Coping with Bereavement due to Covid-19: A Phenomenological Study in Tacloban City, Leyte

Bianca Joy A. Arica[a], Krizza G. Cadiz[b], Genecaesar F. Caibio[c], Raymart Y. Lerios[d], Claudette Caroline Lacandazo[e], Rona Mae S. Ragaodao[f]

[a]*aricajoybianca@gmail.com*
[b]*krizzacadiz10@gmail.com*
[c]*genecaesarcaibio2@gmail.com*
[d] *leriosraymart@gmail.om*
[e]*clacandazo@lnu.edu.ph*
[f]*paila.hutai07@gmail.com*
College of Education, Leyte Normal University, Tacloban City, 6500, Philippines

Abstract

Losing someone, whether a partner, family member, or friend, can bring emotional and mental discomfort. Bereavement is a natural response to such a loss; it is an experience people naturally go through. This phenomenological research study aimed to identify the coping strategies of people who lost a loved one to the COVID-19 pandemic. Five bereaved people were interviewed using a semi-structured type of interview. Their responses were analyzed and interpreted using thematic analysis. This study found that the participants had experienced discombobulation and agony due to bereavement to COVID-19. Their family's monetary, emotional, and mental support provided an immediate recovery and helped them surpass their situation. It was also found that their faith served as their protective factor concerning the unbearable situation they went through. The study was carried out in Tacloban City, Leyte, Philippines, which had the highest recorded COVID-19 mortality cases in the entire Leyte.

Keywords: COVID-19; Bereavement; Phenomenological Research; Thematic Analysis; Leyte; Philippines

1. Introduction

1.1 Background of the Study

The psychological literature considers the death of a loved one to be an unpleasant life circumstance because it is one of the most painful events in life. Bereavement is a common emotion to such a loss. Bereavement was defined as the state of having experienced the death of a loved one (VandenBos, 2007). Individual bereavement and mourning responses vary. The bereaved person may experience emotional anguish and distress and may or may not show this distress to others. According to VandenBos (2007), it can sometimes indicate a shift in social standing. Bereavement leads to two types of reaction; mourning and grief. Neimeyer et al. (2014) describe mourning as a socially situated cognitive and expressive process aimed at determining the significance of the deceased's life and death, including the bereaved post-death status within the larger community affected by the loss; while grief is a deep and strong mental suffering or a sense of tremendous sadness linked with loss or bereavement (Petruzzi, 2019). Zisook et al. (2014) argued that researchers have proposed that grieving is a universal adaptive response that triggers a cascade of homeostatic systems that aid the bereaved in recouping and adapting to the life experience.

On the other hand, coping is described as a continual psychological-behavioural effort to manage certain (external and/or internal) expectations that are deemed to be straining or surpassing the individual's resources (Blum & River, 2012; Lazarus & Folkman, 1984). The writings of Sigmund Freud on defense mechanisms spurred interest in coping strategies which was defined by Martins et al. (2014) as ways of thinking and acting that are used to alleviate the discomfort of a situation. In addition, coping must be process-oriented, in the sense that coping efforts can change over time, and contextual, in the sense that coping preferences fluctuate in different situations. There are numerous techniques to cope that have been identified for stressors such as the death of loved ones. According to Folkman (2007), all active efforts to manage stressful events and adjust a difficult person-environment interaction to modify or remove the sources of stress via individual behaviour are included in problem-focused coping. Meanwhile, emotion-

focused coping encompasses all efforts to reduce the emotional repercussions of stressful experiences through regulation. Meaning-focused coping, which is appraisal-based coping in which an individual draws on beliefs, values, and existential aspirations to inspire and sustain coping, has just been proposed as a third higher-order manner of coping. It usually happens after coping has failed and is utilized to restart the coping process.

Filipino culture and tradition can offer coping mechanisms to alleviate the suffering and view it as the other way around. As a predominantly Christian nation, suffering can be considered an opportunity to share the suffering with Christ, and in that way, it can be redemptive. However, grief in the COVID-19 era is unlike any other, posing a challenge to the traditional grieving process (Corpus, 2021, as cited in Cordero, 2021). Being restricted from visiting, seeing, showing solace by being physically present in the hospital, conducting wake, and other people's rumors make coping mechanisms much different.

Moreover, the devastating impact of the COVID-19 pandemic has been documented for countries all over the world, with large death tolls and evidence that survivors, family, and friends have been severely impacted. As a result, the number of persons who are bereaved has increased. Various studies have postulated the coping mechanism of people who lost their loved ones, specifically the anticipatory death of terminally ill patients but not in the cases of abrupt death during the pandemic. Rubin et al. (2012) state that "there is no one right or universal way to experience or respond to loss". Considering the significance of coping with death cases during the COVID-19, psychological and social professionals, as well as the government, may find it useful to better understand these situations in order to assist people in obtaining support and reducing stress thereby improving the quality of life of bereaved family members.

1.2 Statement of the Problem

Generally, this research aims to know the Coping Strategies of People who lost their loved ones due to coronavirus in Tacloban City, Leyte. Especially, this study seeks to answer the following research questions:

1. What is the most despairing experience of losing a loved one due to COVID-19?
2. How do people deal with the death of their loved ones?
3. What are the things that help the participants cope with their loved ones' death?

