 is a date, now it's a number that is forever linked

to Leo. So, every time, I see the number 19, (...) Well, I know it's him, who's there to tell me 'don't worry' (Mother of Leo, 10 years of bereavement).

This episode is normal (...) I am just going through a process that is well known and described (...) if I understand what is happening to me (...) this book helped me not to be scared of what I was going through (Father of Martin, 2 years of bereavement).

I said aloud to Marc [husband] while we were lying in bed: 'Oh Paul [deceased son], it's time for a sign again. I need it.' We fell asleep afterwards and at two o'clock there was a huge beep (...) the fire alarm (...) it was not even activated. And then it was really clear to Marc: 'Okay, so that's certainly a sign (...) or once, I was in the bathroom with Vanessa [daughter], and then it shook (...) And then Oliver [son] came in, with a frightened expression on his face. He was really scared. He said: 'Mom, I just saw this ball, a black ball, fly down from above, from my room to the floor. What was that? Was it real? And then I just thanked him and said: 'Oliver, do you know how great that is? Maybe Paul showed himself to you (...) it became another sign for us (Mother of Paul, 1 year of bereavement).

Messages from and to heaven: Variation as the rule

Parents reported a variety of different types of unexplainable experiences and all of them had experienced more than one type (see Figure 1). Interestingly, except for dreams, these messages could be experienced individually or shared with others, making them relational.

Almost all parents spoke of messages from heaven, i.e. spontaneous, direct, and unexpected experiences of the deceased child, like for example dream visitations, experiences involving specific sensory modalities (e.g. seeing, hearing, or feeling the child's touch), a (non-sensory) feeling of the child's presence, and symbolic messages from the child (through objects, nature).

I've dreamt about him maybe four times [tearful voice]. Yes (...) I always call him to me and I also wait for him to say something but that/that doesn't work yet (...) (Mother of Paul, 1 year of bereavement).

I know at the beginning, I lived in a world where she was so present [emphasised] I felt like/I heard her, I saw her, I always had the feeling 'Ah now she's coming round the corner' (Mother of Ava, 2 years of bereavement)

He is everywhere. I mean there is the Robin game box; there is where Robin liked to lie on the sofa [pointing with the finger into the house and to the different objects]. But Robin is there in a way that

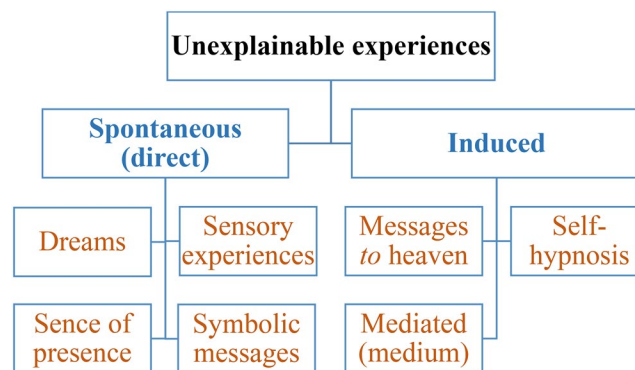


Figure 1. Variety of unexplainable experiences.

doesn't hurt, in a way that somewhat wraps around the soul (Mother of Robin, 10 years of bereavement)

So, I notice that a lot, just when I think of him, often a song comes on the radio that he also listened to a lot. Exactly, I hear this from many people that sometimes they feel something or a gust of wind, or just (...) he is like with me in the kitchen when I'm cooking, but not (...) yeah, just little moments, like brief instances (Mother of Reto, 6 years of bereavement)

Aurelia's [sibling of deceased child Fabienne] godmother had the idea of planting a tree of life with the two girls at Easter (...). It's funny after a year, when Fabienne died, in the first year, the tree gave us exactly three apples, and one of them had been eaten away and had a ladybird on it (...). When we see ladybirds somewhere, [...] it's more of a looking for a connection and we and Aurelia always say "You know, Fabienne is with us anyway, she's with us" (Mother of Fabienne, 4 years of bereavement).

