


Elegy of Sorrow: The Experience of Grief for Individuals Who Have Lost Family Members Due to COVID-19

Aurora Louisa*, Kamsih Astuti

Universitas Mercu Buana Yogyakarta, Indonesia

18081026@student.mercubuana-yogya.ac.id*

<p>Submitted: 2024-12-30</p> <p>Revised: 2024-02-24</p> <p>Accepted: 2024-04-03</p> <p>Keywords: covid-19; death; grief</p> <p>Copyright holder: © Louisa, A., & Astuti, K. (2024)</p> <p>This article is under: </p> <p>How to cite: Louisa, A., & Astuti, K. (2024). Elegy of Sorrow: The Experience of Grief for Individuals Who Have Lost Family Members Due to COVID-19. <i>Bulletin of Counseling and Psychotherapy</i>, 6(1). https://doi.org/10.51214/00202406753000</p> <p>Published by: Kuras Institute</p> <p>E-ISSN: 2656-1050</p>	<p>ABSTRACT: The COVID-19 pandemic has caused grief among individuals due to restrictions on communication, end-of-life care, deceased remains management, and mourning customs. This research aimed to understand the individual process of undergoing grief following the loss of a family member. The study involved four participants who experienced the loss of a core family member, along with an informant. The research found that COVID-19's constraints, intimacy, psychological resilience, coping capacity, death anticipation, and social support influenced participants' grieving processes. Loss triggers physical, emotional, and communal distress, forcing family members to fulfill vacated roles. Despite grief, individuals can adjust and persevere, bringing novel perspectives and enhanced understanding of life. The study's findings reveal that the passing of a family member due to COVID-19 evoked distinct responses in each participant, and those who have experienced such loss express optimism that increased community awareness can prevent others from experiencing similar ordeals.</p>
--	--

INTRODUCTION

The COVID-19 pandemic has caused a significant transformation in Indonesian society. In addition to impacting the economic, education, and social sectors, the demand to survive in the uncertain pandemic has implications for public mental health. The result of self-examination on the Indonesian Psychiatric Association (PDSKJI) website as of March 2022 illustrates that 84% of respondents had psychological trauma during the two years of the COVID-19 pandemic in Indonesia (Perhimpunan Dokter Spesialis Kedokteran Jiwa Indonesia, 2022). The probability of post-traumatic stress disorder can be found in individuals who have lost significant others due to COVID-19 infection (Masiero et al., 2020).

During a pandemic, grief is a continuous and significant element that impacts medical service providers, families, and patients (Wallace et al., 2020). Based on research conducted by (Eisma et al., 2021), the intensity of acute grief in individuals who are bereaved due to Covid-19 is greater than the intensity of grief in individuals who are bereaved due to natural illnesses that are not related to the pandemic. According to the research conducted by Mohammadi et al. (2021), approximately 14 participants mentioned that the emotional shock caused by the loss of their family members due to Covid-19 was very intense and the worst psychological crisis which they had ever had to deal with. The grief response during a pandemic can also be more complex and prolonged, leading to psychological problems (Matsuda et al., 2021). It occurs due to several particular policies imposed by the government during the pandemic (Kementerian Kesehatan Republik Indonesia, 2021).

The hospitals had closed their doors to visitors to separate patients from their families and relatives (Yardley & Rolph, 2020). Disrupted individuals' ability to connect with family members infected with COVID-19 both before and after death can potentially increase the risk of complicated grief (Mayland et al., 2020). The inability to accompany patients in the last days of life raises complex problems during the pandemic resulting in feelings of guilt and anger (Mortazavi et al., 2020). Based on research conducted by Pearce et al. (2021), individuals bereaved by Covid-19 stated that they often had questions regarding the care they received, were angry about the restrictions imposed, and felt unfair because they were unable to witness the process of their loved one's passing, which led to difficulties in accepting death. It was found that due to restricted access to the ICU, family members experienced discontinuity and interruptions in the relationship with their loved one, which were associated with feelings of powerlessness, abandonment, and unreality (Kentish-Barnes et al., 2021). Individuals bereaved by Covid-19 also are very likely to blame themselves because they feel they did not try harder to see and keep their loved ones comfortable during their hospital stay (Gesit et al., 2020).

The funeral team dressed in complete Personal Protective Equipment (PPE) was assigned to care for individuals who died due to COVID-19 (Kementerian Kesehatan Republik Indonesia, 2021). Not being allowed to touch the deceased's body can interfere with the grieving process and increase the risk of prolonged grief (Matsuda et al., 2021). It implies that when someone dies from COVID-19, rituals for managing the corpse, such as bathing and shrouding it, cannot be carried out by family members of the individual infected with COVID-19.

Funeral services during a pandemic are carried out with minimal human contact (Yardley & Rolph, 2020). Mourners should refrain from hugging or touching each other because any physical contact before, during, and after the funeral is highly discouraged due to Covid-19 (Goveas & Shear, 2020). Close relatives and family members are allowed to attend the funeral of an individual who died due to COVID-19 by implementing the applicable health protocols. However, family members and relatives not in good health are not allowed to attend the funeral (Kementerian Kesehatan Republik Indonesia, 2021). Referring to the regulation, if a family member of an individual who died from COVID-19 is also infected, the family member cannot attend the funeral. Individuals not physically present for condolences and with loved ones may have a greater tendency to experience ambiguous loss (Matsuda et al., 2021). The result of research conducted by Hasan et al. (2021) showed that one participant felt guilty and experienced deep sadness due to unable to carry out the mother's funeral ritual properly and was only able to see the funeral process from afar.

As of March 17, 2022, 153,212 people died from 5,939,082 cases of COVID-19 (Sinuhaji, 2022). Indonesia's Social Ministry estimates 11,045 children have lost one or both of their parents due to the deadly virus. But independent investigators in the country, such as Kawal COVID-19 and Warga Bantu Warga, have predicted more than 50,000 children will have lost at least one parent due to COVID-19 (Salim & Wijaya, 2021). A sudden loss of parents have significant impacts on adolescents' psychological state. A teenager stated that the loss of both parents due to COVID-19 made her lose motivation and have time to think about reasons to live without her parents (Sekar, 2020). A father who lost his daughter and ex-wife to COVID-19 stated that it destroyed his world and never thought to bury his daughter (Gleeson, 2021). The loss of a husband due to COVID-19 makes the wife lose her appetite and daydream continuously (Chuck, 2021).

