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Faith-Based Social Support and Psychological Recovery among Suicide Loss Survivors in Kampala, Uganda

Gladys Wangui Mauldin, Violet Nekesa Simiyu & Jennifer Wangari Wairiuko
Catholic University of Eastern Africa
Email: nekesaviolet2013@gmail.com

Abstract: *Suicide bereavement is a complex experience that may expose survivors to psychological distress, stigma, guilt, social isolation and difficulties in meaning-making. In Uganda, these experiences occur within cultural and religious contexts that may either facilitate or constrain recovery. This study examined faith-based social support and psychological recovery among suicide loss survivors in Kampala, Uganda. Guided by an interpretivist paradigm, the study employed a qualitative approach using Constructivist Grounded Theory. Fourteen participants, comprising 12 suicide loss survivors and two representatives of faith-based institutions, were purposively recruited. Data were generated through in-depth and semi-structured interviews and observation and analysed iteratively through coding, constant comparison, memo writing and category development. Findings revealed experiences of shock, persistent grief, guilt, stigma, social isolation and challenges with acceptance. Faith-based institutions provided emotional comfort, spiritual guidance, communal support and practical assistance, although their effectiveness was constrained by limited suicide-specific knowledge, inconsistent support and cultural stigma. The study concludes that faith-based social support is an important resource for psychological recovery but should complement professional psychological, social work and community-based interventions.*

Keywords: *faith-based social support; psychological recovery; suicide bereavement; suicide loss survivors; Uganda*

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1. Introduction

Death and bereavement are universal human experiences, but the nature and circumstances of a death significantly influence how surviving family members experience grief and adjust to loss. Bereavement may affect psychological, emotional, physical and social functioning, while the availability of appropriate social support can facilitate adjustment and recovery (Breen, 2021; Burke, 2025; Cacciatore et al., 2021). Although grief occurs following different forms of death, sudden and unexpected deaths may produce particularly intense responses because survivors have little opportunity to prepare psychologically for the loss (Costeira et al., 2024; Kristensen et al., 2012).

Suicide represents a particularly complex form of unexpected death. In addition to the grief associated with losing a loved one, suicide loss survivors may experience shock, guilt, shame, anger, unanswered questions, self-blame, stigma and difficulties making sense of the death (Bjornsdottir et al., 2024; Pitman et al., 2014; Spillane et al., 2018; Tal Young et al., 2012). Survivors may repeatedly question why the suicide occurred, whether warning signs were missed and whether something could have been done to prevent the death. These experiences can complicate the grieving process and increase the need for appropriate psychological and social support.

Suicide bereavement does not, however, occur in a social or cultural vacuum. The meanings attached to suicide, community responses to the death, religious beliefs, mourning practices and the availability of supportive relationships influence how survivors experience their loss. Rosenblatt and Kearney (2008) emphasize the social and cultural nature of grief, while more recent scholarship similarly demonstrates that bereavement

experiences are embedded within wider interpersonal and social systems (Smith-Greenaway et al., 2025).

In many African societies, death and mourning are traditionally understood as collective rather than exclusively individual experiences. Families, extended kinship networks, neighbours, religious communities and other community structures participate in mourning and provide practical and emotional support. However, suicide can disrupt these conventional systems of support because it may be interpreted as a culturally or morally problematic form of death (Adinkrah, 2015, 2022; Dennis & Udo, 2021).

This issue is particularly relevant in Uganda. Research among the Baganda, for example, has demonstrated the influence of cultural and religious meanings on understandings of suicide and responses to people affected by suicide (Kinyanda et al., 2011; Mugisha et al., 2011, 2013). Suicide may be associated with stigma, spiritual concerns and culturally embedded beliefs that affect how the deceased and surviving family members are treated. Religion and tradition therefore have considerable influence on both interpretations of suicide and responses to affected families (Knizek et al., 2021; Osafo et al., 2023).

The psychological effects of such responses can be substantial. Suicide loss survivors may experience not only personal grief but also reduced social acknowledgement, avoidance, judgment and pressure to conceal the circumstances surrounding the death. Pitman et al. (2016) found that people bereaved by suicide reported higher levels of perceived stigma than individuals bereaved through other sudden deaths. Similarly, Chapple et al. (2015) identified different layers of stigma experienced by suicide-bereaved individuals, including difficulties talking openly about the death.