At the beginning/I mean, now we go on holiday without children, right. They're already so big. But at least he's still allowed to go with us, (...) But he's been there from the beginning, always, every holiday he's stands on the table or somehow over/somewhere by the window, like this (Mother of Simon, 8 years of bereavement)

Several parents also referred to messages *to heaven*, i.e. a form of after-death communication that was initiated by the parent or the family, but somehow assuming that the child could see, hear, and feel them.

The youngest daughter [...] she wanted to come to the cemetery, and then she brought a lot of little candles. [...] She said: 'You know, I just have the feeling that Chantal is nice and warm that way' [...] What I've always done in the evening (...) what I still do *now* [emphasis], I light little candles, out there [...] or at Christmas I have little snowflakes that light up [...] that's what I do, I don't know if she sees it. (...) Maybe she does see it. That I haven't forgotten her (Mother of Chantal 6 years of bereavement).

I know he's always in my heart and I also talk to him. And I also go to the grave a lot. For a while I just, it's bad, but I really wanted to find a job in the hospital where he had been treated. Just so I could be there where he went over the rainbow bridge, just to have a connection with him there (Mother of Lars, 3 years of bereavement).

You know in [country of origin of one of the parents] people do not go to the cemetery but at home they have a little place where you can light the incense and you have smoke which creates a link between you and the person and you have a little bell that you can ring. We do this quite often, I would say. It is a little ritual where sometimes we feel like okay I want to connect and we connect this way (Father of Martin, 2 years of bereavement).

Father: When I go home, I always say hello to her. Mother: and her room is the same [...] Father: we have photos and stuff; she is just there for us. Mother: when I eat, every day, I look [at her] and talk (Father and Mother of Melina, 3 years of bereavement).

A few participants also mentioned induced experiences that were triggered by a medium (mediated) or through self-hypnosis (direct).

We went to a medium in a nearby town. I really had the feeling that I wanted to do this. And then Marc and I went there together. And then she also noticed him. Or said that she noticed him and was able to say a few things. And that somehow made it a bit sacred because we really had the feeling: "Yes, he's still there" (Mother of Paul, 1 year of bereavement).

I also read books about/how to make contact. [...] I did a bit of self-hypnosis to make contact with the dead [...] there are moments where I have the impression that he's there. That I'm talking to him, that I can give him a hug. In fact, what is grief? The pain of mourning? It's that overflow of love that you can't give. Well, my way of giving it is to do the visualization, where he's there (Mother of Theo, 5 years of bereavement).

Unexplainable experiences as pharmakon: both poison and cure?

Many parents reported that these experiences were beneficial. They interpreted them as a sign of their child's well-being or of them being in a good place. It also gave them hope that they would one day be reunited again with their child, which in some way alleviated their suffering.

I went to see three mediums, I think. And, we found one who was just incredible. I actually recorded the sessions and made my children listen. They took it without any questions. For them Theo is there. Theo sees us. He is somewhere else but he's here with us and they'll see him again one day. Also my husband believes in it (Mother of Theo, 5 years of bereavement).

I'm not necessarily the type to be esoteric, but there have already been two or three situations where we've simply said: "Yes, he's in a good place and he's doing well and we'll see him again one day" That's simply the hope [trembling voice] and that also gives you strength (Father of Paul, 1 year of bereavement)

On the other hand, these experiences could also remind parents that their child is no longer physically there. In fact, the father of Paul also stated:

but the physical part is just missing, isn't it? That you can take him in your arms and (...) Just be with him. Not specifically that we have to do something, just that he's still there (...) Falling asleep (...) Or I would still like to have him here physically that I could touch him. Give him a kiss.

Something along these lines was expressed by another parent who said that her child's visits in her dreams reminded her that they would not come back anymore; making her relive her grief all over again, just like at the start:

Sometimes I find it even more painful when she comes (...) about a month ago I dreamt about her again and then I realized, I woke up screaming, that she was no longer there. And it's really like that again, so intense and at that moment it hurts just as much. I don't have the feeling that it will ever diminish. (Mother of Ava, 2 years of bereavement).