Researchers conducted a preliminary study on four participants who lost their nuclear family members due to COVID-19. After losing her mother, D tries to be strong and sincere despite feeling despondent. The loss of a mother figure gives D a sense of responsibility to fill the void of roles in the family. A, who also lost her mother due to COVID-19, stated that seeing her mother in pain hurt more. Therefore, the sad news about her departure made A feel sincere. After maternal death, A felt

physical sensations such as dizziness, tremors, and shortness of breath when listening to other family members about her mother's death chronology.

The loss of his father due to COVID-19 had made W feel uncomfortable. The loss experienced by W made W responsible for calming his mother and dividing his time to continue his father's business in the final semester. The fourth participant, S, a survivor of COVID-19, stated that his wife's death made him feel sad and thought that losing a family member due to COVID-19 was heavier.

Literature Review

Researchers apply several theories to explain the process of grief experienced by participants in this study. Grief is a normal, natural, and interrelated reaction from all aspects of the suffering life in the form of physical, mental, social, and spiritual aspects of the loss or separation of an individual from someone or something that has become a whole and significant part (Wiryasaputra, 2019). A similar thing was also explained by MacWilliam who stated that grief is understood to encompass one's reaction to any major loss that causes a disruption to the attachment system (MacWilliam, 2017).

There are four aspects of the symptoms of grief: physical, mental, social, and spiritual (Wiryasaputra, 2019). The condition of severity of grief experienced by individuals is also influenced by internal factors such as psychological resilience, coping abilities, anticipation, perception, emotional connection, and vision of grief, as well as external factors consisting of the type of object lost, layers of loss, the scope of loss, method of loss, period of loss, and social support (Wiryasaputra, 2019).

The researcher uses the theory of five stages of grief by Kubler-Ross and Kessler to identify the grieving process experienced by participants. The stages consist of: (1) denial stage, this stage often comes in the form of questioning reality include whether the loss experienced actually occurred and whether the person really has died, (2) anger stage, this stage may occurs because individuals did not see the event coming and there is nothing that can prevent the event, (3) bargaining stage, "if only" statement in this stage cause individuals to find fault within themselves and think about what could have been done differently, (4) depression stage, an appropriate responses after a major loss that has aspects that might ease grieving, and (5) acceptance stage, accepting fact that a loved one is physically gone and recognizing that this reality is permanent (Kubler-Ross & Kessler, 2014).

Rationale of Study

Based on the above discussion, it can be concluded that every individual reacts differently to their experience of grief. Even though losing a family member due to Covid-19 is a painful experience, individuals still have the ability to survive, adapt, and process to return to living life without the presence of family members who have passed away. In fact, from this experience individuals can learn and grow into stronger person.

An explanation of the process experienced by each individual in grieving is expected to help individuals who experience similar situations get emotional support, realize that they are not alone, and gain a new understanding of how to deal with grief during a pandemic. Furthermore, this research is also expected to be one of the means to increase public awareness regarding the existence and dangers of COVID-19. By knowing the feelings, behaviors, and impacts experienced by individuals after losing family members due to COVID-19, the public is expected to become more aware of not doing risky things that can infect their relatives with COVID-19.

Aims

This study aims to understand the individual grieving process after a family member's loss due to COVID-19.

METHODS

Design

This research is classified as qualitative research conducted using a phenomenological approach. One of the main characteristics of phenomenology is the existence of a philosophical discussion that traces the life experiences of individuals and how individuals have subjective experiences of these phenomena and objective experiences of the same thing from other people (Creswell, 2015). The sampling technique used in this study was purposive sampling. Participants in this research are chosen based on the individuals' ability to precisely provide insight into the research problem.

Participants & Procedure

Participants in this research must meet the following criteria: (1) Aged between 18-35 years, (2) Loss of at least one nuclear family member who died under suspected or confirmed COVID-19, (3) Death of a nuclear family member has occurred within at least six months and a maximum of 24 months. This study involved four main participants:

1. Participant S, 33-year-old man who works in a state-owned company and lost his wife
2. Participant W, 22-years-old male undergraduate student whose lost his father
3. Participant A, 20-years-old female undergraduate student whose lost her mother
4. Participant D, 19-yers-old female undergraduate student whose lost her mother

A preliminary study was conducted to obtain individuals' consent to participate in the study and to gather general information regarding the individuals' experience of grief after losing a family member due to Covid-19. The preliminary interviews were conducted over Twitter direct messages and WhatsApp personal chat. The data collection method used in this study was an online interview via the Zoom application with a semi-structured interview model. Before the interviews are conducted, individuals are asked to read and sign an informed consent form to ensure understanding regarding the individuals' involvement in research. A licensed psychologist accompanied the interview process to ensure the participants' safety.

Instruments

The interview guide contains several main questions: The relationship between the participant and the deceased figure, Chronology of family members infected with Covid-19, Treatment for family members infected with Covid-19, Chronology of deaths of family members and traditions of remembering the deaths of family members who died due to Covid-19, The grieving process for individuals who have lost family members due to Covid-19, and the impact of losing family members due to Covid-19.

Data Analysis

The data analysis technique used in this study was the model conducted by Miles and Huberman, consisting of data collection, data reduction, data presentation, and drawing conclusions or verification (Sugiyono, 2018). Member checks can be carried out after a data collection period is complete or after obtaining a finding or conclusion (Sugiyono, 2018). Researchers use member check as the main method for verifying the validity of data in this research. The member check procedure in this research was carried out by returning verbatim interviews accompanied by themes and coding

to participants and facilitating participants to discuss, correct, or add information that had been obtained through interviews.

RESULTS AND DISCUSSION

Results

Based on the results of the interviews that have been conducted, five main themes were found in the research, namely: The meaning of the presence of a deceased figure in the participant's life, The struggle against Covid-19, The death of family members due to Covid-19, Letting go of family members who died due to Covid-19, and the meaning of the experience of losing family members due to Covid-19.

The meaning of the presence of a deceased figure in the participant's life

S is a 33-year-old man who works in a state-owned company. S lost his wife due to Covid-19 infection on August 23, 2021. S' marriage age with his wife was 4 years. For Participant S, the figure who died due to Covid-19 was his wife whom he considered a friend.