Social support therefore constitutes an important component of psychological recovery. Supportive interpersonal relationships may reduce isolation, validate grief, facilitate meaning-making and provide practical resources during bereavement (Breen, 2021; Cacciatore et al., 2021). Recent evidence also indicates that supportive social experiences can facilitate adjustment after suicide loss, while unsupportive experiences may intensify grief and isolation (Feigelman et al., 2025; Marek & Oexle, 2024).

Within Uganda, faith-based institutions are particularly important because religion is closely integrated into family and community life. Religious institutions may provide prayer, pastoral counselling, spiritual guidance, communal mourning, material assistance and opportunities for survivors to reconstruct meaning following loss. Religion has also been identified as an important meaning-making resource in understanding and coping with suicidal behaviour in Uganda (Kizza et al., 2021; Knizek et al., 2021).

Faith institutions, however, may function as a double-edged resource. Religious beliefs can promote hope, compassion, belonging and meaning, while certain interpretations of suicide can also reinforce stigma or moral judgment (Osafo et al., 2023; Potter, 2021). Consequently, the contribution of faith-based institutions to psychological recovery requires empirical examination rather than an assumption that religious support is necessarily beneficial.

Although considerable attention has been directed towards suicide prevention, less attention has been given to postvention and the psychological recovery of individuals and families following suicide. Furthermore, limited empirical evidence exists on how faith-based social support is experienced by suicide loss survivors in Kampala and how such support could be strengthened and integrated with professional psychological and social work services. The present study therefore examined faith-based social support and psychological recovery among suicide loss survivors in Kampala, Uganda.

2. Literature Review

2.1 Suicide Loss and the Psychological State of Survivors

Bereavement involves adjustment to the absence of a significant person and can influence psychological and physical well-being. Stroebe et al. (2007) established that bereavement can have significant health consequences, while more recent scholarship continues to recognize grief as a multidimensional experience influenced by individual, relational and sociocultural factors (Burke, 2025; Smith-Greenaway et al., 2025).

The circumstances surrounding death are particularly important. Expected death may provide some opportunity for anticipatory preparation, although this does not eliminate grief. Sudden and unexpected death, in contrast, may disrupt survivors' assumptions about life and produce intense shock, disbelief and difficulty integrating the reality of the loss (Costeira et al., 2024; Kristensen et al., 2012).

Suicide bereavement introduces further complexities. Pitman et al. (2014) observed that suicide bereavement may have significant consequences for mental health, while Spillane et al. (2018) reported both psychological and physical effects among family members bereaved by suicide. Tal Young et al. (2012) similarly associated suicide bereavement with complicated grief and highlighted the distinctive challenges encountered by survivors.

More recent qualitative evidence continues to demonstrate the depth of this experience. Bjornsdottir et al. (2024), in examining parents who had lost a son or daughter to suicide, described profound existential suffering and complicated grief. Bottomley and Neimeyer (2025) further demonstrated the importance of

coping and meaning-making processes among adults bereaved by suicide.

Meaning-making is particularly significant because survivors may attempt repeatedly to reconstruct the circumstances surrounding the death. Unanswered questions, perceived responsibility and guilt may become persistent components of bereavement. Gibbons (2025) identifies blame as an important psychological issue following suicide, while Pitcho (2025) highlights the complexity of survivor guilt following traumatic loss.

Consequently, psychological recovery following suicide loss involves more than accepting the physical absence of the deceased. It may require survivors to reconstruct meaning, negotiate guilt and blame, restore social relationships and establish ways of continuing life while integrating the loss.

2.2 Handling of Death in the Ugandan and African Context

Death and mourning in many African settings involve extended families and wider communities rather than only the immediate household. Cultural rituals can provide meaning, social recognition and continuity during bereavement.

Adinkrah (2015, 2022), for example, demonstrates how cultural beliefs concerning acceptable and unacceptable forms of death influence mortuary and mourning practices among the Akan of Ghana. Although such practices cannot be generalized to Uganda, they illustrate the broader African principle that the circumstances surrounding death may influence how communities interpret and respond to bereavement.

In Uganda, community, family, cultural and religious structures remain important in understanding death and bereavement. Religious and traditional beliefs provide frameworks through which individuals interpret death, suffering and continuity. Religion also remains an important resource for understanding suicidal behaviour and coping with its consequences (Kizza et al., 2021; Knizek et al., 2021).

Mourning rituals can perform significant psychological and social functions. They provide opportunities for acknowledging death, expressing grief, remembering the deceased and receiving communal support. Lewis and Hoy (2021) argue that bereavement rituals can facilitate the construction of meaning and legacy following loss.