The unexplainable experiences were not unambiguously beneficial for all parents or in all situations. This was also clear from parents' testimonies that highlighted the fragility of these experiences, in particular of spontaneous and direct (non-mediated) ones. This fragility stemmed from the fact that they happened to parents at their own time and in their own way, and beyond their control. So, while parents considered these experiences to be precious, they suffered when they did not occur or became less frequent.

I wanted to fall asleep to meet him. It didn't happen [tears]. My husband, my brother, my sisters, everyone dreamt about him. But not me (...) And that was difficult. So I thought, why doesn't he come to me? [...] I was angry, because I wasn't dreaming and I wanted to sleep to try and find him (Mother of Theo, 5 years of bereavement).

Running was one of my releases and I started doing a lot of it (...) it was yeah that was one of my weekly rituals for a long time, and now it's less frequent. I was running from here to the cemetery (...) in the beginning the first few months I almost felt like he was running next to me. I don't know, it was something that made me feel really good but then when it wasn't happening anymore and when I tried to force it back, it was not the same. (...) I'm conscious that this is normal, with time we start to forget certain things (...) but when you realize that you haven't thought about him for a day or a couple of days, a bit of anger or frustration comes in because he's always supposed to be there but he's not so (Father of Noah, 4 years of bereavement).

As the quote above shows, for some parents, having or not having these experiences was also linked to the fear that their child's memory would fade. This was also evident in the words of one mother who was afraid of forgetting her child's smell.

I dreamt about her so often and (...) somehow I desperately held on to it because I just didn't want to understand that it was really true (...) at some point I woke up and then I thought "I don't remember what she smelled like". And those are the moments when I effectively had the feeling that you can die of a broken heart (Mother of Ava, 2 years of bereavement).

Parents tried to mitigate the precariousness of these experiences in different ways, with some approaches proving helpful for some families and not for others. For example, one mother turned to induced after-death communication to connect with her son, while another feared of becoming too dependent on this type of contact and losing touch with reality. This mother tried to maintain a physical bond with her son through a memorial tattoo. Another mother felt a deep connection to her daughter, as if she could sense her presence within her own heart.

I also started a trance-healing program. It's one day every month. It's a course with the aim of really connecting with the spiritual world. In the hope that I can perceive signs from Paul and that I can be close to him (Mother of Paul, 1 year of bereavement).

There was also a time when I had this thing about going to a medium to be able to talk (...), I didn't do it because I was afraid that if I really could get in touch with him [Leo], I'd be a slave to it (...). I did not want to live in a parallel reality because well I

have two other children, I have a family, and I have my job (...). What is missing the most is his presence his touch and so you look for presence in your dreams, in mediums (...). I got his name tattooed (...) and so my ritual is that/well, it allows me to be discreet, but I can still touch him. So, that's my ritual. (...) I think that is what helped me the most. It's that through me, I'm in contact with him [...], the only thing I can do when I miss him (Mother of Leo, 10 years of bereavement).

What I do is, I've often sung songs to her, when she was in a coma or when she had a seizure or when she fell asleep from radiotherapy. I've always sung songs to her and that's another thing for me. I also sing them to Michael [sibling] (...) But I think my biggest connection to her is my feelings. I have an armchair where I sit down and look into my heart again and again. I see what kind of legacy she has left behind (Father of Eva, 1 year of bereavement).

Some parents relied on a form of after-death communication initiated by the family to keep their children's memory alive. They were saddened by the fact that people seemed to have forgotten their child. One mother also expressed her sadness at having to take the initiative herself, which once again highlights the fragility of such experiences.

