Bereavement in Isolation During COVID-19 Pandemic

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The COVID-19 pandemic with the protocols of social distance, isolation, and quarantine changed the practices associated with traditional funerals and rituals. The purpose of this phenomenology study was to understand the lived experience of individuals that process bereavement in isolation during the COVID-19 pandemic. This study is a new phenomenon; the research questions will guide this study to understand the lived experience of individuals that process bereavement in isolation during the COVID-19 pandemic. The research questions were (1) What are the experiences of those that processed death without rituals or traditions during COVID-19, and (2) How has COVID-19 transformed and intensified the grieving process? The participants were given a complicated grief survey to fill out before the interview. The participants must have lost a loved one during the COVID-19 pandemic. The death did not have to be COVID-related. There were eleven participants in this study, three men and eight females. The 18 years or older participated in eleven questions semi-structured interviews. The study concluded that COVID-19 had an impact on the bereavement and grieving process during the pandemic. With the strict protocols and restrictions mandated by Centers for Disease Control and Prevention (CDC), federal, state, and local authorities, the opportunity to engage in traditional funerals or burial rituals was absent. All the participants commented that the nonexistent in-person activities, cancellation of events, limited visitation, and gatherings surrounding the death and dying left their bereavement process incomplete. This study illuminated the essential nature of human presence and involvement in traditional rituals and death processes as a healthy and prosperous bereavement process.

Keywords: Bereavement, Burial, COVID-19, Grief, Death, Funerals, Mourning, Phenomenology, Rituals

Dedication

Praises to God. Thank you, God, for being there for me and guiding me through this process. When I said, "no," you said "yes" and reminded me t "not sweat the small things" because you have me. I dedicated this dedication to my parents (James Artis (resting in Heaven) and Audrey Artis Graham), who guided me through this world of life, giving me all the love and understanding that I needed to make me the person I am today. I love both of you to the moon and back always.

To my husband (Herbert) this body of work is dedicated to you for embracing this challenge with me. You said I could do this and now look at me writing a dedication page for my dissertation Thank you!

Next, I would love to dedicate this dissertation to my oldest sister, Margaret, as you rest in Heaven and watch over me. Finding that green notebook in which you journaled about your last days on earth led me to pursue a dissertation about grief; I needed some guidance, and you pushed that notebook in my direction after years of searching around for it.

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Again, I would like to acknowledge God for all grace and mercy. Thanks for the blessings. Dr. Craft (Chair), thank you so much for all the support and understanding you gave me through this journey. You are definitely walking in your gift. Dr. Clemons (Reader), thanks for all your feedback and quick response when I needed them.

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For the man that pushed me when I wanted to give up so many times, my husband Herbert, that you so much for all your support. Thanks for reminding me that "failure was not an option," "the achievement of small goals equals overall success," and "positive thoughts equal positive outcomes." Thanks for encouraging me on those days that my health had me down and I could only rest, but I wanted to complete my assignment.

Thank you to the rest of my family and friends, which I had to put on the back burner because I had an assignment to complete and a dissertation to write. I pray that you understand I had to do it to be where I am right now. Thanks for being patient with me. Thank you for all your prayers and well wishes.

To my nieces, Monique Stroman, now we can spend more summertime together. Alima Artis, now I can throw the Chromebook in the trash and relax. I do not have to do schoolwork during your visit to my house. I am looking forward to reading both of your dissertations.

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CHAPTER ONE: INTRODUCTION

Overview

COVID-19 changed how individuals experienced the bereavement process due to required quarantine and isolation requirements. After the death of a loved one, the individuals have to mourn without the familiar rituals and traditions that aid in processing the loss, facilitate closure, and allow families to honor the life of one who has passed away. Limitations to gatherings, travel and visitations to hospitals and nursing homes instilled a sense of disconnect and cultivated a disturbing bereavement experience. This study seeks to understand individuals' experience of bereavement during the COVID-19 pandemic, exploring grief exacerbation when a person has no opportunity to engage in traditional ceremonies that aid in navigating the bereavement process.

Background

COVID-19, formally known as SARS-CoV-2, created a trajectory in how individuals experienced bereavement. In February 2020, there was the first case of COVID-19 in the United States, and by mid-March, cases were expanding exponentially across the fifty states. The World Health Organization (WHO) declared a global pandemic as the virus multiplied in numerous countries unprecedentedly (Bialek, Bowen, Chow, et al., 2020; Liu, Kuo, & Shih, 2020). Because it is a novice virus, with no previous medical knowledge of its characteristics, severe restrictions between human interaction are necessary. To ensure protection from the transmission of this pandemic, health and science professionals, states, and local agencies required individuals to observe social distancing, quarantine, and remain isolated from other individuals who did not share the same living quarters. At that time, the CDC reported that

COVID-19 mainly spread among people in close contact for a prolonged period (*Grief and loss*, 2020).

During the pandemic, not only did individuals contact the virus and die unexpectedly, but those with life-threatening chronic and acute illnesses were alone (Denckla, Koenen, & Shear, 2020; Spendelow, 2020). Individuals in intensive hospital care units were without their family or caregivers present to provide physical contact, conversation, words of encouragement, closure, or comfort during the process of death (Morris, Moment, & Thomas, 2020). Families with terminally ill loved ones typically have advance notice of impending death and are allowed to gather, share memories, express emotions, and comfort each other (Carr, Boerner, & Moorman, 2020). The communal traditions of death, including family gatherings, funeral ceremonies, and the mere presence of others during mourning, were disallowed, terminating standard practices that facilitate healthy grieving and closure. The absence of these practices creates an unsettling experience of bereavement (Weir, 2020b, Yuko, 2020).