However, conventional community support may be disrupted where the cause of death is suicide.

2.3 Handling of Suicide Deaths, Culture and Stigma

Cultural interpretations of suicide are important because they can determine how the deceased and surviving family members are treated. Research in Uganda has documented traditional mechanisms for dealing with suicide that involve distancing and culturally specific responses to the deceased (Kinyanda et al., 2011; Mugisha et al., 2011). Religious views may also shape how suicide is interpreted within communities (Mugisha et al., 2013).

These interpretations are significant for survivors because stigma can extend beyond the deceased to surviving family members. Suicide loss may consequently become a socially complicated bereavement in which survivors must simultaneously manage grief and negotiate how the death is perceived by others.

Chapple et al. (2015) found that suicide-bereaved individuals experience multiple layers of stigma and may encounter difficulties disclosing or discussing the death. Pitman et al. (2016) similarly demonstrated higher perceived stigma among individuals bereaved by suicide than among those bereaved through other sudden causes.

Within African contexts, suicide stigma has been associated with cultural beliefs and community attitudes that may affect bereaved families (Adebayo & Bamgboye, 2022; Azasu, 2024). Such experiences can lead survivors to withdraw socially, conceal the cause of death or avoid seeking assistance.

This has implications for psychological recovery because social recognition and acknowledgement are important components of bereavement adjustment. Where survivors perceive rejection or judgment, their grief may become socially marginalized. Cesur-Soysal and Arı (2024) demonstrate how grief can become disenfranchised both personally and socially when it is inadequately recognized or validated.

The psychological recovery of suicide loss survivors therefore requires attention not only to individual emotional distress but also to the cultural and social environment in which survivors live.

2.4 Social Support and Psychological Recovery

Social support can provide an important protective resource following traumatic bereavement. Breen (2021) emphasizes the importance of harnessing social support during bereavement, while Cacciatore et al. (2021) demonstrate that good grief support involves both appropriate supportive actors and meaningful supportive actions.

For suicide loss survivors, social support can reduce isolation and create opportunities to share experiences with people who recognize the complexity of suicide bereavement. Recent evidence suggests that social support may mitigate some grieving difficulties among suicide loss survivors (Feigelman et al., 2025).

Peer support may be particularly valuable. Higgins et al. (2022) identified peer-led support as an important postvention resource, while Inostroza et al. (2023) found that peer-support groups can provide survivors with opportunities for connection, shared understanding and mutual support. Adshead et al. (2025) similarly found value in peer-led social support groups among individuals bereaved by suicide.

Nevertheless, social support is not automatically helpful. Marek and Oexle (2024) distinguish supportive from non-supportive social experiences following suicide loss, demonstrating that inappropriate responses may intensify rather than reduce distress. The quality, timing and nature of support are therefore important.

2.5 Faith-Based Social Support

Faith-based social support refers to emotional, spiritual, social and practical assistance available through religious institutions, leaders and communities. Such support may include prayer, pastoral care, communal fellowship, material assistance, religious rituals and spiritual meaning-making.

Religion can become particularly important when individuals attempt to understand suffering and death. Research in Uganda and Ghana demonstrates that religion functions as a meaning-making resource in relation to suicidal behaviour (Knizek et al., 2021). Kizza et al. (2021) similarly highlight religion as a resource through which people understand and cope with suicidal behaviour in Uganda.

For bereaved individuals, spirituality may facilitate meaning-making, hope and continuing connection. Alexandre Silva de Almeida et al. (2025), in their review of religiosity and spirituality in coping with suicide grief, indicate that religious and spiritual resources may influence how survivors understand and respond to suicide loss.

Faith communities also possess practical advantages. They are already embedded within communities and frequently maintain long-term relationships with individuals and families. This potentially allows them to provide assistance during the immediate bereavement period and continued support thereafter.

However, religion can have both supportive and stigmatizing effects. Potter (2021) demonstrates the significance of Christian interpretations of suicide, stigma and salvation, while Osafo et al. (2023) characterize religion and suicide as potentially a “double-edged sword.” Religious teachings may facilitate compassion and hope but can also reinforce judgment where suicide is interpreted primarily through moral condemnation.

The role of faith institutions in suicide bereavement therefore needs to combine spiritual resources with accurate understanding of psychological trauma, compassionate engagement and appropriate professional referral.

2.6 Knowledge Gap

Existing scholarship demonstrates that suicide bereavement involves distinctive psychological and social challenges and that social and spiritual support may facilitate recovery. Research has also established that culture and religion influence understandings of suicide within Uganda (Kizza et al., 2021; Knizek et al., 2021; Mugisha et al., 2011, 2013).