I also have the feeling that after two years, a lot of her [Ava] has been forgotten. It's fading and the people around me hardly ever ask anymore. I don't think that should happen. That can't be right! (...) we were [in a city, on holiday] and then we were like "Hey, we have to look for a nice stone together and then we'll bring it to her, to the grave". I just keep noticing that we actively have to do something with this love, I've already bought a little booklet. I mean, I know she doesn't look at it anymore, but (...) I know she would have really liked it. Or once I wrote her a letter. It's like no matter what [emphasizes], (...) sometimes I say to her like consciously "Now I have space for you" (Mother Ava, 2 years of bereavement)

I want to talk about him, I want Paul to be part of our lives. But how long do people want to suffer? I can't keep telling new stories about Paul. At some point, it's been said what he had. And the memory is what keeps him alive, keeps him with us [tearful voice] (...) shortly after he left, we made a fire and I asked everyone to write down something that had stayed with them from Paul (...) we talked and laughed and told these stories around the fire. But then it has to come from me, nobody comes to me: "Come on, Mina. I've got a great idea: we'll meet up and I'll organize everything and then talk to and about Paul (...) I have so many photos and films to show (...) And then you have so many memories. But the question is, is it just a memory on your mobile phone or is it really a living memory? (...) I don't just want to remember the films. I also want to be able to remember the real Paul as well (...) what will

it be like in twenty years' time, right? I really don't have such a good memory (Mother of Paul, 1 year of bereavement).

Discussion

The present study offers an important contribution to the existing literature on unexplainable grief experiences by examining the perspectives of families who lost a child to cancer. Our findings also contribute to the recent literature on the continuing bonds perspective, which emphasizes the embodied and relational aspects of continuing bonds (Pearce & Komaromy, 2022). While it is known that continuing bonds can help parents sustain their identity as parents (Foster et al., 2011; Hewson et al., 2024), our findings highlight their inherent fragility, particularly when expressed through unexplainable experiences.

The first key finding of our study was that cancer-bereaved parents may have many different unexplainable experiences, and that these are common phenomena. Bereaved parents also talked about the relational nature of some of these experiences and how they were a source of comfort for their family. However, although losing a child is inherently relational, most research has focused on the perspective of the individual parent bypassing spontaneous and planned relational grieving experiences and activities (Klaassen et al., 2015).

Contrary to what is often reported in the literature (Keen et al., 2013; Pait et al., 2023; Penberthy et al., 2023; Sabucedo et al., 2021), our participants seemed unafraid of being judged as mentally ill or maladjusted in their grief as they spontaneously disclosed these experiences to the interviewer. This openness may reflect a need for these unexplainable experiences to be acknowledged. Openly sharing their experiences may help parents to convince themselves that these experiences are normal, understandable and acceptable.

There are other alternative explanations that could account for parents' openness, besides the meaning-making interpretation above.

Firstly, the continuing bonds approach, which is often associated with these experiences, emphasizes that continued connection and communication with the deceased is often a normal and healthy response to grief (Hewson et al., 2024; Ratcliffe, 2021). This approach has become more widely accepted in recent years (Pedraza et al., 2023). This may have removed some of the perceived stigma about unexplainable experiences.

Secondly, we focused on the grief experiences of a particular group of griever, i.e. parents faced with

the unexpected event of a violent disruption of the natural order, the death of their child. It is possible that unexplainable experiences are more normalized among bereaved parents because they somehow reflect a childlike worldview, a more imaginative and symbolic way of seeking communication and connection.

Thirdly, it is possible that our participants were not afraid of disclosure because the interviewers were not (mental) healthcare professionals. Some research shows that at times the *perceived* reductionism of clinical psychology, i.e. the *perceived* tendency to minimize or explain away these experiences as merely a psychological reaction brought on by grief, can prevent bereaved people from sharing their experiences because they want to preserve the mystery and sacredness that surrounds them (Pait et al., 2023).

Fourth, the open disclosure observed may be due to sample bias in the sense that our participants may have been more willing to share these experiences because of their prior openness in discussing the loss of their child. The latter may also explain why, in contrast to other studies, both mothers and fathers reported these experiences equally. On the other hand, the absence of gender differences might also suggest that there is a development from the traditional perception of parental roles.