1.3 Theoretical Framework

This study utilized the Five Stages of Grief Model by Elizabeth Kubler-Ross (1970) that has stages namely denial, anger, bargaining, depression and acceptance. It was created by Kübler-Ross to characterize people who were facing their own mortality due to a terminal disease, but it was quickly adopted as a way of thinking about sorrow in general.

The first of the five stages of grief is Denial. Some people act as though nothing has happened at first. Even if they are aware that someone has died, it can be difficult for them to accept that someone significant will not return. It's also very common to sense someone's presence, hear their voice, or even see them after they've passed away. They will inadvertently start the healing process as they acknowledge the truth of the loss where denial is dissipating. The next stage is Anger. Anger is a natural feeling after someone dies. Death can appear cruel and unjust, especially when you believe someone died prematurely. It's also natural to experience resentment toward the deceased individual, as well as resentment toward ourselves for things we did or didn't do before their death. The third phase is Bargaining. Bereaved people begin to make deals with themselves in the bargaining stage. It's also normal for them to keep returning to events from the past and asking a slew of questions, wishing they could change how things turned out. The fourth one is Depression. Grief is frequently associated with sadness and desire. This agony can be excruciating, and it can come in waves that last for months or years. Life can feel as if it has lost all significance, which can be frightening. Lastly, Acceptance comes in waves, and it may seem as if nothing will ever be the same again. However, most people gradually find that the pain subsides and that it is able to accept what has occurred. They may never truly 'get over' the loss of a loved one, but may learn to live again while keeping the memories of people lost close to their hearts.

In this study, researchers anchored the two variables of coping and bereavement into Kubler-Ross' Five Stages of Grief Model theory using the stages as a framework that makes up our learning to live with the one we lost. They are techniques that assist grieving people in framing and identifying their emotions. However, they are not pauses on a linear chronology of mourning because not everyone passes through them all or in the same order.

1.4 Scope and Delimitation

The general intent of this study is to determine the coping strategies of the bereaved family in Tacloban City, Leyte, who lost a family member (e.g., a sister, a brother, son, daughter, and a parent) due to a direct consequence of COVID-19 infection. The participants and locale of this study will be delimited to the families who have lost a family member caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) of the said city.

1.5 Significance of the Study

The findings of this study could be vital and beneficial to the following groups and individuals:

Family. The findings will help the family members to healthily cope with the bereavement of losing their loved ones.

Professionals. The findings will contribute to the knowledge of psychologists, counsellors, psychotherapists and other professionals to properly support the bereaved clients by helping them cope and resume their lives.

Community. The result of this study can be used as guidelines for community organizations in conducting projects and programs for the benefit of bereaved families.

Future Researchers. The findings of this study will assist future researchers in obtaining new information, a survey of related articles, a history of exploration, and other data that they can use in their disquisition on the subject.

1.6 Definition of Terms

Bereaved – the people who are sad because someone close to them has died.

Bereavement- a natural emotional response of losing someone (e.g., grief, sadness, guilt, and the like).

Coping - is a strategy that people use to ease the pain or intense emotional crisis, consciously or unconsciously.

Coping Mechanisms- are the strategies that people use to make themselves comfortable from stress, loss, and the like.

Coronavirus (COVID-19) - is an infectious disease that kills millions of people. It is caused by the SARS-CoV-2 virus.

Emotion-focused coping - kind of stress management that aims to lessen stress-related negative emotional responses.

Grief - encompasses bereavement-related psychological and physiological symptoms that can alter over time.

Meaning-focused coping - controlling for initial distress, moderated the associations between event evaluations and adjustment.

Mourning - visible expressions of loss and grief.

Problem-focused coping - involves tactics including information gathering, problem-solving, and the direct acts required to solve a problem.

2. Literature review

2.1 Bereavement

The loss of loved ones would be one of the most heart-breaking scenes that a person could experience and witness. It would be life's most stressful scenario that could cause major trauma and emotional distress. The dictionary of Oxford Bibliographies defined bereavement as the objective status of a person who has suffered the loss of someone significant. It is an umbrella term for sadness, disorientation, stress, and another feeling of sorrow (Heid, 2021).

On average, there are 55.4 million deaths that take place in a year (WHO, 2020). These deaths leave behind an average of 4 to 5 grieving survivors. After losing loved ones, it usually takes six months to fade the extreme feelings of grief. However, it is not applicable for all as there are bereaved people who struggled for years to move on from the loss (Health Watch, 2022).

Furthermore, the grieving process differs for an individual. It is based on how attached the bereaved people are to those who died, whether they were a parent, sibling, or friend. The more connected the bereaved person is, the longer the grieving process will take (Health Watch, 2022). Bereaved people accept the death of their loved ones, usually within the first month after the loss. Two years after the loss, bereaved people usually experience yearning for the person who died (Health Watch, 2022). This study only shows that if symptoms aren't tapering off by six months, this could signify a more severe problem—complicated grief. Dr Mary-Frances O'Connor, a psychologist at the University of California, mentioned that people with complicated grief might experience extreme loneliness, yearning, and sadness. It was also noted that people experiencing complicated grief are most likely at risk of depression, stress disorder, suicidal thoughts, and other intense emotional crises. In a study conducted by Mental Health America (2022), bereaved people may experience denial, disbelief, yearning, anger, confusion, shock, guilt, sadness, and the like. For

some people, grief can be more intense or even prolonged, which affects the bereaved people's ability to cope in their everyday lives.