Situation to Self

While starting the dissertation process, my initial focus was exploring grief and bereavement ministry and the need for more specialized services the church provides. However, in researching, reading, and collecting articles, I saw the saturation of empirical support for this topic. While my attention remains on grief and bereavement, the world was about three months into the COIVD-19 pandemic. The pandemic created a new experience of death for those who had loved ones that were dying. Individuals were dying alone, and family members were grieving in isolation. I had friends and acquaintances experiencing the death of loved ones during this time and realized the unique opportunity to understand how the bereavement process

will impact lives. It piqued my interest as I became disturbing aware of the family and community's function in the grief and bereavement process and how it terminated during the pandemic. My curiosity began to focus on the experience of individuals grieving in isolation without having the rituals and traditions of death and dying ceremonies that are instrumental in facilitating the bereavement and grieving process for most individuals.

Problem Statement

This research study will examine the experiences of individuals who encountered the death of a loved one during the COVID-19 pandemic and did not engage in rituals and traditions such as funeral services, visitation, or the assembling of family and friends to grieve and honor the life of the one who died. Likely unresolved and complicated grief will manifest due to the lack of standard bereavement practices. It is a phenomenon that is important to understand as counselors and human services professionals who will treat individuals that did not have the opportunity to support healthy resolution of grief. COVID-19 eliminated the social and personal dynamics of grieving, and hearing individuals' antidotes will cultivate a deeper understanding of this phenomenon.

Purpose Statement

This phenomenological inquiry aims to expose the impact of the COVID-19 pandemic on the experience of bereavement for individuals who did not have the opportunity to engage in common ceremonies, traditions, rituals, and human contact, due to mandatory restrictions. These practices are vital to the bereavement process and grief resolution, and this study will create a more profound understanding of the grief experience in isolation.

Significance of the Study

The significance of this study centers on understanding bereavement associated with death and dying in isolation during the COVID-19 pandemic. Currently, no studies focus on bereavement during the pandemic and the impact of isolation on the grief process (Maryland, Harding, Preston, et al., 2020). The study will expose the impact of COVID-19 on grief and bereavement, illuminating potential mental health consequences associated with lingering and unresolved grief. The narrative stories of the participants can expand our appreciation of the resilience and strength of the participants who navigated bereavement during an unprecedented global crisis.

Research Questions

The research questions guiding this study are:

1. What are the experiences of those that processed death without rituals or traditions during COVID-19?
2. How has COVID-19 transformed and intensified the grieving process?

Definitions

1. Coronavirus disease 2019 (COVID-19)- the official name is Coronavirus disease 2019. The abbreviation for COVID-19 is CO stands for corona, VI for the virus, and D for disease. Formerly, this disease reference was "2019 novel coronavirus" or "2019-nCoV." This disease can also cause severe illness and even death, and it can attack individuals' upper-respiratory tract causing illnesses or death (*Coronavirus Disease 2019 (COVID-19)*, 2020).
2. Coronavirus - Coronaviruses (CoVs) come from a large family of viruses. These viruses cause respiratory diseases in individuals, from the common cold to more rare and severe diseases

such as severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS), both of which have high mortality rates (*Origin of SARS-CoV-2*, 2020).

3. Pandemic - Event in which a disease spreads across several countries and affects many people. COVID-19 pandemic is a coronavirus named SARS-CoV-2 (*Origin of SARS-CoV-2*, 2020).

(The terms COVID-19, COVID-19 Pandemic, Coronavirus, and Pandemic are interchangeably in this paper).

4. Isolation - separates sick people with a contagious disease from people who are not sick (*Quarantine and Isolation | Quarantine | CDC*, 2020).

5. Quarantine - separates and restricts the movement of individuals exposed to a contagious disease to see if they become sick from the disease (*Quarantine and Isolation | Quarantine | CDC*, 2020).

(Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease).

6. Social Distance- also known as physical distancing, means keeping a safe space between other people who are not from the same household (*COVID-19 and Your Health*, 2020a)

7. Bereavement – is a state of having suffered a loss, and it is being in a sad condition and a sober realization that someone essential is missing. At times, bereavement can shatter the survivor's world (Abi-Hashem, 2017).

8. Grief -is a feeling of deep sorrow, described as emotional, cognitive, and behavioral reactions given by individuals who lost their loved ones. Individuals' grief reactions will vary based on age, gender, culture, and previous experience. Thus, people's reactions when faced with grief can show many differences (Abi-Hashem, 2017; Özel & Özkan, 2020).

9. Loss- is a sense of deprivation or painful separation from the beloved. A loss can be a close relationship, loss of a valued and beloved person, loss of work, loss of an organ, or a loss of some specific value. It can be minor or significant, sudden or gradual, tangible or symbolic, single or multiple, real or perceived or expected or unexpected (Abi-Hashem, 2017)

10. Mourning- is a problematic and long-term painful situation that occurs after a loss (the time of sadness after loss is mourning). It is a behavioral, cognitive, and emotional reaction of individuals confronted with losing a valued and loved person (Özel & Özkan, 2020).