Another important finding was that although none of our participants described these experiences as frightening, strange, or anxiety provoking, their impact on bereaved parents was often “bittersweet”. The fact that continuing bonds can have both comforting and discomfoting effects for bereaved loved ones has been widely reported in the literature and is often attributed to the fact that they foreground both the presence and the absence of the deceased person (Foster et al., 2011; Hayes & Leudar, 2016; Hewson et al., 2024; Sabucedo et al., 2021).

In our study, the oscillation between these two poles took on different dimensions. First, in line with previous studies (Kamp et al., 2020), having these experiences, seems to have provided parents both the comfort of their deceased children still being “there” and knowing them to be in a safe place. At the same time, their occurrence can also amplify parents’ grief as they could increase feelings of absence, re-separation and secondary loss (Hewson et al., 2024). Several parents, in fact, highlighted that what they miss the most is their child’s physical presence, and the possibility to touch, kiss and hug them. Their longing for physical contact may reflect a way to sustain an emotional bond with their child and a need for recognition of their parental role. The fact that parents emphasize missing their child’s physical

presence highlights the embodied nature of their grief. Although unexplainable experiences can give parents the feeling that their child is still with them, at the same time, they seem to confront them also with the radical *bodily* absence of their child in the world.

While the somatic effects of grief (e.g. sleep disturbance, loss of appetite, weight loss, increased morbidity, etc.) are widely recognized, the role of the body in grief remains undertheorized, also in the traditional continuing bonds framework (Pearce & Komaromy, 2022). Existing bereavement research in fact has mostly focused on the cognitive and affective aspects of the grieving process (e.g. coping strategies, the role of personality traits, attachment styles) rather than embodied grief practices, except for some notable exceptions (Leichtentritt et al., 2016; Pearce & Komaromy, 2022). However, the topic has gained more prominence since the onset of the COVID-19 pandemic (van Schaik et al., 2025). Research suggests that restrictions on physical contact with the deceased (e.g. touching the body or being present at the time of death) can result in a physically disorienting and somatic experience of loss (Becqué et al., 2022; Hernández-Fernández & Meneses-Falcón, 2022; Kentish-Barnes et al., 2021; van Schaik et al., 2025).

The few studies conducted on this topic reveal some of the ways in which the bereaved can use the body (both theirs and that of the deceased person) to maintain a bond with their loved one and how this can have a beneficial impact on their grieving process (Leichtentritt et al., 2016). The bereaved can embody the deceased through a memorial tattoo (Cadell et al., 2022; Swann-Thomas et al., 2025; Swann-Thomas et al., 2022), for example, or care for the body of their deceased loved one (e.g. by using cooling facilities¹) (De Clercq et al., 2025). This may explain why one of the mothers in our sample got a tattoo of her deceased son to create an ongoing visual and embodied relationship with her son and why the ritual of touching the tattoo offered her relief. For healthcare providers involved in bereavement care, acknowledging the role of the body in grief may be essential. This is particularly true in the case of parental bereavement, given the particular bodily entanglement or intercorporeal reality of child-parent caregiving relationships.

Second, the presence-absence dimension was also related to unexplainable experiences themselves. These experiences in fact occurred to parents at their own time and in their own way, but could also not occur or fade over time. Parents were unable to control this

process. As a result, parents felt sad or even jealous when these experiences did not happen to them but to others. Or, they felt anxious, believing that these experiences could keep their child's memory alive, and some even felt guilty, interpreting the lower frequency or disappearance of these experiences over time as a sign of them failing to remember them. This may explain why some parents seemed to appoint themselves as the child's biographer (Shanun-Klein, 2013) and turned to forms of after-death communication that were initiated by themselves. With these "messages to heaven", parents seemed to actively want to counter the risk of forgetting their child, both for themselves and others. Still, also these induced experiences could give rise to feelings of vulnerable reliance as some parents were afraid of either losing contact with reality or of replacing their child by something of their own creation.