2.2 Coping Strategies

Coping strategies are ways people cope with painful or difficult emotions when they are stressed or traumatized. Most people experience sadness or distress when a challenging event occurs, such as the death of a loved one.

For most parents and other family members, the death of a child is a traumatic occurrence to experience. However, how people respond to a child's death varies among cultures. Filipino parents feel severe guilt after their child's death. In addition, in Chinese culture, a child's death is considered a "bad death" and causes shame to the family. Further, women from past generations in several Caribbean communities restrict young mothers from attending their child's funeral or visiting the cemetery, believing that if you "carry one to the cemetery, you'll be taking all of your other children there as well." Those who die as children in other cultures have not sinned, ensuring their place in heaven (Youngblut et al., 2019).

The death of a child changed the parent's life dramatically, triggering an identity crisis and a sense of loss of purpose in life. More understanding of how parents deal with sorrow could help bereaved parents get better support. A study conducted by Pohlkamp et al. (2021) has identified various coping strategies that facilitated parents' coping with grief after losing a child to cancer. It includes parents who have a supportive social network of family and friends, having remaining children, meeting with professional counsellors and meeting other bereaved parents, connecting to the memories of the deceased child in various contexts, including school and pediatric care settings.

In a different study by Biancalani et al. (2022) among Italians who suffered after losing their loved ones due to SARS-CoV-2. It has been found that spirituality is a protective factor concerning the processing of grief in crises such as the COVID-19 pandemic.

Coping takes place within the context of everyday living. It also takes place in the family context, family-level stressors and coping have been examined. There is no single solution to the problems of bereavement but an understanding of grief can help the bereaved to realize that they are not alone in their experience.

2.2.1 Denial of the Truth

As mentioned in the earlier discussions, denial is the first of the five stages of grief. Richie (2014) stated that denial is often generated from stress. Instead of pursuing objectives towards solutions, the pessimism brought by the stress tries to alleviate negativity by downplaying the intensity of the situation, denying the fact presented rather than admitting it.

Grief varies on the level of emotion one has, as reported in the study by Ratcliffe (2017). Denial comes in when people cannot handle the amount of stress presented to them. A similar study revealed that most people control their stress by searching for something optimistic in the problem at hand, attempting to reframe the stressful circumstances favourably, taking inspiration from the said circumstance, and trying to develop self-confidence as a result of the experience. Instead of facing the truth, people deny the heaviness of the situation.

2.2.2 Dealing with Anger

According to a related study by Doka (2012), in the face of circumstances like loss, where one naturally feels powerless, anger can make a griever feel empowered. Murray (2019) said that anger is the brain's attempt to process what has happened to an individual. Murray also explained that the person is constantly pressured to understand what has happened. Whether it is the failure of others to keep up with speed causes anger to arise within that person. The person's inability as well may be another reason.

2.2.3 Bargaining with What Could Have Been

Burnett (2021) mentioned that bargaining is like promising. Bereaved people make promises to be better in their lives for their lost loved ones. This is where an individual's anger comes to a point wherein all the pent-up anger has already been exhausted. As a person grieves, this phase is characterized by the battle to restore control (Krull, 2022). One will bombard himself with all the what-ifs in life. All possible actions one could have done to prevent the incident from happening. It is like holding one accountable but in a negative way.

Another related study by Jannati et al. (2020) reported that individuals with a damaged self-concept are more likely to blame themselves. Grief's stress disrupts one's self-concept, which provides the basis for bargaining.

2.2.4 Sulking in Depression

In the fourth stage, which is depression, Clarke (2021) assured us that depression is a natural stage of grief, and bereaved people will go through this. This is the part wherein people realize that there is nothing else to be done to change the fact that their loved one has already died.

Okun & Nowinski (2012) stated that the death of a loved one could act as a gateway for depression to emerge. There are many factors regarding grief-related depression. The death of a loved one unexpectedly, having had a bad relationship with the deceased, and social isolation are all substantial indicators of depression due to grief (Zara, 2019). This depression stage of grieving is somehow related. Despite not being clinically diagnosed, the depression stage of grieving is just as important. This is the phase where people are vulnerable. This is the second to the last stage. However, this remains one of the most challenging phases to overcome.

2.2.5 Acceptance as Coping Strategies in Handling Bereavement

Acceptance is the last stage. As defined by the Serenity Recovers Center (2018), acceptance refers to the willingness to cope with an unpleasant condition. It is an integral part to move forward in life. Just like in grieving, despite being the last part, it is still the first part of moving on.

The study of Boyraz et al. (2014) showed that a person's view on death is a significant factor in accepting the death of others. An individual's perspective on death may indicate that they are open to establishing a robust meaning system in life. It could also mean that they have already formed one. As a result, these people may be more adaptable to grief than those considering death as a pleasant getaway from difficulties in life and those who believe in the concept of the afterlife instead of seeing death as something natural.