(Grief, loss, mourning, and bereavement will be used interchangeably in this paper).

11. Complicated Grief - severe and dysfunctional symptoms of grief over an extended period, lasting months or even years, in response to a loss; the sufferer feels an extreme yearning for a deceased loved one. (Bertuccio & Runion, 2020; Gesi, Carmassi, Cerveri, et al., 2020; Lobb, Kristjanson, Aoun, et al., 2010).

Summary

COVID-19 created personal and social implications that are being understood by many. The empirical support that brings awareness to how the restrictions impacted the bereavement process is limited. This study will illuminate the experience of grief and bereavement in isolation and increase appreciation of how terminating normalizing support transforms the success and resolution of grief (Selman, Chao, Sowden, et al., 2020).

CHAPTER TWO: LITERATURE REVIEW

Overview

In March 2020, the COVID-19 pandemic paralyzed normalcy for most Americans. The nation is having to live life differently than ever before. Individuals are grieving the loss of freedoms, fearing an unpredictable future and a lost sense of predictability as the country enters an unprecedented phenomenon. Individuals and families have to change their daily routines. However, they have limited opportunities to care for loved ones, engage in human contact, or participate in activities that aid in closure when a loved one dies. The pandemic changed the experience of bereavement due to social restrictions and the termination of standard death rituals and traditions. The exclusive nature of the pandemic limits existing empirical insight into how bereavement in isolation impacts the grief process. Therefore, it is imperative to examine research conducted on the effects of the pandemic on various aspects of human life, and the literature review points to those as a framework for this study.

The Impact of the COVID-19 on Everyday Life

Dealing with the unforeseen challenges caused by the COVID-19 pandemic has taken a significant toll on people in the United States and worldwide. The pandemic is affecting every aspect of life, from school to work, sports, where we eat, what we do, finance, and whom we can spend our time with (Bacman, 2020; Stankovska, Memedi, & Dimitrovski, 2020; *Grief and loss and COVID-19 | U-M counseling and psychological services*, 2020). COVID-19 affects all population segments, and its impact is easily felt and understood through the mounting empirical, anecdotal, and unscientific sources addressing this topic.

The COVID-19 pandemic has created new meaning and perspectives about time, space, human contact, connection, and the critical role those have in creating stability. The definition

and understanding of the terms isolation, quarantine, and social distances take on new meaning and are repurposing during the pandemic. While these terms were once descriptive of dangerous human conditions, they have now become social requirements. Conceptualizing the new meaning of these human conditions is significant to understanding the impact of the COVID-19 pandemic and is detailed.

Loss of Connection

The pandemic created an overwhelming sense of disconnection. Required social distancing, quarantine, and isolation prohibit human engagement to reduce the virus spread between and among those who knowingly or unknowingly carry an illness (*Grief and loss*, 2020). While there were obvious benefits to these restrictions, the emotional and psychological implements nurtured increased anxiety, a roller coaster of emotions, and a vague unsettled sense of hope for the future (Marker, 2020; Nyatanga, 2020). During the lockdown period, being constrained to one's home promoted adverse consequences of inactivity, overeating, drinking, and frustration. Individuals were devastated when businesses collapsed; jobs were lost, cancellation of sporting events and normalcy was absent (Nyatanga, 2020). Profound restraints to familiar routines, schedules, and purpose, uprooted the essence of human connection.

Social Distance

Social distancing or physical distancing is a term that instructs individuals to consistently remain at least six feet apart and avoid large groups (*COVID-19 quarantine, self-isolation, and social distancing*, n.d.). Social distancing applies while indoor as well as in outdoor spaces, typically of non-household members depending on the context, the state, and how the mandate is being used (*Quarantine vs. Isolation*, 2020; *COVID-19 quarantine, self-isolation, and social*

distancing, n.d.; Patrick, Stanbrook, & Laupacis, 2020). Social distancing quickly became a common term familiar to most individuals in the United States.

Quarantine

A second term that has new relevancy during COVID-19 is quarantine. Quarantine consists of separating individuals and limiting the movement of individuals who have or may have been exposed to the pandemic virus to see if they become ill after exposure (COVID-19*: Quarantine vs. Isolation*, 2020; *COVID-19 quarantine, self-isolation, and social distancing*, n.d.; Sharma, Fölster-Holst, Kassir, et al., 2020). Quarantine is associated with primary contacts, defined as individuals known to connect with a case (Jacobsen & Jacobsen, 2020). At the beginning of the pandemic, many states issued the stay-at-home order as a form of quarantine that restricted most everyone from leaving home, intending to keep healthy people healthy. While under stay-at-home orders, individuals were allowed to leave home for essential purposes, such as food, medical care, and outdoor exercise. Individuals continued to work at "essential" businesses such as grocery stores, hospitals, pharmacies, veterinary clinics, utilities, hardware stores, auto repair shops, funeral homes, and warehouses and distribution facilities. All non-essential businesses remain closed, and public gatherings, parks, and beaches are closed (Jacobsen & Jacobsen, 2020; Matias, Dominski, & Marks, 2020). If the person had close contact with a non-family member, the CDC recommended that the individual stay at home for 14 days after their last contact and monitor for symptoms (*Quarantine vs. Isolation*, 2020).