"...Ee what, if.. if I were actually.. I was like friends with my wife..." (S, W1, 17-05-2022, 105-107).

"...Ee.. he worked hard; he was also affectionate. He never played rough, even though he was a bit chatty. But after he is no longer around, the house feels only lonely because we are reminded of his chatty. Only maybe (smiling) because we lost his chatty..." (W, W1, 19-05-2022, 114-121).

Participant W views his father as hardworking, loving, and patient. Despite his strict upbringing, W feels very close to his father and has never experienced conflict with him.

"...I am not very close to my mother because when I was in elementary school, it seemed like I started to be left a lot because my mother did not work at home. So, the next time my mother stayed home was when I was in high school. What year was that? I forgot, but it was in high school 2019. Then, after that, I looked at her.. if she was in my family, I saw her as someone working. The person who supports the family. Whatever it is, she is always the one to rely on. That is how it is..." (A, W1, 23-05-2022, 145-149).

A does not feel very close to her mother. Often left to work since elementary school made A see her mother as a working figure. A said that her mother is a fairly strict person. Although A has experienced conflicts with her mother, these conflicts can be resolved quickly.

"...Mm? the most meaningful human being, because I've been with my mother since I was young, so she was a role model and a meaningful figure..." (D, W1, 3-06-2022, 139-143).

D considers her mother to be her most meaningful role model. During her lifetime, D had good communication with her mother and never hesitated to express her thoughts to her mother. D's mother was not a rigid educator. The conflict that D had experienced with her mother was the difference in perception regarding the major to be taken at college. The conflict was resolved before the mother passed away.

The struggle against Covid-19

S' wife was infected with covid 19. She was infected by the participant, and treated for 3 weeks because her lungs were damaged. During the treatment, S could only monitor his wife's condition through the hospital CCTV. S considers that the care given to his wife has been maximized.

“...The last time at the hospital (mentioning the name of the hospital) was in this room, what room.. room.. room.. ICU. Covid ICU. So we could not do this.. we could not.. enter the room. So the monitoring was only from CCTV...” (S, W1, 17-05-2022, 258-264).

“...Ee.. during that one week, he felt like ee feverish. He felt like he was feverish and dizzy, so he could not.. he could not wake up. He only just sleeps. Coincidentally, my father was an entrepreneur. So he opened a shop. It was just.. after he was done shopping, he just went to sleep. He never said he was sick. He never said anything. He.. he adhered to this understanding; Ee if you are sick, just take it to bed.. it will go away on its own. Well, he never told me that he was going to get sick, what kind of illness he was going to get, but after he passed away, a neighbor once told me.. my neighbor said that my father had complained of pain in His chest...” (W, W1, 19-05-2022, 173-185).

W's father is a person who rarely complains when sick. While infected with Covid-19, W's father was treated at home. The treatment provided was medication and aids to increase oxygen saturation from the clinic. Before being taken to the hospital because the symptoms of Covid-19 were getting worse, W and his father communicated directly as usual. According to W, his father had not received maximum care because the hospital was not responsive in providing treatment to patients.

“...Wait, wait, oh right. 15? On July 15, then on Monday morning, my mother was admitted to the hospital. Early in the day. Early morning. Then, on the 14, my mother still did not get the ICU room. The room is still the ones outside, you know, that bring beds. Then, at 15 in the morning, she passed away. That is how it is...” (A, W1, 23-05-2022, 258-265).

During her lifetime, A's mother was rarely sick. Based on information obtained from K (A's significant other), A and several other family members were also infected with Covid-19. A looked panicked when she found out that her mother was infected with Covid-19 and A asked a lot about the availability of hospital facilities that could be provided to her mother. The symptoms of Covid-19 experienced by A's mother are shortness of breath, diarrhea, and weakness. A's mother received treatment at the hospital although A assessed that the care provided to the mother was not optimal.

“...Took a lot of medicine, had to use an HFNC device, which is like blowing it up using a tire pump, got an injection every 8 hours, x-rays every three days, blood being taken every three days, and could not eat well. Could not even see sunlight...” (D, W1, 3-06-2022, 1164-1171).

During her lifetime, D considered that her mother was a healthy person. However, she was diagnosed with high blood pressure when Covid-19 was confirmed. While the mother was infected

with Covid-19, D took care of the mother in the emergency room and kept communicating directly with the mother. According to D, the mother had received maximum care because the hospital had made various efforts for the mother's recovery, including providing one of the HFNC devices which at that time there were only two in the hospital where the mother was treated.

Death of a family member due to Covid-19

S' wife's condition declined after giving birth. S witnessed the treatment process provided by the hospital during his wife's cardiac arrest until she was declared dead directly through the hospital CCTV. The management of the wife's body was carried out independently after the family agreed with the hospital. The situation of dying from Covid-19 did not prevent S from organizing tahlilan face-to-face and online for family members who were unable to attend in person.

“...Ee, it happened at this time. What time, what hour, midnight if I am not mistaken, it was midnight. I was on standby at the hospital. I was called by this person, by that person. I was on standby outside. The nurse called to say that my wife's condition was deteriorating, right? Her condition keeps deteriorating. I could not go in because my wife was still in the Covid ICU room. In a place like the standard that people want to pass away right, my wife's chest was being pressed. It turns out that she could not be saved anymore...” (S, W1, 17-05-2022, 288-308).

“...Oh, when he was taken to the hospital, it was in the middle of the night. Ee, he was taken in the middle of the night, and he was still conscious. When he was taken to the hospital by car; he was still.. Alhamdulillah still praising God, still Istighfar. But after getting out of the car, it was still, it was still like talking to my father. He was still responding. My father was using a wheelchair, ee his pelvis is still tilted slightly forward like that. Father, I was afraid you would fall. Father, leaning. He was still like oh, okay, I am leaning. Well, he was still.. even though he was a little out of breath, ee what- his breath, but he was still responding like.. said this was like.. I was also asking him to have a conversation. But after ee he was in the emergency room, no one was allowed to accompany him. So after that, that is how it is. Suddenly, the doctor informed me that he had passed away...” (W, W1, 19-05-2022, 346-351).