2.3 COVID-19

Coronavirus disease (COVID-19) is an infectious disease. The majority of those infected with the virus will experience mild to moderate respiratory symptoms and will recover without needing medical treatment. On the other hand, some will get critically ill and require medical assistance. Serious illness is more likely to strike the elderly and those with underlying medical disorders such as cardiovascular disease, diabetes, chronic respiratory disease, or cancer. COVID-19 may make anyone sick and even cause death (WHO, n.d).

Treatment of the deceased persons with confirmed COVID-19 is different from an accustomed practice where the dead will be present for a time for viewing called wake. Covid-19 infected corpses will be automatically cremated as part of the precautionary measures to contain the spread of Covid-19 (Department of Health, 2020). In that case, grieving families/relatives of the dead cannot view the dead body of their loved ones even after the person is admitted to the hospital due to the "No Companion, No Visitor policy" in all covid-19 wards of the Health Department. Funerals and wakes serve a purpose; one of these is to encourage the expression of grief consistent with the culture's values and support mourners (Center for Loss, 2016). A report from GMA News, bereaved families, feel more distress due to cremation because of the abrupt loss and are deprived of viewing and conducting wake. Hence, the researchers of this study found it relevant to determine the coping strategies of the bereaved families in Tacloban City, Leyte.

3. Methodology

3.1 Research Design

This study adopted a transcendental phenomenological research design. Transcendental phenomenology, primarily developed by Husserl, is a philosophical approach to qualitative research phenomenology seeking to understand human experience (Moustakas, 1994). Transcendental phenomenology focuses less on the researcher's opinions and more on describing the participants' experiences (Moustakas, 1994). Husserl's concept of bracketing is also highlighted. The researchers placed their personal experiences aside as much as possible and approached the phenomenon under investigation with a fresh viewpoint based on the participants' descriptions of their lived experiences.

3.2 Research Locale

This study was carried out in Tacloban City, Leyte. The researchers chose the locale as it has the highest mortality caused by SARS-CoV-2 in the entire Leyte based on the data from the Department of Health – Region 8.

3.3 Participants of the Study

The participants of this study were five (5) bereaved people who lost their loved ones due to the COVID-19 in Tacloban City, Leyte. The authors interviewed the participants using semi-structured questions connected to the research being studied. Participants were a spouse/partner, grandchild, niece and nephew of the bereaved person. In

this study, the researchers utilized convenience sampling, which is a type of nonprobability or non-random sampling wherein people from the target population meet particular practical criteria, such as ease of access, geographic closeness, and availability at a specific time or desire to participate are chosen (Etikan, 2016).

3.4 Data Collection Method

In gathering the data, the researchers utilized a semi-structured interview. In this type of interview, the researchers asked only a few pre-determined questions, while the rest were unplanned. Through this process, the researcher were able to gather additional information or data that was helpful to have an in-depth analysis of the study. Follow-up questions were addressed to gain an in-depth understanding of the investigated phenomenon. The researchers used a recorder (such as a smartphone) so that researchers could record every detail of the respondents' answers.

Moreover, the interview took place in a face-to-face setting. However, some participants were unavailable for a face-to-face interview due to some circumstances. The researchers resorted to a conference phone call interview because it was the most convenient to the participants.

3.5 Ethical Consideration

This study strives to comply with the following ethical standards of academic research.

Voluntary Participation. The researchers must recognize the participants' rights to access their information and the ability to withdraw at any time since they give their express, active, signed consent to participate in the study.

Informed consent. The researchers will ensure that participants must be thoroughly informed about what will be required of them, how the data will be used, and the potential consequences (if any).

Interview Sessions. Each interview will be performed in a discreet and peaceful room at the clinic or at the participant's home, away from the outsider. Only the researchers should be able to link the participants' identities to the audio recordings.

Confidentiality. The researchers are aware of the participant's identity, but the data has been de-identified and the participant's identity will be kept private.

3.6 Research Reflexivity

The researchers in this study have all experienced grief at some point in their lives. According to Burns (2016) reflexivity permits the researcher to gain a more in-depth understanding of the topic under examination. This means that during the study process, the researchers can rely on their own experiences to help them comprehend and relate to what is being expressed. Despite the researcher's own experiences and perspectives, the inquiry or research remains focused on understanding the phenomenon from the participant's point of view (Babbie & Mouton, 2011). As a result, the researchers put their personal understanding of the subject of investigation aside and open their minds to understand and listen to what the participants have to say.

3.7 Data Analysis

This section presented the analysis and interpretation of the data gathered. Each data set was analyzed and interpreted to shed light on the investigation. A semi-structured interview was utilized to gather a deeper understanding of the subject. Results from the interview were extracted and analyzed according to themes and content. Warren (2020) defines *thematic analysis* as a type of Qualitative Data Analysis (Q.D.A.) that looks at patterns of meaning and concepts in a data set; it takes bodies of data and groups them based on similarities or themes, which make sense of content and derive interpretation from it. After the data was collected through a semi-structured interview, all the responses were noted, including verbatim, word by word, so as not to lose sense and ensure that data will not be misinterpreted. Here are the six (6) steps of thematic method developed by Braun & Clarke:

Step 1. Familiarization. Here, the researchers transcribed the audio recording and read the data.

Step 2. Coding. In this step, the researchers examined the collected data and highlighted everything that jumps out as relevant or potentially interesting.