Nevertheless, there remains limited empirical understanding of how faith-based social support is experienced specifically by suicide loss survivors in Kampala and how faith institutions can respond to survivors' psychological recovery needs. Furthermore, much suicide-related work concentrates on prevention rather than the postvention needs of surviving family members.

The study addressed this gap by exploring survivors' lived experiences and psychological recovery needs and examining the nature and limitations of faith-based social support available to them.

3. Methodology

3.1 Research Paradigm and Design

The study was grounded in the **interpretivist paradigm** and adopted a qualitative approach using **Constructivist Grounded Theory (CGT)**. CGT was considered appropriate because the study sought to understand participants' subjective experiences of suicide bereavement within their social, cultural and religious contexts while progressively constructing an explanatory understanding of psychological recovery.

Constructivist Grounded Theory recognizes that knowledge is constructed through interaction between researchers and participants rather than simply discovered as an objective reality (Charmaz, 2006, 2009, 2014). It also provides systematic procedures for concurrent data generation and analysis, constant comparison, memo writing, category development and theoretical construction (Charmaz & Thornberg, 2021; Chun Tie et al., 2019).

The methodology was particularly suitable because the study sought to generate a culturally responsive explanatory understanding of psychological recovery rather than test predetermined variables or hypotheses.

3.2 Study Participants and Sampling

The study involved 14 participants, comprising 12 suicide loss survivors and two representatives of faith-based institutions in Kampala, Uganda.

Participants were selected purposively because participation required direct experience of suicide bereavement or relevant experience within faith-based institutions supporting bereaved families. Purposive sampling is appropriate in qualitative inquiry where participants are selected because of their capacity to provide information-rich accounts relevant to the phenomenon under investigation (Patton, 2015).

The study did not seek statistical representativeness. Sample adequacy was instead determined by the richness of participants' accounts, conceptual development and saturation. This is consistent with qualitative research in which saturation is used to assess whether additional data continue to contribute substantively new information to emerging categories (Ahmed, 2025; Hennink & Kaiser, 2022).

3.3 Data Collection

Data were generated through in-depth interviews, semi-structured interviews and observation. Semi-structured interviewing enabled the researcher to explore common areas across participants while allowing flexibility to probe individual experiences and emerging concepts (Galletta, 2013; Magaldi & Berler, 2020).

Separate interview guides were used for suicide loss survivors and faith-based representatives. Interviews explored participants' experiences following suicide loss, psychological challenges, social and cultural responses, coping and recovery needs, experiences of faith-based support and suggestions for strengthening support.

Because suicide bereavement is a sensitive and potentially distressing topic, the study incorporated trauma-informed research principles. Trauma-informed qualitative research emphasizes participant safety, choice, sensitivity, control over disclosure and awareness of the possibility that research encounters may evoke distress (Alessi, 2025; Urban Institute, 2021).

3.4 Data Analysis

Data collection and analysis proceeded concurrently in accordance with Constructivist Grounded Theory. Analysis involved coding, constant comparison, memo writing, category development and progressive theoretical integration (Charmaz, 2006, 2014).

Incidents within individual accounts were compared with other incidents and across participants to identify similarities, variations and relationships. Emerging categories were progressively refined as data generation continued.

The analysis generated major categories concerning the lived experience of suicide loss, survivors' psychological recovery needs, the nature of faith-based social support and limitations affecting the capacity of faith institutions to support psychological recovery.

4. Results and Discussion

4.1 Lived Experiences of Suicide Loss Survivors

The findings revealed that suicide bereavement was experienced as a continuing psychological and social process rather than a single event associated with the death. Survivors described initial shock and disbelief followed by persistent grief, difficulty accepting the death, guilt, unanswered questions and attempts to make sense of what had happened.

These findings are consistent with previous evidence demonstrating that suicide bereavement can involve complicated psychological responses. Tal Young et al. (2012) identify complicated grief as an important concern among suicide-bereaved individuals, while Pitman et al. (2014) demonstrate wider mental-health implications associated with suicide bereavement. Bjornsdottir et al. (2024) similarly describe profound existential suffering among parents who had lost children through suicide.

A particularly important experience was the persistence of questions surrounding the death. Survivors attempted to understand why the suicide occurred and whether something might have been done differently. Such questioning could reinforce guilt and self-blame. This corresponds with recent literature identifying blame and survivor guilt as important dimensions of traumatic bereavement (Gibbons, 2025; Pitcho, 2025).