Isolation

Lastly, the method to reduce contact was isolation, which is separating people who are ill or have tested positive for COVID-19 from others to keep the disease from spreading from one person to the other (COVID-19*: Quarantine vs. Isolation*, 2020; Sharma, Fölster-Holst, Kassir,

et al., 2020). The CDC advises that if individuals are sick, think, or know they have COVID-19, they should stay home until at least ten days have passed since the symptoms first appeared. The individuals should also wait 24 hours without fever, no fever-reducing medication, and improved symptoms before contacting other individuals. Also, for the people who tested positive for COVID-19 but do not have symptoms, the CDC recommends staying home until ten days have passed since their positive test. If they live with others, they should have a specific room or area to include a bathroom away from other people, including pets (*Quarantine vs. Isolation*, 2020).

The medical field also considers quarantine, isolation, and social distancing as having an observation of movement restriction, which proves helpful in preventing droplet transmission, which is preventing human to human transmission of Coronavirus (Matias, Dominski, & Marks, 2020; Sharma, Fölster-Holst, Kassir, et al., 2020). Along with social distancing, quarantine, and isolation, the CDC recommends that everyone wear masks, avoid touching one's face with unwashed hands, and frequently wash hands with soap and water. Compliance consists of voluntary participation of home isolation of ill persons, home quarantine of exposed household members, social distancing, school closures, workplaces, postponing or canceling mass gatherings, and routine environmental measures of cleaning frequently touched surfaces (*Quarantine vs. Isolation*, 2020).

Loss of Stability

This pandemic and the CDC's restrictions on isolation, social distance, and quarantine have caused individuals to rearrange and manage their finances, apply modifications to their daily routines, and adjust their lives. Loss is the act of losing possession of something or someone; one may also look at it as destruction or ruin and a failure to gain, win, obtain, or utilize an object (*Loss*, n.d.; Yuko, 2020). Loss can impact individuals depending on their

situation and what they consider their state of being during the pandemic. COVID-19 caused the re-evaluation of changes in daily school routines, finances (job loss), and customary routine adjustments.

Change in Daily School Routines

Living during the time of COVID-19 changed the normalcy of everyday living. From a personal, social, and economic perspective, it impacted living, which sent most individuals and families into survival routines (Bacman, 2020; Goodell, 2020; Karabag, 2020; Marker, 2020; Nyatanga, 2020; VanderWeele, 2020). School closures, causing children to stay home instead of participating with their classmates/friends in school, devastated children and youth's educational progress and socialization. (Armitage & Nellums, 2020; Auger, Shah, Richardson, et al., 2020; Bayham & Fenichel, 2020). Schools provide interaction that is fundamentally important to the health and development of children. Many homes lack appropriate academic space, accommodations, computer equipment, and internet service to provide sufficient home-schooling experiences. Parents did not have the talent or patience to serve as a teacher and could not provide adequate academic structure for their children. (Auger, Shah, Richardson, et al., 2020; Bayham, & Fenichel, 2020; Douglas, Katikireddi, Taulbut, et al., 2020). The closures failed to address children's social, economic, and health needs to avoid widening disparities among the most disadvantaged children. Along with school closure came the added stress of parents trying to home school children and work from home or find childcare (Armitage & Nellums, 2020; Douglas, Katikireddi, Taulbut, et al., 2020).

Job Loss

COVID-19 pandemic impacted the financial security and well-being of many families. Employment during the pandemic resulted in many individuals becoming unemployed and

seeking new financial stability. Due to job loss, business closures, the looming threat of unemployment, and the doubt of economic recovery, many individuals barely make it and live paycheck to paycheck. Financial instability could have tumbling effects with the families having difficulties paying mortgage or rent, relocating, and the constant balancing act of housing and food uncertainty (Marker, 2020; *Coronavirus grief: Coping with the loss of routine during the pandemic*, 2020; Wash, 2020; Zhai, & Du, 2020). School closures have also impacted the workforce, single parents having to be home with their school-age children, and the CDC's social distancing mandates affecting work situations (Bacman, 2020; *Coronavirus grief: Coping with the loss of routine during the pandemic*, 2020).

Socialization in the workplace is essential to adult development. Being an active member of the workforce gives individuals a sense of purpose in life and keeps them intellectually challenged and stimulated. Adjusting to new work patterns or lack of personal engagement with others creates a loss. It can entice elements of identity crisis (*Coronavirus grief: Coping with the loss of routine during the pandemic*, 2020). Connections to co-workers contribute to aspects of self-worth, self-esteem, and self-confidence. The social distancing mandate temporarily or permanently kept individuals from their physical workplaces, leaving significant status and role loss (Marker, 2020).

Mental Health and the Pandemic

The COVID-19 pandemic created a national crisis in mental health. Historically, pandemics and large-scale natural disasters contribute to a considerable impact on mental health. A natural, person-made, or technological disaster can impact the medical, physical, psychological, vocational, social, emotional, cognitive, cultural, spiritual, and psychosocial well-being of humankind, as was experienced during this pandemic (Stebnicki, 2016). Similar to

previous large-scale outbreaks such as the Spanish Flu (1918-1920), the Asiatic Flu (1956-1957), the Severe Acute Respiratory Syndrome (SARS, 2002-2003), the Swine Flu (2009), and Ebola (2013-2014), caused a host of increased mental health concerns. A variety of illnesses such as anxiety disorders, post-traumatic stress disorder, depression, insomnia, substance abuse, and suicide rapidly increased (Amsalem, Dixon, & Neria, 2021; Talevi, Socci, Carai, et al., 2020, Bertuccio & Runion, 2020; Li & Wang, 2020; Pies, 2020; Vahdani, Javadi, Sabzi Khoshnami, et al., 2020). The government measures to mitigate the spread of COVID-19, such as quarantine, the lockdown, the closure of public venues, the campaign for handwashing, social distance, and mask mandates, contribute to a devastating and worsening epidemic of mental health. The consequences of the COVID-19 pandemic are lasting and related to the mental health of individuals from all cultures, ages, and walks of life (Ainamani, Gumisiriza, & Rukundo, 2020; Pfefferbaum & North, 2020; Stankovska, Memedi, & Dimitrovski, 2020).