W's father was taken to the hospital in the middle of the night because his Covid-19 symptoms were getting worse. Not long after being rushed to the emergency room, W's father was reported dead. W's father was supposed to be buried in a special Covid-19 cemetery, but after agreeing with the hospital, W's father's body was finally washed and buried independently by the family. The tradition of remembering death carried out by W and his family is held face-to-face like tahlilan in general.

“...Ee the chronology is that I was in the hospital until 12, until my mother entered the room, after that I went home with my father because at home there was my father's older brother who was also sick. So my father took care of him, and I went to sleep. I could not sleep.. until, at 3, my older sibling

called. Oh, my mother had already passed away, oh alright.. after that I went to the hospital immediately. That is how it is..." (A, W1, 23-05-2022, 317-326).

A's mother experienced a drop-in oxygen saturation in the middle of the night. A then received news that A's mother had passed away from A's brother who contacted A by phone. The bathing and burial of A's mother's body were carried out by special hospital staff. The tradition of commemorating A's mother's death is not done on the day A's mother died but at 40 days and 100 days after the death.

"...So when my mother passed away, at first, I was not permitted to go into the ICU. But I insisted and said this was the last time I would see my mother. How come I was not permitted to? So, in the end, the employee gave permission, and only one of us was allowed (at that time, it was me and my younger sibling). Finally, I went in wearing PPE (it is the ICU rule that you have to wear PPE). I saw my mother's body and took of her earrings. I also read Yasin and informed my family members to see my mother for the last time (via video call) while waiting for the funeral preparation process..." (D, W1, 3-06-2022, 901-915).

D's mother was referred to the ICU room and was given a procedure for handling cardiac arrest until she finally died. D asked permission from the special officer to be able to visit the mother for the last time and in the end D was able to read surah Yasin, remove the mother's earring, and tell the mother's last condition to other family members while wearing PPE uniforms. The bathing and burial of the mother's body was carried out by special hospital staff, while the tradition of remembering the mother's death was only attended by the family.

Letting go of family members who died due to Covid-19

Losing his wife made S feel shocked, regretful, and sorry for his children. S also lost a friend within a short time of his wife's death. S felt reluctant to go to the hospital, avoided places that reminded him of his wife, and diverted the discussion about the grief experience. The inability to directly accompany his wife in her last moments was the most difficult thing for S to cope with grief. S coped with grief by working, praying, and exercising. S' family and friends also provided support during his grief. Currently, S feels that he has been able to accept his wife's death even though he still feels shocked. Now S is adapting to move independently and live life as before when he was not married.

"...Well, if you think about it, if ordinary people think about it, why do not you just take her home, right? You do not have to intubate her and just take her home, so even if she still passes away, we will have a chance to guide her.. like that, we will have a chance to apologize.. it was because the patient's condition worsened after the medical procedure. It was like that, right? But yeah.. that is actually how it was. If we think about it as ordinary people, that was regrettable..." (S, W1, 17-05-2022, 1173-1183).

"...Ee.. I tend to be sad (smiling) when looking at his coconut machine. It is a stall. My stall is a water stall, so he was not far from the coconut machine throughout his life. So if you look at the coconut machine and his cap, it feels

like.. ya Allah, this person is no longer here (smiling). I feel.. it is so sad that it makes me sad, or if I look his picture..." (W, W1, 19-05-2022, 616-625).

When he learned that his father had died, W felt disbelief. W added that until now, W felt like his father was still there and had only been gone for a short time. The event of his father's death made W think about how to continue living, feel that the plans that had been built together were just destroyed, and feel that the person he was now and the person he was then were different. W had received whispers of suicide and self-harm. After his father died, W's studies became a bit of a mess. W also felt stressed and stated that replacing his father's role at home was the most difficult thing as he adapted to life without him. Nevertheless, W tried to overcome her grief by doing things he liked. W also considered that the people closest to him played an important role in helping him recover from grief. Currently, W is in the process of accepting his father's death.

"...Ee there was a trigger for that feeling, Kak. Every time at that time, right.. people come for a tahlilan. The more you retell the chronology, the more it triggers me. the more it triggered me, the more I felt like, basically, I did not want to hear it anymore. Why does the chronology keep being talked about? Then, I felt like I was stuck.. I could not breathe.. and then I was shaking like that.. it was like I suddenly got dizzy like that..." (A, W1. 23-05-2022, 433-445).

Upon learning that A's mother had died, A tried to remain calm and resilient. The inability to see her mother last moments and the limited number of people who visited A during A's grief helped A to cope with her grief. The impact of A's mother death was only felt by A 7 days after the grieving event. When A heard other family members telling the chronology of her mother's death, A had difficulty breathing, trembling, and dizziness. The grief event experienced by A also triggered thoughts that death would happen to A. A's way of coping with grief was to consult professionals, volunteer, and join off-campus organizations. According to K (A's significant other), after 2 months of being alone, A was able to carry out daily activities smoothly. A felt that she was used to being without her mother. After her mother's death, A felt more comfortable away from home. A and other family members did not communicate when A was at the boarding house. Furthermore, A felt that she was able to accept her mother's death when she returned to the boarding house.

"...I'm thinking about what to do in the future. Because I just started my university, Kak. I remember the last moment with my mother when I opened the SBMPTN announcement, and the result was that I was accepted at (mentioning the name of the university). So I thought about what to do and what to do. Moreover, my mother is a role model Kak, my mother used to do all the housework. So, I was confused. That is how it was, Kak..." (D, W1, 3-06-2022, 472-484).

When she learned that her mother died, D felt shocked, sad, and confused about what to do in the future. Losing her mother made D experience a decrease in concentration, demotivation in learning, and feel a little too lazy to socialize. D felt that adapting to a new environment after being left by her mother was the most difficult thing during grief. After the dream of meeting her mother, D felt that she could not continue to drown in sadness. D tried to cope with her grief by realizing what happened to her and those closest to her provided moral and financial support during her grief. After her mother's death, D felt closer to her father. Housework that used to be done by her mother

is now done by D and her younger siblings. D accepted her mother's passing by remembering that death is part of fate.