The findings therefore indicate that psychological recovery involves more than mourning the physical absence of the deceased. Survivors must also negotiate the meaning of the death and reconstruct their understanding of themselves, their relationships and their future.

4.2 Stigma, Concealment and Social Isolation

The findings further revealed that survivors' experiences were strongly influenced by stigma surrounding suicide. Some participants experienced judgment or anticipated negative reactions from others. Concealing the cause of death could therefore become a protective strategy through which survivors attempted to protect themselves and their families from social judgment.

This finding corresponds with Chapple et al. (2015), who found that stigma can create difficulties in openly discussing suicide bereavement. Pitman et al. (2016) similarly found that suicide-bereaved individuals perceived substantially greater stigma than people bereaved through other sudden deaths.

The Ugandan cultural context is particularly important. Earlier research demonstrates that traditional and religious interpretations influence understandings of

suicide among Ugandan communities (Kinyanda et al., 2011; Mugisha et al., 2011, 2013). Consequently, survivors may have to negotiate both personal grief and established community meanings surrounding suicide.

Social withdrawal and concealment can undermine recovery because they reduce access to the very relationships that might otherwise provide support. This reinforces the importance of interventions that address stigma at family, faith-community and wider community levels rather than focusing exclusively on the individual survivor.

4.3 Psychological Recovery Needs

Participants identified interconnected emotional, social and psychological recovery needs. Survivors required opportunities to talk about their experiences without judgment, emotional reassurance, social acceptance and assistance in processing guilt, shame, blame and unresolved questions.

They also required support in managing continuing reminders and triggers associated with the death and in rebuilding disrupted social connections.

These findings are consistent with evidence that suicide-bereaved individuals require responsive and individualized support. Cacciatore et al. (2021) demonstrate that effective traumatic-grief support depends not simply on the presence of others but on the quality and appropriateness of supportive actions. Marek and Oexle (2024) similarly distinguish supportive from non-supportive social experiences following suicide loss.

Psychological recovery therefore appears to involve both **internal and relational processes**. Survivors need opportunities to process grief and reconstruct meaning, but they also require social environments that acknowledge rather than disenfranchise their grief.

Peer support may offer an important avenue for meeting these needs. Peer-support interventions enable survivors to interact with others who have encountered similar experiences, potentially reducing feelings of isolation and abnormality (Adshead et al., 2025; Higgins et al., 2022; Inostroza et al., 2023).

4.4 Emotional and Spiritual Support from Faith Institutions

The findings demonstrated that faith-based institutions provided important forms of emotional and spiritual support. Prayer, pastoral engagement, religious gatherings and spiritual guidance provided survivors with reassurance and opportunities for meaning-making.

This supports previous evidence identifying religion as an important meaning-making resource in Uganda (Kizza et al., 2021; Knizek et al., 2021). Religion can provide conceptual resources through which survivors engage difficult questions concerning death, suffering, hope, forgiveness and continued life.

Recent literature similarly recognizes the potential contribution of spirituality to suicide-bereavement coping. Alexandre Silva de Almeida et al. (2025) identify religiosity and spirituality as potentially important resources in coping with suicide grief.

The present findings therefore support the original argument that faith institutions occupy an important position in suicide postvention. Their significance derives not simply from religious doctrine but from their simultaneous provision of spiritual interpretation, social relationships and community presence.

4.5 Community Connection and Collective Mourning

Faith-based institutions also facilitated communal connection. Religious gatherings, prayer and mourning activities brought community members together around bereaved families and could reduce isolation.

This social dimension is important because bereavement support is not limited to professional counselling. Breen (2021) emphasizes the importance of social support in bereavement, while Feigelman et al. (2025) demonstrate that social support can mitigate some grieving difficulties among recent suicide loss survivors.

Collective mourning can also validate grief. Bereavement rituals create social spaces in which loss is acknowledged and the deceased remembered (Lewis & Hoy, 2021). Faith institutions can therefore contribute to psychological recovery by ensuring that suicide-bereaved families are not excluded from meaningful mourning and community participation.

However, the findings also indicate that the effectiveness of collective support depends upon its character. Community gatherings characterized by judgment or moral condemnation may increase rather than reduce distress. Faith communities therefore need to ensure that communal responses emphasize compassion and support.

4.6 Practical and Material Assistance

Faith communities also provided practical assistance to some bereaved families. Such support was important because bereavement can produce practical and economic pressures alongside psychological distress.