Related to the mental health crisis is the crisis of death and dying. Not only has the COVID-19 pandemic caused unexpected deaths, but the process of grief and bereavement has been radically impacted (Ainamani, Gumisiriza, & Rukundo, 2020; Cherry, 2020; Galea, Merchant, & Lurie, 2020; Holmes, O'Connor, Perry, et al., 2020). This pandemic has impacted people not being able to comfort or care for family members. Not having the chance to meet dying loved ones can dramatically increase feelings of grief, distress, or guilt. The pandemic creates panic, such as acute grief and depression, and anxiety among individuals for bereavement due to isolation and loneliness (Marker, 2020; Sun, Bao, & Lu, 2020). In such volatile times, where loss manifests itself in various ways, grief appears to be one of the primary outcomes of COVID-19 (Bertuccio & Runion, 2020). Individuals with prolonged/complicated bereavement can be diagnosed with having a mental disorder.

Diagnostic Criteria for Bereavement

The COVID-19 pandemic has threatened America's mental health with the current public health crisis. Whether folks are mourning the death of a loved one, facing unemployment, or sacrificing anything from a special event to their daily routine, the nation at large has had to cope with some form of loss, sometimes multiple losses, as a result of COVID-19 (American Psychiatric Association, 2013; Bertuccio & Runion, 2020). Bereavement is likely but a challenging life experience that individuals can positively adapt after a given time. Bereavement is associated with long-term intense distress, suffering, and increased risk of developing physical and mental health diagnoses called persistent complex bereavement disorder (Cozza, Fisher, Mauro, et al., 2016).

Persistent complex bereavement disorder is also known as complicated and prolonged grief disorder. These labels refer to the same syndrome of clinically impairing grief, affecting approximately 7−15 % of bereaved individuals (Cozza, Fisher, Mauro, et al., 2016). Persistent complex bereavement disorder is a diagnosis assigned to individuals who experience an unusually disabling or prolonged response to bereavement. The sufferers feel an extreme yearning for a deceased loved one. Over a prolonged period, they feel a longing for the individual with destructive thoughts and behaviors and general impairment in resuming everyday life. An individual will only have a diagnosis if at least 12 months for adults and six months for children have elapsed since the death of someone with whom the bereaved had a close relationship (American Psychiatric Association, 2013; Cozza, Fisher, Mauro, et al., 2016; Fleming & Drake, 2020).

The grieving process is natural and unique, and it shares some of the features of depression, such as sadness and withdrawal from normal activities, which is a normal

consequence of bereavement. The experience of the death of a loved one can trigger major depression, such as other stressors, like job loss or being a victim of a physical assault or a significant disaster. The death may or may not be the primary underlying cause of the person's depression, and there could be many medical causes for depression that may coincide with a recent death. Also, grief and depression co-exist; grief is more severe and prolonged than grief without significant depression (American Psychiatric Association, 2013; Pies, 2020; Zisook, Pies, & Iglewicz, 2013). Everyone who experiences a significant loss of a loved one does not develop a major depressive episode; most are more likely to experience normal grief. They will probably recover with natural healing through simple support, kindness, and empathy from friends and family without requiring medical or professional treatment. Unfortunately, because of similarities in symptoms between anxiety disorders, depressive disorders, and grief-related diagnoses, evaluation tools do not sufficiently differentiate between these phenomena. A proper diagnosis of major depression must be required to exercise sound clinical judgment based on the individual's history and customs. Different cultures and religions express grief differently and to varying degrees (Pies, 2020; Wakefield, 2012). The COVID-19 pandemic has caused America's mental health to change. People face the unknown, generating panic, anxiety, depression, isolation, and loneliness leading to psychological suffering during COVID-19 (Chandu, Pachava, Vadapalli, et al., 2020; Holmes, O'Connor, Perry, et al., 2020; Marker, 2020).

Psychological Impact of COVID-19

Millions of people are suffering emotionally and mentally as a consequence of the COVID-19 pandemic. This pandemic has caused adverse mental or behavioral health conditions, including symptoms of anxiety disorder or depressive disorder, trauma-related symptoms, new or increased substance use, or thoughts of suicide (Ainamani, Gumisiriza. &

Rukundo, 2020; Marker, 2020; Pies, 2020; Stankovska, Memedi, & Dimitrovski, 2020). Individuals faced with the unknown, causing fear and panic and trying to adhere to the stringent lockdown measurements used to control the spread of the pandemic, combined with the fear of contracting the disease is, having adverse effects on the mental health condition of the general population (Ainamani, Gumisiriza, & Rukundo, 2020; Fitzpatrick, Harris, & Drawve, 2020; Stankovska, Memedi, & Dimitrovski, 2020).