The meaning of the experience of losing a family member due to Covid-19

Losing his wife due to Covid-19 was an unexpected event and made S understand that death is something that cannot be predicted. S views death due to Covid-19 as different from death due to other causes because of the restrictions that make S unable to guide his wife at the last moment. As an individual who lost a family member due to Covid-19, S considers that people who are reluctant to be vaccinated and do not believe in Covid-19 will feel regret after later feeling the loss of the closest person due to exposure to Covid-19.

“...Oh.. that is all Mbak. For example, we do not know right, what, someone’s death. So when it comes to everyone, especially family, whether it is those who are still dating their boyfriend or girlfriend, be good because we do not know when their death will be.. especially with parents, right? I am afraid that is the situation. We did not have time to apologize, and it turned out that they had already passed away. Try to do good now...” (S, W1, 17-05-2022, 1112-1123).

“...Ee right now, regarding the experience of grief that I am going through, I am just using it (pausing) as a motivation. This is a lesson to prove to my father that is already in Heaven or from Barzakh that his son can be better without him. Even if there is no father, I have to be able to do what my father hopes. So it was just an encouragement for this, for the future...” (W, W1, 19-05-2022, 1060-1069).

W uses the loss of his father due to Covid-19 as encouragement and proof that W can continue living without his father and can still realize what his father wants. Through the grief experienced, W realized that running away from grief is the wrong way. Although it hurts, accepting the grief event as it is can help overcome grief. Based on interviews conducted with W, W also said that the community around W's house was initially not too aware of the dangers caused by Covid-19. According to W, the low public awareness of the dangers of Covid-19 was caused by the government's immature policies.

“...I view this like it is just fate, like.. maybe, I was thinking a bit like my mother wanted to see me in Jogja but could not come along (chuckling). Do you understand? Right.. I just think so...” (A, W1, 23-05-2022, 786-792).

A considered that her mother's death was a destiny that could be a reminder to prepare to leave life. A dealt with the event of her mother’s death as a form of A’s mother's desire to see A at the boarding house. A hopes that people will become more aware of the dangers of Covid-19 so that they do not experience the severity of the impact of losing a family member due to Covid-19 as A felt.

“...A meaningful life lesson because basically and in reality, we cannot depend on other people and can only depend on ourselves, Kak...” (D, W1, 3-06-2022, 1337-1341).

D perceived her mother's death as a lesson not to depend on others. The struggle that her mother went through to try to recover from Covid-19 made D assess that death due to Covid-19 seemed very painful. As an individual who has lost a family member due to Covid-19, D feels annoyed with people who are negligent in complying with health protocols. D stated that people who have a low awareness of the dangers of Covid-19 also harm others.

DISCUSSION

This study aims to understand the individual process of experiencing grief after losing a family member due to Covid-19. The process is described from the explanation of the influence of regulations around Covid-19 on the participant's condition in grieving, the symptoms of grief experienced, the impact of losing a family member infected with Covid-19, how to overcome grief, acceptance of the death of a family member, and the meaning of the experience of losing a family member due to Covid-19.

According to [Mayland et al. \(2020\)](#), global Covid-19 pandemic is likely to have a serious impact on the experience of death, the death process, and grief. Based on the results of the interviews, researchers found that each participant processes and views the grief experienced in different ways. One of the things that can explain this difference is whether or not there are restrictions around Covid-19, from the period of care for infected family members to the tradition of remembering death. Furthermore, not all participants who accept the restrictions around Covid-19 feel that the existing restrictions complicate the process of coping with grief.

The first limitation is the limitation around interaction with family members infected with Covid-19. This limitation does not affect W, D, and A in coping with grief because the three participants can communicate as usual with family members infected with Covid-19. Unlike the other participants, S, who was only able to monitor his wife's condition through the hospital CCTV, stated that the inability to interact with his wife was one of the things that caused S to view death due to Covid-19 as different from other causes of death.

The second limitation relates to the individual's ability to accompany family members in their final moments. S and D witnessed firsthand the process of family members experiencing critical until death, W received news of his father's passing while taking care of hospital administration, while A received sad news by telephone. According to [Mortazavi et al. \(2020\)](#) the inability to accompany patients in the last days of life raises complex problems during the pandemic in the form of feelings of guilt and anger. Furthermore, the inability to say goodbye to loved ones is one of the reasons millions of individuals do not experience a regular grief cycle even though the regularity of the grief cycle allows individuals to quickly adjust to the situation and recover ([Mortazavi et al., 2020](#)). S felt regret for not bringing his wife home when he was in critical condition. S's inability to apologize and guide his wife directly at the end of life is one of the things that makes it most difficult for S to cope with grief.

The third restriction relates to the handling of corpses infected with Covid-19. [Matsuda et al. \(2021\)](#) stated that not being allowed to touch the body of the deceased has the potential to disrupt the grieving process and increase the risk of prolonged grief. Based on the interviews conducted, it was found that none of the participants were affected by this regulation. Although the entire mechanism for handling the body of the deceased was carried out by the hospital, D felt that this regulation did not affect his process of coping with grief because from the beginning D was aware of the risk of being infected with Covid-19. D then added that she was able to wear PPE clothing and see her mother's body directly with permission from the hospital. Similar to D, A's mother's body was also washed and buried by the hospital. However, A said that not being able to see her mother helped her to feel okay. Furthermore, this regulation did not affect S and W's grief process because both

participants were still able to bathe and bury the bodies of family members independently after agreeing with the hospital.

The fourth boundary is a boundary regarding the tradition of remembering death carried out by the individuals left behind. S, W, and D continue to hold tahlilan face-to-face in general. In addition to face-to-face tahlilan, S also held tahlilan online for family members who were unable to attend in person. The tahlilan held by S and W was also attended by friends and neighbors, while the tahlilan to commemorate the death of D's mother was only attended by family members. Unlike the other participants, A explained that no tahlilan was held on the day A's mother died. However, this helped A to process her grief. A said that if many people came, A would feel even sadder. Tahlilan as a tradition to commemorate the death of a new mother was held 40 days after A's mother died.

The symptoms of grief experienced by each participant were quite varied. [Wiryasaputra \(2019\)](#) classifies the symptoms of grief into four aspects, namely physical, mental, social, and spiritual aspects. The physical aspects of the symptoms of grief experienced by A included difficulty breathing, shaking, and dizziness. The physical sensations experienced by A arose when A listened to other family members telling stories about the chronology of her mother's death.