The complex relationship between the need for, and even dependence on, unexplainable experiences and remembrance - which does not seem to have been addressed in the existing literature on continuing bonds so far - seems to be deeply intertwined with what has been described as society's "grief illiteracy", i.e. the ability to understand loss and to act on that understanding (Breen et al., 2022). Parental grief asks to be voiced, acknowledged, and witnessed by others, but society's culture of denying grief leads to a fear of forgetting (Klaassen et al., 2015).

Finally, in contrast to another study (Klaassen et al., 2015), for most parents in our project, unexplainable experiences were not closely related to their faith or at least they did not explicitly mention such connections.

Recommendations for clinical practice

Support groups and healthcare professionals should reassure parents that unexplainable experiences are common to bereaved parents. They should try to be attentive to these experiences, and create a safe and supportive space for parents to share these experiences for example by addressing the topic in-group sessions and let them emerge spontaneously. At the same time, support groups and healthcare professionals need to support parents with finding new shared grief strategies (e.g. legacy work or activities honoring their child's life which go beyond tangible mementos" or "keepsakes"(Jones et al., 2023; Schuelke et al., 2021) such as maybe memory circles, story-telling etc.) to maintain a bond with their child. They should keep in mind also individualized preferences when considering which and how to best offer such interventions (Love et al., 2022).

Recommendations for future research

The following topics would benefit from further in-depth exploration: (a) the role of the body in parental bereavement and coping styles; (b) the relational, interpersonal aspects of grieving within families, in particular with regard to maintaining bonds, (c) the perspective of siblings on unexplainable experiences and an exploration of how continuing bonds may affect them over time.

Limitations

The findings from this secondary analysis are not generalizable to all cancer-bereaved parents. The modest sample size, the specific Swiss treatment and living context and the relatively limited representation of fathers, render such a generalization impossible. It is also important to acknowledge the potential impact of selection bias on our findings. Parents who chose to participate may have been those who felt a particular need or desire to share their experiences or who found verbal processing an effective coping strategy.

Conclusion

Our study captures unique insights into the unexplainable grief experiences of parents who have lost a child to cancer, and our findings contribute to an under-studied area of bereavement research. Many cancer-bereaved parents frequently have a variety of unexplainable experiences, and none of them gave the impression that they had to hide or suppress these experiences because of perceived stigma. Although these experiences, as a form of continuing bonds, can alleviate the grieving process, their impact on bereaved parents was often bittersweet. To improve grief support to bereaved families, healthcare practitioners should be aware of how the need or desire for such unexplainable experiences interacts with parents' concerns about how to keep the memory of their child alive.

Note

1. Cooling facilities are cool air-conditioned rooms and portable items such as cold cots, cooled blankets or mattresses that slow the body's decomposition. They may allow parents to spend more time with their child, holding them, touching them, and creating memories.

Acknowledgements

Our utmost thanks go to all the parents who took the time to share their experiences in bereavement and the lives of their

families with us. We also express our gratitude to all organizations and pediatric oncology and palliative care units that helped us spread information about this study and everyone who supported us with the transcriptions of the interviews.

Ethical approval and consent to participate

This study was approved by the Ethics Committee Northwest and Central Switzerland (EKNZ), project-ID 2021-00906.

Consent

Written informed consent was obtained from all participants included in the study.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This research is part of a project which has received funding from the Swiss Cancer League grant No KFS-4995-02-2020, the Cancer League Central Switzerland, and the European Union's Horizon 2020 research and innovation program under the Marie Skłodowska-Curie grant agreement No 801076, through the SSPH+ Global PhD Fellowship Programme in Public Health Sciences (GlobalP3HS) of the Swiss School of Public Health and of the Research Committee (FoKo) of the University of Lucerne.

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Data availability statement

The authors can provide additional information about the data upon request. However, data are not publicly available due to ethical and privacy restrictions. Please contact the corresponding author.

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