People are struggling with mental illness, and there has been an elevation of adverse mental health conditions associated with COVID-19. According to a study performed in the United States in late June 2020, there has been a 3 % increase in anxiety/depression symptoms, 26% increase in trauma/stressor-related disorder symptoms, 13% start or increase in substance abuse, and 11% of individuals who seriously considered suicide (Pies, 2020).

Anxiety/Depression Disorder

Anxiety and depressive symptoms have emerged as familiar signifiers for mental health reactions, given the uncertainty, threat perceptions, and feelings of ineffectiveness associated with the pandemic. Individuals feel depressive symptoms due to the negative emotions experienced in response to unknown aspects of a given situation (Bertuccio & Runion, 2020; Freeston, Tiplady, Mawn, et al., 2020). Anxiety levels are increasing during COVID-19 among the vulnerable because of the concern of developing the disease. Another source of increased anxiety comes from the uncertainty in following the lockdown procedures imposed by the CDC. People live in fear and are unsure of the government's direction when reopening the states for jobs, schools, and their families' survival during this pandemic (Ainamani, Gumisiriza, & Rukundo, 2020; Stankovska, Memedi, & Dimitrovski, 2020).

Anxiety is a panic reaction typically experienced upon initial sensing the magnitude of the physically or psychologically traumatic event. The typical reaction to anxiety is confused thinking, cognitive overload, numerous physiological responses, and hyperactivity (Stebnicki, 2016). Anxiety can cause worry, nervousness, or unease, typically about an imminent event or something uncertain. Anxiety can have different degrees and intensities for each individual (Stankovska, Memedi, & Dimitrovski, 2020). Stressful life plays a significant role in the onset and persistence of anxiety. People with confirmed or suspected COVID-19 may experience fear of the infection's consequences with a potentially fatal new virus. Those in quarantine might experience boredom and loneliness (Stankovska, Memedi, & Dimitrovski, 2020). Distressful time and anxiety can lead to phobias such as germaphobia, xenophobia, claustrophobia, and anxiety disorders such as generalized anxiety, separation anxiety, and obsessive-compulsive disorder (Holmes, O'Connor, Perry, et al., 2020). The pandemic consequences affect not only anxiety but also depression.

During the pandemic, it is normal for individuals to feel sad about some of the news reported because people are dying, which could be depressive for many people. Depression is an acquired mental, emotional, or physically disabling condition, and symptoms vary depending on the disability. The impact and perceived loss are associated with physical, social, emotional, vocational, and economic functioning (Stebnicki, 2016). An individual's mood predicates their feelings.

Depression is a state of low mood dislike to activity that can affect a person's thoughts and behavior, feelings, and physical well-being; they may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. Depression does not describe an individual's state of mind, but it refers to a range of feelings and thoughts that people may experience

differently in different situations (Division of Clinical Psychology, 2020; Stankovska, Memedi, & Dimitrovski, 2020). Depression onset can be triggered by what is going on in an individual's life.

Depression in this coronavirus pandemic is a normal reaction that can cause individuals to feel fear, sadness, loneliness, and isolation during this time of COVID-19. The physical illness itself can be a source of depression; anything that creates pain or disrupts an individual capacity to live a meaningful and active life can affect their mood. During depression episodes, individuals can experience loss of pleasure, have a pessimistic view of the future, and feel that life is too harsh and challenging. Individuals often have sleep difficulties, tiredness, fatigue, or feeling ill somehow (Balancing anxiety - Negative versus positive COVID-19 thinking, 2020; Division of Clinical Psychology, 2020; Stankovska, Memedi, & Dimitrovski, 2020).

Individuals experiencing more significant levels of depression during the pandemic are those that are having difficulties with quarantine measures, the canceling of mass gatherings and events, or closing of businesses, and extreme social distancing (Fitzpatrick, Harris, & Drawve, 2020; Talevi, Socci, Carai, et al., 2020). Also, individuals in the United States were more likely to suffer from depression during COVID-19 than before COVID-19. These individuals who experience lower social resource standards, lower economic resources, and greater exposure to stressors have a more significant burden of depression symptoms. Lower income and less wealth are associated with a more significant burden of mental illness (Ettman, Abdalla, Cohen, et al., 2020). Individuals with lower income and economic adversity will not have the available resources as others with no financial burdens.

Stress and Post-Traumatic Stress Disorder

Stress and post-traumatic stress disorder (PTSD) are other grief phenomena for individuals during the COVID-19 pandemic. Stress is a part of our lives; it enables our body to adapt to the multiplicity of positive or negative events we experience (Stankovska, Memedi, & Dimitrovski, 2020). Everyone likes to associate PTSD with an illness or disorder associated with military service members, but anyone can have PTSD. PTSD symptoms are related to intrusion, avoidance, negative alterations in cognitions and mood, and arousal and reactivity following exposure to a traumatic or stressful event (American Psychiatric Association, 2013; Kaseda & Levine, 2020).

Stress and PTSD can affect everyone differently. The way a person responds to the outbreak can depend on his/her background, which makes him/her different from others. During an infectious outbreak, some stressors could be fear and worry about their loved ones' health. They could see a change in their sleep or eating patterns, problems with their memory – having difficulties in concentrating, an increase in chronic health problems, boredom, avoidance behavior, and an increase in the use of alcohol or tobacco (Stankovska, Memedi, & Dimitrovski, 2020; Talevi, Socci, Carai, et al., 2020). Individuals exposed to trauma during the coronavirus pandemic may fail to recover. They may experience lingering symptoms that mirror their initial reaction to an event, causing them to develop an acute stress disorder or reaction that significantly interferes with their ability to return to their family, social, and work routines (Stankovska, Memedi, & Dimitrovski, 2020).