The mental aspects of grief symptoms experienced by participants included shock and regret (S); blank, disbelief, and hearing whispers of suicide (W); and shock, sadness, demotivation, and decreased concentration (D). W also felt that his father was still in the shop. This shows that W experienced symptoms of grief in the form of thinking that the deceased figure is somehow still in the current time and space ([Worden, 2018](#)). The death of a family member also made W and D experience confusion and think about how they would live their lives in the future without the presence of the deceased family member.

Unlike the other participants, A felt normal and sincere when she learned that her mother had died. A viewed her mother's death as a better thing to happen than having to see her struggling to breathe. Based on the theory of the four general categories of normal grief behaviors A showed a reaction of relief. [Worden \(2018\)](#) states that many individuals feel relief after the death of a loved one, especially if the loved one suffered a prolonged or very painful illness. However, A said that the impact of her mother's death was only felt 7 days after the death event. A then added that the event of her mother's death made A think that death would also appear in herself.

The symptoms of grief experienced by A can be explained through the theory of grief formulated by Worden. According to [Worden \(2018\)](#), death can bring about feelings of worry in the individuals left behind and one of the sources of these feelings is an increased awareness of one's death or personal death awareness. Personal death awareness is something that everyone has and lags behind consciousness ([Worden, 2018](#)). For most individuals, personal death awareness is at a very low level ([Worden, 2018](#)). However, the loss of a significant person such as a close friend or family member can heighten that awareness and produce existential anxiety ([Worden, 2018](#)). A, who felt unable and disturbed by thoughts of her mortality, decided to consult a professional.

The social aspect of grief symptoms also appeared in each participant. Although at the beginning of the grief event S had shared about the grief experienced with the closest friend, S said that for now, S prefers to divert the discussion if a friend mentions the grief event. [Worden \(2018\)](#) adds that some individuals will avoid places or things that trigger painful feelings of grief such as places where family members died, cemeteries, or objects that remind them of loved ones. To date, S is reluctant to go to the hospital and sometimes avoids places he used to frequent with his wife. S avoids things that evoke memories of the grief experienced for fear of remembering and feeling sad again.

[Wiryasaputra \(2019\)](#) states that symptoms of grief in the social aspect can include not wanting to tell at all about the missing person. Based on the interviews conducted, W and A did not share

their grief process with others. Despite never telling about the grief experienced, W felt that his friends were quite aware of W's grieving condition. The grief experienced did not limit W to keep hanging out with friends, it made W feel better and supported to overcome grief. In contrast to W, D and A preferred to be alone. D was too lazy to socialize and rarely interacted with college friends, while A only reappeared in front of his friends 2 months after experiencing the grief event. The social aspect of grief symptoms in the form of conflicts between family members also occurred in A. A even said that she felt more comfortable when she was away from home.

In addition to the above symptoms of grief, there are other symptoms of grief experienced by W and D. W kept and hung up his father's clothes as a form of grief symptoms in the form of valuing objects belonging to the deceased figure (Worden, 2018), while D had a dream of being visited by his mother. According to Worden (2018), dreaming of a deceased figure is a very natural thing whether the dream is a normal dream, a sad dream, or a nightmare.

The event of losing a family member due to Covid-19 has a different impact on the lives of each participant. Some of the impacts experienced by participants arise because of the role vacancies in the family. Worden (2018) states that through death, families can lose an important role and other family members may be sought to fill the role void. In this study, the participant's position in the family affects how the participant adapts to living the day without the presence of a deceased family member.

D, as the first child, feels responsible for filling the void of the mother's role in the family and now carries out the tasks that the mother used to do together with her sister. Although W is not the first child in the family, as the child who is most often at home W is now the one who replaces the father's role. W felt stressed and very difficult because he suddenly had to manage the family's finances, run his father's shop, take care of his sick sister and mother, and complete his study, which is now in final year. In contrast to D and W, A's position as the last child in the family meant that the responsibility and vacant role of their mother was delegated to A's first sister.

Closeness to the deceased figure also influenced the participants' grief experience. A, who was often left at work by her mother since elementary school, felt that she was not a child who was very close to her mother. This made A see her mother as a working figure. In this regard, it can be concluded that A's position as the last child in the family and A's emotional relationship with her mother, who was not very close, made A feel no problem with her mother's absence in carrying out daily activities. After losing her mother, A moved independently and tried not to burden other family members.

Different from the three participants who have a role in the family as a child, the event of losing a wife has a different impact on S who has a role as a husband and parent. After the death of his wife, S became more independent and did all his activities without relying on his wife as before when he was not married. S now lives alone with his children and is motivated to rise from the grief experienced because he has responsibility for his children.

In addition to position in the family, other factors can explain the differences in participants in processing their grief. Wiryasaputra (2019) formulated factors that influence the severity of grief, one of which is psychological resilience. With psychological resilience, individuals do not run away and fight loss and grief but can embrace loss and grief as a complete part of life (Wiryasaputra, 2019). W, who initially looked for activities to occupy himself as an escape, then realized that the best way to overcome grief is not to run from grief. According to W, no matter how far he ran, he would inevitably return to the problem he was avoiding. Despite the pain, it is important to accept the grief that is being faced. Accepting and facing the grief experienced is seen by W as the best way to overcome grief. Based on this, W also shows problem-focused coping, which is a coping ability related to behavior and is used to investigate the cause of an event where when facing stressors, individuals

seek all information to change and eliminate the source of stressors and determine the right way to deal with stressors (Wiryasaputra, 2019).

Coping ability is defined as a coping strategy or coping mechanism when individuals face problems, life crises, or inner shocks such as losing someone or something very meaningful (Wiryasaputra, 2019). In addition to W, participants A and D also demonstrated efforts to cope with grief that can be identified as problem-focused coping. A coped with the disturbing symptoms of grief by consulting a psychologist and psychiatrist. Furthermore, D said that one of the ways used to cope with grief is by making oneself aware of what has happened. This helped D to be able to accept grief and rise from the pain experienced.

In addition to problem-focused coping, there are two other types of coping abilities, namely appraisal-focused coping and emotion-focused coping (Weiten in Wiryasaputra, 2019). Appraisal-focused coping is cognitive or related to thoughts that can be done by rejecting or avoiding new realities by changing assumptions, perceptions, and stressor values (Wiryasaputra, 2019). Appraisal-focused coping ability was carried out by A where A dealt with the event of the mother's death as a mother who wanted to see her in the boarding house and saw that it was better for her mother to die than having difficulty breathing.