Step 3. Generating themes. The researchers look over the codes created, identify patterns among them, and start coming up with themes.

Step 4. Reviewing themes. Here, the researchers returned the data set and compare theme against it.

Step 5. Defining and naming themes. The researchers defined exactly what each theme means and a succinct and easily understandable name was made for each theme.

Step 6. Writing up. Here, the researchers created the analysis of the data.

4. Results and Discussion

This section will draw upon the main themes and present the findings from the interview process and subsequent data analysis. The key themes that emerged following thematic data analysis as a result of grief due to COVID-19 on an individual were: demise brought discombobulation and agony, intangible and tangible support, and faith and purpose.

Theme 1: Demise brought Discombobulation and Agony

The first theme covers the answers of the participants who have felt discombobulated and experienced agony after losing a loved one to the COVID-19 pandemic. Some participants admitted feeling *demotivated and baffled,* while others said they experienced *frailness and disorientation.* They explicitly described their experience during those difficult times of their lives.

> *"Dakon pinagbag-o. Ginasa talaga ako. Mostly, makuri ak hingaturog. Waray ko. *silence* Waray na gana kumaon."* (*p1, lines 75-76*)

> *"Nagchange an akon life drastically kay an iya kamatay nagredirect han akon… han akon goal. Naiban ako han motivation. I lost… I even lost my whole appetite in reaching my goals because of the reality of… of… of the worry liwat… like I *pause* direk maaram like paro… paro akon naparalyze. I cannot move. I cannot think properly and I cannot function properly. *pause* So, an akon life nachange."*(*p2, lines 89-95*)

> *"…tigda nala han akon kamatay han akon husband…*uhmm*…habang ako eh…sabi pa nila nalilisang…na dire ako maaram kun mag-aano ako. Baga ako hin natutuliro na tim ulo…paglingi nimo ada na it ira black bag, isusulod na nira it patay."*
> *"Tuliro na utak ko ang dami kong anak na iintindihin…"* (*p3, lines 14-16; 99*)

> *"…nakaapekto hiya hin duro kay he is one of my inspirations. Syempre ikaw pag ikaw…pag mayda ka usa nga tawo nga nag-iinspired haimo diba mamomotivate ka…bubuhaton tanan like mamotivate ka nga…ay, magtatapos ako pag-eskwela kay adi it akon uncle nagsusupport haakon…sugad ba."* (*p4, lines 50-53*)

> *"…during an…*cough*… panhitabo adto, waray na gehap ako makatuhay pag-eskwela especially nga online adto an panutduan. Bagan waray na gehap ako adto ganahi pagtuhay. Gin iba…gin iba adto an akon perspective ha kinabuhi."* (*p5, lines 39-41*)

Some participants narrated how losing a loved one to the COVID-19 pandemic brought them *sorrow, depression, and misery* in the first few months. From the data gathered, the participants shared the sufferings that they went through.

> *"When *pause* they left and when they died, I thought that it was also the end of my life. It was really hard to survive knowing that *pause* I am not longer with the person that truly loves me *noise* and, their death caused a lot of anguish, caused a lot of depression in my heart… Like, I got emotional and mental *long pause* I got shattered emotionally and mentally."*(*p2, lines 40-45*)

He also added that it was excruciating for him that he was not able to hug his grandmother because the authorities immediately put her in the grave. In addition, it was difficult for him to know that he could not talk to her grandmother before she left.

> *"Gumastos kami. Gumastos kami! Nangutang ako! Nangutang yung mga kapatid ng asawa ko para maipalibing lang naming pagkalinggo ng hapon. Kung wala pa kaming kamag-anak na pari…hindi pa mami-misahan ang asawa ko. Ganun kasakit yun."*
> *"Kung ako lang masyadong mahina baka ikamatay ko. Sa totoo lang para akong baliw bago mamatay ang asawa ko tapos biglang… nashock… naschock ako… biglang… kahit yung doctor parang… bakit dineclare yan na COVID? Bakit hindi ako sinabihan? Bakit? Kumbaga gusto kong*
> *maghysterical pero ayokong mag iskandalo masyado talaga…yung kapatid niya nagwawala sa labas eh."*
> (*p3, lines 93-95; 174-179*)

Two participants recounted how losing a loved one to the covid-19 pandemic is different from other kinds of deaths they have experienced.

> *"Kung baga 'yung kasagsagan ng pandemic, yun din ang kasagsagan ng pandemic sa kinabuhi namon, kumbaga sumabay."* (*p3, lines 28-29*)

> "*Last la han kasagsagan talaga han COVID. *Pause*…*uhmm*…han kasagsagan han kakurian asya liwat an pagkuri han amon pamilya. Both economically ngan emotionally."*
> *"… dire kami nakaglamay. Unta bisan lamay na man la nga makabulig han amon gin aabat dire pa hira nahatag haam, pati naman la an pagkita han patay. Deprived kami gihap, asya iba-ibahan gud. Masakit haamon. Namatayan na ngani kami an intervention nga inihatag han kanan COVID ngan discrimination toward COVID."* (*p5, lines 34-35; 38-42*)

The first theme identified in this study shows that bereavement causes discombobulation and agony. Grief due to covid-19 negatively affects mental health and the person's physical health. This claim is supported by the study by Mental Health Foundation 2022 that our psychological and physical health is connected despite being physically separated. People with mental health problems are more likely to have preventable physical health conditions; these include low motivation, meaning the person finds it unworthy to work for his/herself, difficulty in concentrating on goals, and thus makes, their full function disrupted by the effects of the grief due to bereavement. Low motivation to strive and move on makes the participant's physical reflect on the mental health deprivation they experience. These experiences are alarming, considering these are classified as early signs of depression. The latest data from the newest study by World Health Organization (2021) showed that mental disorders are caused by depression, and this experiencing loss and self-isolation are at risk of suicide attempts.