Substance Abuse

Whether the pandemic control is successful, the widespread contamination and the lockdown will undoubtedly have a psychological effect on an individual's mental health outcome. Alcohol abuse or dependency symptoms are positively associated with being

quarantined (Talevi, Socci, Carai, et al., 2020). There has been a substantial increase in substance use and abuse during the COVID-19 pandemic, and that substance use/abuse is a way of coping with anxiety concerning COVID-19 (Taylor, Paluszek, Rachor, et al., 2020). People are going through anxiety and fear for their health, jobs and are living an unfamiliar lifestyle and deprived relationships. The individuals suffering from addictions are disturbed when it comes to their daily routine changes; they are afraid of the future, they have financial worries, and are suffering from isolation (Frank, Fatke, Frank, et al., 2020, Mitchell & Li, 2020; Zaami, Marinelli, & Varì, 2020). The result of social isolation and the limited access to detoxification centers have caused additional psychological distress, pushing drug addicts toward alternative psychotropic drugs, possibly through illegal online marketplaces. Also, restrictions may have pushed people toward deviant behavior linked to licit or illicit substance use. It may have been an excellent opportunity for drug dealers to attract new customers and send prices of illegal substances higher than before the pandemic (Frank, Fatke, Frank, et al., 2020; Zaami, Marinelli, & Varì, 2020).

Traumatic stress symptoms and disdain for social distancing have links to alcohol and drug abuse. Substance use increased substantially during the pandemic for people who consumed recreational drugs or alcohol before the COVID-19 pandemic. Many people increase their consumption of substances to cope with self-isolation (Taylor, Paluszek, Rachor, et al., 2020). The mandates associated with the pandemic in keeping everyone safe from the spreading of the virus are causing a problem for individuals with substance abuse disorders.

Suicide

Another mental disorder to monitor during the pandemic is suicide. Studies suggest that due to lockdown intensity, suicides increase after a pandemic (Standish, 2020). Suicidal

behavior includes completed suicide and attempted suicide; thoughts and plans about suicide are called suicide ideation. If suicidal ideation emerges, it is necessary to immediately consult a mental health professional or referral for possible emergency psychiatric hospitalization (Pfefferbaum & North, 2020). Individuals experiencing COVID-19 stay-at-home restrictions, social distancing, quarantine, and coping with grief are some reasons to be concerned about suicide and the rate of suicide increasing. Several factors support concerns of deterioration in population mental health and a higher prevalence of reported thoughts and behaviors of self-harming people with COVID-19. There are also difficulties accessing mental health facilities, and evidence signifying those previous epidemics such as SARS -2003 is related to a rise in deaths by suicide (John, Pirkis, Gunnell, et al., 2020). The factors contributing to elevated suicide risk include economic stress from unemployment and potential financial recession, increased mental health treatment barriers, stress for frontline healthcare workers, and surging firearm sales (Mitchell & Li, 2020; Standish, 2020). Economic instability and unemployment may lead many experts to conclude that the significance of COVID-19 may be more considerable than those of other pandemic episodes (Standish, 2020).

During COVID-19, individuals should monitor the prolonged state of abnormal grief and mental health disorders and seek care from professionals. Given the circumstances, grief reactions are not unwarranted; people demonstrate normal responses to an abnormal situation. Being isolated from others is a formula for a greater risk for loneliness and reduced self-esteem. Isolation and uncertainty during this pandemic can form a potent cocktail for anxiety, depression, and suicidal ideation (Balancing anxiety - Negative versus positive COVID-19 thinking, 2020; Fleming & Drake, 2020). Recognizing each individual's uniqueness and their loss and grief will provide opportunities to develop tailored strategies that facilitate functional adaptation to loss

and promote mental health and well-being during this crisis (Zhai & Du, 2020). However, humans have an incredible ability to adapt and survive after a disaster through self-sacrificing and cooperative means. Most people are resilient, cannot succumb to abnormal psychology, and can find new strengths during their conflict. (Pfefferbaum & North, 2020; Stankovska, Memedi, & Dimitrovski, 2020). Individuals must look after themselves and each other during these disturbing times.

Coping Through the Pandemic

Managing Grief/Bereavement

The safety measures of social distancing, isolation, and self-quarantine during the pandemic can cause stress and challenges for individuals' mental well-being and health. Losses are both immediate and anticipated, and coping with bereavement can be difficult, painful, and stressful during COVID-19; especially, grieving the loss of a loved one can be challenging (Spendelow, 2020). The Coronavirus pandemic relationship can cause anticipatory, disenfranchised, and complicated grief for individuals, families, and providers (Wallace, Wladkowski, Gibson, & White, 2020). During COVID-19, individuals will face trauma and grief, with feelings of fear, anger, denial, depression, and anxiety while being stripped of identities leading to the discovery of the shapeless self (*Coping with Stress*, 2021; Mohanty, 2020). The mind will begin to question day-to-day affairs, want to know what has happened and how individuals get here, will suffering happen, will this be the end, and if their family will succumb (Mohanty 2020).