Emotion-focused coping skills are used to control all strong feelings that arise when individuals experience changes or new realities (Wiryasaputra, 2019). Some of the ways that each participant felt better were to keep themselves busy by working, exercising, and hanging out with friends (S); listening to music, exercising, and hanging out with friends (W); participating in organizational activities and volunteering (A); and sleeping (D).

The weaker the level of individual anticipation of the loss event, the heavier the grief (Wiryasaputra, 2019). S did not expect that the stories about the death of family members due to Covid-19 that he often saw on social media would happen to himself. Until now, S said that although he has been able to accept his wife's death, he still feels shocked. In addition to S, W, who still communicated as usual with his father the night before he died, also felt disbelief when he heard the news that his father had passed away. W felt stressed and had difficulty adapting because he immediately had to take care of his mother and sister, and was burdened with financial problems and tasks that used to be done by his father.

Another factor that influences the severity of grief is social support (Wiryasaputra, 2019). Wiryasaputra (2019) stated that individuals who experience loss and grief are usually able to overcome life crises effectively if they have quality social support. Each participant had close friends who provided support to overcome grief. In addition, some participants also received support to overcome grief from family members. For W, family members have an important role in helping to cope with grief. The assistance provided by family members made S not immediately feel lonely in the early days of his wife's death. D also mentioned that receiving moral and financial support from other family members made D feel better.

Based on the theory of the stages of grief according to Kubler-Ross & Kessler (2014), acceptance is defined as the stage where individuals accept the fact that a loved one is physically gone and recognize that this reality is permanent. Prior to the acceptance stage, there are stages of denial, anger, bargaining, and depression. Denial often comes in the form of questioning reality including whether the loss event happened and whether the missing person has died (Kubler-Ross & Kessler, 2014). W did not believe that his father had died. W mentioned that he felt that his father was still in the shop and had only left for a short time. When he saw his father's belongings, W remembered and realized that his father had died.

The bargaining stage was identified in S's process of coping with grief. Kubler-Ross & Kessler (2014) consider that "if only" and "if" statements cause individuals to find fault with themselves and

think about what could have been done differently. S felt regret for not accompanying his wife directly at the last moment, giving permission for intubation to his wife, and not bringing his wife home when she was in critical condition. According to S, although in the end the wife still died, if S had brought the wife home, S could have guided the wife and had time to apologize before the wife passed away.

Despite the various symptoms of grief experienced, each participant was able to process in overcome grief, try to accept the grieving events experienced, and adapt to live life without the presence of family members who died. [Kubler-Ross & Kessler \(2014\)](#) state that the majority of individuals never feel okay with the loss of a loved one, but through the acceptance stage individuals will learn to live with this reality. S is motivated to rise from grief by realizing the responsibility for children and work. S also understands that somehow his wife will not come back. Currently, S continues to live by doing activities independently.

The process of acceptance and adaptation after the grief event was also undertaken by other participants. After the death of his father, W went to college while replacing his father's role in the family. In fact, W was able to create new relationships and have a wider social circle. The thing that motivated W to rise from grief was that W wanted to bring back his mother's smile. A and D, who had been alone, are now able to reconnect with their social environment while continuing their studies and doing activities independently. D tries to rise from the grief experienced because D feels that he cannot continue to be immersed in sadness.

[Worden \(2018\)](#) states that meaning-making is an important process in grieving that tends to challenge beliefs about oneself, others, and the world. Losing his wife due to Covid-19 made S realize the importance of doing good to the closest people because death is something that cannot be predicted. Although W feels that his current self is no longer the same as his past self, W views his father's death as encouragement and learning to prove to his father that W can live without his father and realize what his father wants. A sees her mother's death as a destiny that can be a reminder to prepare herself to leave life, while D interprets the event of her mother's death as a lesson not to depend on others. Apart from the differences in meaning, there is one common view of the grief experienced by the participants, namely that all participants view the death of a family member as part of God's decree.

Losing a family member due to Covid-19 gives a special impression to participants. S said that the restrictions imposed around Covid-19 made death from Covid-19 different from other causes of death. Seeing the mother's struggle to recover made D view death due to Covid-19 as a death that looked very painful. Living in a family and community environment that is less aware of the dangers of Covid-19 causes W's grief process to be unaffected by the policies surrounding Covid-19 because there are no restrictions that W accepts. Furthermore, W considers that people's negligence in complying with health protocols is also caused by the lack of mature policies enacted by the government. In contrast to the other three participants, A's inability to see her mother at the last moment, the limited number of people who came to grieve, and the absence of a tradition of commemorating death on the day her mother died helped A to feel okay.

As someone who has lost a family member to Covid-19, S views that people who are afraid of being vaccinated and do not believe in the existence of Covid-19 will feel regret if they lose a family member to Covid-19. D views that people who are negligent in complying with health protocols not only endanger themselves but also endanger others. A then added that A hopes that people can be more aware of the dangers of Covid-19 so that they do not experience the severity of the impact of losing family members due to Covid-19.

CONCLUSION

The death of a family member due to COVID-19 gave a different impression on each participant. The differences in the grieving experience experienced by participants can be understood through the limitations surrounding COVID-19 received, the position of participants in the family, the closeness between the participants and the deceased figure, the psychological resilience of the participants, the participants' coping abilities, the participants' anticipation of the event of death, and the social support accepted by the participants. The loss of family members due to COVID-19 raises symptoms of grief in the participants' physical, mental, and social aspects. The loss of a figure with a particular role in the family also creates a role void so that the abandoned family member tries to replace the role of the deceased figure. Regardless of the grief reaction that arose, each participant could rise and adapt to continue living without the presence of a deceased figure. Losing family members due to COVID-19 gave participants new perspectives and understandings about life. As individuals who have lost family members due to COVID-19, there is hope that the community will be more aware of the dangers of COVID-19 so that they do not experience the same experience.

AKNOWLEDGMENT

We express genuine appreciation to all individuals and groups who participated in this research. The authors do not have any funding to disclose.