Since most participants stated that grief causes them to be disoriented, they say they lack the appropriate performance and motivation to do and excel in their work and academics. Their claim was proved in the scientific literature that mental health and academic achievement have an inverse relationship. Participants 2, 4, and 5 are currently studying and striving for better jobs in the future through performing well in their academics and are severely affected by the grief they experience. These adverse mental effects impact not only them as a person but also extend to the community and larger society by which they will not be able to perform their roles in the community and contribute valuable skills in the job market and contribute to the economy.

Theme 2: Tangible and Intangible Support

The participants highlighted that the intangible (*emotional and mental*) and tangible support from close friends and family members helped them surpass their situation. Also, they have admitted that they used *social media* to escape what they are going through momentarily. In addition, two participants said that they continued their *passion for dancing* to divert their attention.

> "*Hmmm. Siguro an pinakauna nga mga months, nak mga kasangkayan. hira mama…"*
> *"Online fellowship."* (*p1, lines 84; 89*)

> *"Fortunately, I have a strong support system. I have obtained *pause* moral and mental support from the people around me, specifically my family. Who *pause* also struggled a lot because of *pause* because of what happened. *Long pause* So, physically, emotional and mental support… those are the things, which are pivotal or very important *uhm* that I obtained to move on, that help me continue living without the persons that I love.*"
> *"… the mental and emotional support that I have received was one of the most *long pause* saving exper… factor why nga aadi pa ako yana. Why di ko gin... why nakamove on ako hadto nga panhitabo."*
> *"I engaged myself to recreational activities*pause* I – I am so passionate in dancing and performing. And I – I utilized my passion para makalimtan, kay I cannot forget hadto. Siguro makahinga, to escape from the pain, from the trauma. So, nagsayaw ako nag… nag… perform ako and it helped me, not only emotionally and mentally but also financially.* (*p2, lines 32-36; 45-47; 122-126*)

> *"'Yun. 'Yung number 1 syempre yung mga kapatid ng asawa ko. Hindi ako iniwan kahit kailan mula noong nagkasakit ang kuya nila, kasi panganay yun *uhmm* hindi nila ako iniwan *uhmm* sila yung nagkabaon-*

*baon sa utang. Yung mga kaibigan ng asawa ko, yun ang ipinagpasalamat ko na hindi kami kinalimutan ano *uhmm* marami…marami sa kanila yung natawagan ako…bibigyan na lang ako ng pera. Pupunta na lang yung kapatid, papuntahin mo ate yung kapatid mo or anak mo *noise* para kuhanin yung pera…yung tulong na galing sa kanila…sa*
mga kaibigan."
"Yung way ko para makalimutan…gusto kong magpakabusy. Totoo yun pag nabibusy ka hindi mo mararamdaman pero pag mag-isa ka lang…"
"Ang hawak ko is Education… nabibusy ako sa… sa kung saan may…may orientation parte it face to face… about sa school. Tapos may mga sidelines ako. Binusy ko ulit yung sarili kong magsideline kasi dahil kailangan ko din naman… ahh…naglilinis ako ng bahay… bumalik din ako sa dati kong trabaho. Nagmamanicure-pedicure ako." (*p3, lines 124-131; 268-269; 282-284*)

"Ako an akon kuan…coping mechanism…adi ha…one of my coping mechanisms is…is…bagan…iton kanan…like…scrolling ha mga social media. Oo…like use hin facebook, Instagram sugad kay…ako kasi once nga nahuhurt ako…somehow mayda ako gindidibdib…ngatanan ito…an akon la talaga only way is magkuan ha akon cellphone…like mag pinankuan…magscroll ha mga social media and magpinanbasa naman…"(*p4, lines 58-63*)

"Ha akon family, gin pabay-an la anay ako kun ano an akon gusto. Tapos ginpadayon ko an akon kahilig pagsayaw since nauuso na adto an TikTok. Tapos pirme ako ginmomotivate it akon mga sangkay ngan tak family…"
*"First an akon pagsayaw. Natagan ako adto hin kahimyang…*tskk*… han panhunahuna. Mas nabuligan ako adto na mag-cope up han ine nga experience. Nakabulig gehapon haakon an social media especially an TikTok. Mas gintatagan ko gehap hin attention it social media para dayon ko mangalimtan an panhitabo."* (*p5, lines 57-59; 66-69*)

The response of the participants illustrated in the second theme shows that they acquired both tangible (such as monetary support and the use of social media) and intangible support (such as motivation and mental and emotional support) from their friends and relatives.