Material assistance may therefore indirectly support psychological recovery by reducing immediate stressors and demonstrating that survivors remain valued members of their communities. Cacciatore et al. (2021) emphasize that grief support includes concrete supportive actions as well as emotional presence.

This dimension should not be overlooked in developing faith-based postvention. Support may include mobilizing

community resources, assisting families during funeral arrangements and connecting survivors to other forms of assistance.

4.7 Limitations of Faith-Based Social Support

Despite the positive contribution of faith communities, the findings revealed that faith-based support was neither uniform nor sufficient.

One important limitation concerned inadequate suicide-specific knowledge among some clergy and faith-community members. Pastoral care may provide general spiritual comfort, but suicide bereavement can involve trauma, persistent guilt, severe psychological distress and other needs requiring specialized knowledge.

Religion may also function as a double-edged resource. Osafo et al. (2023) demonstrate that religion can simultaneously support and complicate responses to suicide. Potter (2021) similarly shows how theological understandings of suicide, stigma and salvation can shape Christian responses.

Consequently, religious interpretations that emphasize moral condemnation may unintentionally reinforce survivors' shame or inhibit help-seeking. This is especially important where survivors already fear community judgment.

The findings therefore suggest that faith institutions require training in suicide bereavement, trauma-informed support, stigma reduction and referral. This does not imply that clergy should become psychologists. Rather, religious leaders should be able to provide informed pastoral support, recognize signs of significant psychological distress and connect survivors with appropriate professionals.

4.8 Integrating Faith-Based Support with Professional and Community Services

One of the most important findings was that psychological recovery could not adequately be addressed through faith-based support alone.

The article strongly positioned faith institutions as the primary resource available to suicide loss survivors. The empirical findings support their importance but indicate the need for a more integrated approach. Survivors' needs span psychological, social, cultural, spiritual and practical domains.

Faith-based support should therefore complement rather than substitute professional psychological and social work services.

This integration is particularly important within the Ugandan context, where faith leaders may be highly accessible to communities. Religious leaders can provide immediate compassionate presence and spiritual support while developing referral relationships with social workers, counsellors, psychologists and mental-health services.

Such partnerships would enable faith institutions to retain their distinctive spiritual and community roles while ensuring that survivors requiring specialized interventions receive appropriate care.

The study therefore supports an integrated model in which faith communities, families, peers, social workers, mental-health professionals and wider community systems collectively contribute to psychological recovery.

5. Conclusions and Recommendations

5.1 Conclusions

The study established that suicide loss survivors in Kampala experience bereavement as a complex psychological, social, cultural and spiritual process. Their experiences include shock, persistent grief, guilt, unresolved questions, stigma, concealment and social isolation. Psychological recovery consequently requires more than immediate bereavement assistance; it involves opportunities for emotional expression, meaning reconstruction, social acceptance, supportive relationships and appropriate professional intervention.

Faith-based social support constitutes an important recovery resource within this process. Faith institutions can provide compassionate presence, spiritual guidance, prayer, communal mourning, practical assistance and opportunities for survivors to reconnect with their communities. Their established position within communities makes them particularly important potential partners in suicide postvention.

Nevertheless, faith-based social support is not sufficient in isolation. Limited suicide-specific knowledge, inadequate trauma-informed skills and potentially stigmatizing religious or cultural interpretations can constrain its effectiveness. Faith institutions should therefore be positioned as important components of a broader integrated recovery system rather than as substitutes for psychological and social work interventions.

5.2 Recommendations

Faith-based institutions should strengthen the capacity of clergy and lay leaders through training in suicide bereavement, trauma-informed support, grief, stigma reduction and compassionate communication. Training should also enable religious leaders to recognize survivors requiring specialized psychological intervention.

Formal referral and collaboration mechanisms should be established between faith institutions, social workers, counsellors, psychologists and mental-health services.

Such partnerships would allow survivors to receive coordinated spiritual, psychological and social support.

Faith communities should actively challenge stigmatizing interpretations of suicide and promote messages emphasizing compassion, dignity and support for bereaved families. Religious teachings and community engagement can be used to reduce blame and encourage survivors to seek help without fear of judgment.

Support should extend beyond funeral and burial activities. Structured follow-up, peer-support groups and continued pastoral engagement should be developed to respond to the longer-term nature of psychological recovery.

Finally, further research should evaluate culturally responsive faith-based postvention interventions in different Ugandan communities and examine how faith institutions can be systematically incorporated into multidisciplinary suicide-bereavement services.

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