REFERENCES

- Chuck, E. (2021). The youngest mourners: These are the children who have lost a parent to Covid-19. *NBC News*. [Nbcnews.com](https://www.nbcnews.com)
- Creswell, J. W. (2015). *Penelitian kualitatif & desain riset: Memilih di antara lima pendekatan* (3rd ed.). Pustaka Pelajar. [Google Scholar](https://scholar.google.com/)
- Eisma, M. C., Tamminga, A., Smid, G. E., & Boelen, P. A. (2021). Acute grief after deaths due to COVID-19, natural causes and unnatural causes: An empirical comparison. *J Affect Disord*, 278, 54-56. <https://doi.org/10.1016/j.jad.2020.09.049>
- Gesi, C., Carmassi, C., Cerveri, G., Carpita, B., Cremone, I. M., & Dell'Osso, L. (2020). Complicated Grief: What to Expect After the Coronavirus Pandemic. *Front Psychiatry*, 11, 489. <https://doi.org/10.3389/fpsy.2020.00489>
- Gleeson, C. (2021). Covid-19: Unvaccinated mother and daughter die just two beds apart. [Irishtimes.com](https://www.irishtimes.com)
- Goveas, J. S., & Shear, M. K. (2020). Grief and the COVID-19 Pandemic in Older Adults. *Am J Geriatr Psychiatry*, 28(10), 1119-1125. <https://doi.org/10.1016/j.jagp.2020.06.021>
- Hasan, A. B. P., Dwiartayani, A., & Arief, H. (2021). Gambaran Proses Grieving Pada Dewasa Awal Yang Mengalami Kehilangan Anggota Keluarga Akibat Virus Covid-19. *Psikologi Prima*, 4(1), 20-32. <https://doi.org/10.34012/psychoprima.v4i1.1864>
- Kentish-Barnes, N., Cohen-Solal, Z., Morin, L., Souppart, V., Pochard, F., & Azoulay, E. (2021). Lived Experiences of Family Members of Patients With Severe COVID-19 Who Died in Intensive Care Units in France. *JAMA Netw Open*, 4(6), e2113355. <https://doi.org/10.1001/jamanetworkopen.2021.13355>
- Kubler-Ross, E., & Kessler, D. (2014). *On grief and grieving: Finding the meaning of grief through the five stage of loss*. Scribner-Simin and Schuster, Inc. [Google Scholar](https://scholar.google.com/)
- MacWilliam, B. (2017). *Complicated grief, attachment, and art therapy: Theory, treatment, and 14 ready-to-use protocols*. Jessica Kingsley Publishers. [Google Scholar](https://scholar.google.com/)

- Masiero, M., Mazzocco, K., Harnois, C., Cropley, M., & Pravettoni, G. (2020). From Individual To Social Trauma: Sources Of Everyday Trauma In Italy, The US And UK During The Covid-19 Pandemic. *J Trauma Dissociation*, 21(5), 513-519. <https://doi.org/10.1080/15299732.2020.1787296>
- Matsuda, Y., Takebayashi, Y., Nakajima, S., & Ito, M. (2021). Managing Grief of Bereaved Families During the COVID-19 Pandemic in Japan. *Front Psychiatry*, 12, 637237. <https://doi.org/10.3389/fpsy.2021.637237>
- Mayland, C. R., Harding, A. J. E., Preston, N., & Payne, S. (2020). Supporting Adults Bereaved Through COVID-19: A Rapid Review of the Impact of Previous Pandemics on Grief and Bereavement. *J Pain Symptom Manage*, 60(2), e33-e39. <https://doi.org/10.1016/j.jpainsymman.2020.05.012>
- Mohammadi, F., Oshvandi, K., Shamsaei, F., Cheraghi, F., Khodaveisi, M., & Bijani, M. (2021). The mental health crises of the families of COVID-19 victims: a qualitative study. *BMC Fam Pract*, 22(1), 94. <https://doi.org/10.1186/s12875-021-01442-8>
- Mortazavi, S. S., Assari, S., Alimohamadi, A., Rafiee, M., & Shati, M. (2020). Fear, Loss, Social Isolation, and Incomplete Grief Due to COVID-19: A Recipe for a Psychiatric Pandemic. *Basic Clin Neurosci*, 11(2), 225-232. <https://doi.org/10.32598/bcn.11.covid19.2549.1>
- Pearce, C., Honey, J. R., Lovick, R., Zapiain Creamer, N., Henry, C., Langford, A., Stobert, M., & Barclay, S. (2021). 'A silent epidemic of grief': a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. *BMJ Open*, 11(3), e046872. <https://doi.org/10.1136/bmjopen-2020-046872>
- Salim, N., & Wijaya, S. (2021). More Than 11.000 Indonesian Children are Estimated to Have Lost One or Both Parents to Covid-19. [Abc.Net](https://www.abc.net.au/news/2021-04-15/indonesian-children-estimated-to-have-lost-one-or-both-parents-to-covid-19/100558440)
- Sekar, R. (2020). Cerita remaja 16 tahun kehilangan orang tua karena virus corona. [Kumparan.com](https://www.kumparan.com/berita-sampul/cerita-remaja-16-tahun-kehilangan-orang-tua-karena-virus-corona-2020-04-15)
- Sinuhaji, J. (2022). Update Covid-19 Indonesia Kamis. *Pikiran Rakyat*. [Kumparan.com](https://www.kumparan.com/berita-sampul/update-covid-19-indonesia-kamis-2022-04-14)
- Sugiyono. (2018). *Metode penelitian kualitatif*. Alfabeta [Google Scholar](https://scholar.google.com/books?id=8vXpDwAAQAAJ)
- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *J Pain Symptom Manage*, 60(1), e70-e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Wiryasaputra, T. S. (2019). *Grief psychotherapy: Psikoterapi kedukaan*. Pustaka Referensi. [Google Scholar](https://scholar.google.com/books?id=8vXpDwAAQAAJ)
- Worden, J. W. (2018). *Grief Counseling and Grief Therapy A Handbook for the Mental Health Practitioner* (5th ed.). Springer Publishing Company. [Google Scholar](https://scholar.google.com/books?id=8vXpDwAAQAAJ)
- Yardley, S., & Rolph, M. (2020). Death and dying during the pandemic. *BMJ*, 369, m1472. <https://doi.org/10.1136/bmj.m1472>