Spending time with their family and friends can help them cope with their pain and suffering. Some participants admitted that the emotional and mental support they received was the most beneficial among all the other kinds of support. This claim was supported by the study of Pohlkamp et al. (2021). Their study was able to identify various coping strategies of the parents who lost a child to cancer. Among the identified coping strategy was a supportive social network of family and friends. In a different study by Harrop et al. (2021), they found that most participants need high emotional support. Having a solid support system is indeed helpful in overcoming your grief.

Furthermore, aside from the emotional and mental support from family and friends, the bereaved also found comfort in using various social media platforms such as TikTok and Instagram. It enabled them to communicate with people far away and even talk to strangers from all over the world. The relationships you can make in the online world can be advantageous. For many people, social media provides a network of people with whom they may converse, communicate, and share intellectual thoughts. If the bereaved has a solid social media network, this becomes an excellent outlet to express their loss, honor their loved one, and have supportive friends to comfort them. All of this can be a perfect approach to dealing with sadness. Furthermore, the participants stated that they used social media to shift their attention away from the discomfort they were experiencing.

In the study of Goldschmidt (2013) as cited by Ware (2016), social media was used to address the grieving process. It was stated that people utilize social media to commemorate life events as well as to memorialize those who have died. As the number of people using social media grows, so does the number of people using it to communicate their sadness and bereavement. The internet provides a safe place for the development and preservation of connections that may be separated by distance, whether physical, psychological, or due to death (Falconer et al. 2011). Those who are unable or unwilling to connect in person can use an online platform as an alternative to isolation. In fact, online grieving has been shown to empower those who believe traditional grieving strategies are unhelpful (Carroll & Landry, 2010).

As mentioned in the study by Ware (2016), research has shown that there are advantages to grieving online:

1. Faster communication capabilities
2. Normalization of the grief experience
3. Ability to share emotions more freely
4. The inclusiveness of a larger community with whom to share emotions

5. A vibrant, dynamic platform in which to remember a loved one

It was also noted that remembering a loved one's life on the internet served as a coping strategy for dealing with the loss itself.

After experiencing a sudden loss of a loved one, dancing is probably the last thing people want to do. However, based on the statements of Participants 2 and 5, their passion for dancing helped cope with their loss. Dancing makes people feel free and relieved of their everyday stresses. The same goes for when people are grieving. The scientific basis for dance's capacity to relieve stress originates from the premise that when the body feels good, the mind follows. Endorphins, a neurotransmitter that relieves stress, are released during any physical exercise. Neurotransmitters are substances found in the brain that aid in the transmission of information throughout the body. Endorphins are the body's natural pain relievers that improve the mind's perception of the world. Thus, after a good dance, the endorphins cause the body to feel calm and optimistic.

Theme 3: Faith and Purpose

This theme covers the participants' answers about how their *faith* served as their source of strength to overcome their feelings. Also, the participants stated that they had a deep understanding of what happened and why it happened. It changed their perceptions about life and became more understanding of the situation.

> *"Mas naging strong an akon connection kan God."*(*p1, line 79*)

> *"I have realized that I need to accept it how *inaudible* I have embraced the pain. I have embraced all the trauma and luckily I have surpassed the depression that I experienced."*(*p2, lines 153-155*)

> *"Yun na lang, ang pinanghawakan ko na lang talaga diyan *uhmm* mula umpisa hindi naman ako taga dito…na kahit na anong mangyari sa akin isa lang ang karamay ko, nasa taas lang. Hanggang ngayon wala akong kamag-anak ngayon kahit isa. Namatay at namatay ang asawa ko nandito pa rin ako kasi naniniwala ako na kahit nasaan ako mayroon akong kasama hindi niya ako iiwanan isa na din ang mga anak ko."*
> *"… huwag na huwag nating kalimutan na magdasal. Lahat ng problema basta may kasamang dasal ay nasosolve. Sa totoo lang…hindi ko masasabi na deboto ako ng Mother Perpetual Help sa Redemptorist *giggles*…pero pag ako ay may problema dun lang wala akong inilapit na problema na hindi nasosolve. Totoo yun… pagsinabi mong sinabi mong masosolve ang problema mo with help ng God… totoo yun."* (*p3, lines 110-115; 355-360*)

> *"… also nag-aampo ako. Kay ako…everytime pag nagprepray ako…narerelieve man ako…nga amu ito sugad…nga time by time malalagpasan ko gehap hito."*
> *"Kuan…like…ada na ako hito nga stage…dire signgon nga dali-dali ko na-accept ba pero…hadton time nga nag-gri-grieve paak…like…nagdadamdam paak bagat one thing nga ginparealize ha akon nga mas better nga sugad nala nga sugad nala an nahinabo kaysa naman . nga nakukurian pa hiya…diba?"* (*p4, lines 64-65; 89-92*)

The participants also admitted that they were already in the last stage of grief – *acceptance*. They had already accepted the fate of their loved ones.

> *"Kasi yana di ko pa gud kasi totally… diba… dire ko pa totally… dire pak makakasiring kun totally naovercome ko na o dire pa."*
> *"Pero I think acceptance na ako nga stage."*(*p1, lines 91-92; 101*)

> "*Pero everything happens for a reason. *pause* An ira – agi han ira kawara – han iya kawara, I learned a lot of lessons that life is fragile. We need to live our life to the fullest. Life is short. And we should not fear death because there is *inaudible* in the end."*
> *"Siguro adto nak han last stage… acceptance. *Uhm* Waray'k na anger, waray ko na depression,*Uhm* waray ko na han uupat nga stage… waray ko na nafefeel hadto acceptance nala. Kay I know that diba, nasiring nga in order for new leaves to grow, the old leaves should fall. So, an akon mga pain, an akon… an akon heavy baggages nga nakadan akon shoulder nga gin carry ko for a very long time because of the deaths of my loved ones. I have realized that I need to accept it…"* (*p2, lines 97-92; 148-153*)

> *"Namanage ko hiya by ano…accepting nala."*

"... time by time talaga...maabot nala talaga it time nga ma-aacept ta...nga dire permamente nga aadi hira ha kalibutan. Maabot it time nga mawawara hira so kita we need to accept...we need to accept the fact nga amo iton nahinabo."
"So, yana adi na ako it stage nga acceptance kay amu la ito...I have to accept nga...amu na. Dire pang-habang buhay nga adi hiya ha earth."(*p4, lines 19; 37-40*)

*"Para ha akon adi na ako ha last stage which is an acceptance. Last year pa adto nahitabo. Bagan yana okay na...okay naman ako. Dire ko ginyayakan nga...*pause*... nangalimtan ko na hiya, mas naacept ko na nga waray na hiya. Waray man gud liwat permamente ha kalibutan."* (*p5, lines 82-84*)

On the third theme, the participants' responses reveal that having a sense of faith and meaning helped them overcome the hardship they experienced, serving as their source of strength. People always find reasons for everything; if they fail to find one, it will cause discomfort and overthink. Answering our whys can improve our emotional investment (Etheridge, 2016). In ancient Mesopotamia, when people failed to explain why certain calamities happened in their land, they always found the answer. They started to believe that a higher being caused these catastrophic phenomena. Participants of the study resort to their faith to give meaningful reason to the bereavement and loss they experience. This experience does not require an affiliation to any religion but is "deeply spiritual" (Cordero, 2020). However, as a predominantly Christian nation, this reality is continually girded towards God, the faithful's creator and comforter. Participants stood up for their faith and prayer; it even nourished their relationship with God despite the hardship they experienced. Faith/prayer has something to do with a psychological explanation that prayer impacted the psychological process (Rogers, 2020). Religion seems to be an essential factor for people in dealing with the aftermath of trauma (Michael & Cooper, 2013). Belief in their religion and faith alleviates their bad feeling; even health care professionals provide spiritual care as it forms a fundamental consideration in addressing those patients' holistic experiences (Choudry, Latif, & Warburton, 2018). Participants 3, 4, and 5 find acceptance a source of strength to overcome their feelings. Fully acknowledging the fact of the situation moves us away from the problem and allows us to depart ourselves from the discomfort and unfairness. Arguing that death is sure to human is the primary reason for their acceptance of the death of their loved ones. It is classified that acceptance is vital to the process of recovery. It is related to the Fellowship Hall (2020) that acceptance is crucial for the healing process for the person; this includes acknowledging all the uncomfortable parts of oneself, emotions, thoughts, and past. In the case of bereavement and loss, where it works beyond human control and comprehension, acceptance is the victim's last resort; by doing so, they find comfort and consolation, limiting their frustrations and finding peace for their mental health.

5. Conclusion

The researcher found a series of findings in this research.

1. Bereavement due to Covid-19 causes adverse mental and physical health effects, including discombobulation and agony to the bereaved family. It affects them in a way that they feel unmotivated to work again, which affects their physical appearance and roles in their family. It causes them confusion and discomfort, depression, and the resentment caused by bereavement and the intervention toward Covid-19 victims.
2. Bereaved families and personalities resort to their ways of coping mechanisms with the help of the people surrounding them. It also shows that the bereaved diverted their way of living to forget the sudden loss and improved themselves in things they excel in, serving as their leisure and getaways from the pain caused by bereavement. They also find comfort from the support they get from their families and friends through their condolences, solace, in-kinds, and financial support.
3. The study reveals that despite the hardships and pain caused by bereavement due to Covid-19, the participant finds meaning and comfort in their faith and what they believe. Suffering is part of life; its covey's meaningful reality has a concept of transcendence. On the other hand, some say suffering made them more robust and better people. It pushes them to their limitations in order for them to reach their most significant potential. Those enduring dread, suffering, or illness may have a "spiritual renewal" during this pandemic, in which spiritual development leads to a mature mindset.

6. Recommendations

1. Interventions toward bereaved families due to Covid-19 must be respectful and caring.
2. Bereaved must divert themselves toward things that will expedite their recovery from grief due to bereavement.
3. Suffering is part of life, and so does death; acceptance alleviates the bad feelings caused by bereavement/sudden loss.
4. They will find comfort and justification for their sufferings by improving their faith, praying, and nourishing their faith.
5. Families and friends can also provide comfort and support to help them with their situation and can help them overcome the pain caused by bereavement.

The respondents draw the following recommendations:

1. Assist the bereaved families;
2. Explain the procedures and provide appropriate intervention and services to the bereaved families due to Covid-19;
3. Limit discrimination toward Covid-19 victims and family members.

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