During this pandemic, people's sense of coping with the devastation has crossed into feeling helpless and losing their fundamental sense of safety, security, financial stability, and the ability to envision a brighter future. COVID-19, like other pandemics, has caused individuals to

have adverse psychological reactions that may encompass anxiety, acute stress, addictive behaviors, and post-traumatic stress disorder symptoms, alongside increased suicidality, self-blame, and major depression (Polizzi, Lynn, & Perry, 2020). Some individuals will begin to look for ways to cope with what they perceive as a traumatic experience, while others will be looking for ways to keep blaming and finding fault in someone else or something. Individuals can manage to cope by contacting their health care providers and mental health providers for suggestions on managing stress during this pandemic. Structuring activities and maintaining routines, linking patients to social and mental health services, counseling patients to seek professional help when needed, and avoiding media reports with pandemic-related news will also help with coping during the pandemic (*Coping with stress*, 2021; Pfefferbaum & North, 2020). Social distancing during COVID19 has changed how individuals will have social bonds and face-to-face interaction to see how they are doing. The new communication norm is reaching out to others via modern technology and social media, which takes away personal interaction. Everyone must discover ways to take care of their mental and physical health.

Implementing Self-Care

During this pandemic, everyone should participate in self-care. Health care providers need to invest in their care and maintenance. In the research articles, there was much attentiveness to self-care maintenance of health care providers. Self-care for medical and mental health providers should include being informed about the illness and risks, monitoring one's stress reactions, and seeking appropriate assistance with personal and professional responsibilities and concerns. They should also seek professional mental health intervention if necessary. The providers should also know to take care of themselves emotionally and physically while caring for patients with mental health and substance use or abuse during this

pandemic (Canady, 2020; Pfefferbaum & North, 2020). The healthcare providers metaphorically and physically need to put on their masks first; self-care is essential to ensure their well-being and have the stamina to care for others during COVID-19. Organizations must monitor frontline staff actively, help to facilitate sufficient team cohesion, and implement strategies to support the teams' day-to-day work, including informal debriefing and peer support (Brooks, Rubin, & Greenberg, 2019; Selman, Chao, Sowden, et al., 2020).

Even though the articles concentrated on self-care for medical providers, everyone must focus on positive living during this dire situation. Everyone must try to live their best life while keeping their mind on their mental health and well-being.

Minimizing Isolation/Social Distancing

The ability and the knowledge of today's technology could be helpful to facilitate communication for those isolated or performing social distance to be able to communicate with others. However, individuals need to minimize the stress associated with being alone or not doing what they like. Individuals must participate in strategies to care for their mental and physical health to take charge of their life. Individuals are concerned about getting sick, how long this pandemic will last, and their future. They also participate in information overload, rumors, and misinformation, leading to uncertainties in their lives. Learning self-care strategies can reduce stress, anxiety, fear, sadness, and loneliness (*COVID-19 and your mental health*, 2020).

There are healthful ways to cope with overwhelming stress due to isolation, social distancing, and being on lockdown to promote resilience and recovery during the pandemic. It is essential to be able to: 1) Connect -Transforming isolation and separation to a meaningful connection. Having human contact and support is consistent with having social support as one of

the most impactful and steady resilience factors following natural disasters. Make connections by doing something for others by supporting family or friends (Cherry, 2020; (*COVID-19 and your mental health*, 2020; Mohanty, 2020; Polizzi, Lynn, & Perry, 2020). 2) Consciousness/Control – Individuals identify "from what if - to what is," transforming fear and confusion to awareness and consciousness. The human desire to make sense and meaning of what is happening in the world. Developing a rational narrative of what has happened and what needs to happen to live each day safely and thoroughly, taking control, making it a challenging yet rewarding endeavor. 3) Compassion/Coherence - The individual transforming from helplessness to helpfulness using empathy and gratitude. The belief is that personal resources can be accessed to achieve valued goals. Goals can be short or long-term. Even in the short duration, in the throes of the pandemic, people can exert a measure of control (Cherry, 2020; Mohanty, 2020; Polizzi, Lynn, & Perry, 2020). Coping strategies begin with being mindful about the body's physical health-taking care, reducing stress triggers by taking care of the mind, building support, and strengthening relationships by connecting with others. Always getting help when there is a need will help promote resilience and recovery.

Theories of Grief

A loved one's death is a tragedy and dealing with grief and grieving family members after a loss can present a challenge. Grieving is a personal experience, and there is no right or wrong way to grieve. How one grieves depends on many factors, including personality and coping style, life experience, faith, and the loss's significance to the individual (Gross, 2016; Spendelow, 2019). After the loss, family members will attempt to deal with the loss and its effects. Losing a loved one involves unpredictable intense anxiety, stress, and sadness (Spendelow, 2019; Weir, 2020a).

COVID-19 pandemic has made the grieving and bereavement journey challenging for most individuals. Bereavement/grief is a normal reaction after an individual has experienced a loss. "Bereavement is an inevitable fact of life, and grief is the natural reaction to bereavement" (Zisook, Simon, Reynolds, et al., 2010, p.1097). When a loved one dies, the surviving individuals will experience intense feelings from the inside, such as an emotional, cognitive, and behavioral reaction, and there are also gut-wrenchingly painful feelings of shock, anguish, sadness, anxiety, and fear (Mahmood, 2016; Wolfelt, 2016; Zisook, Simon, Reynolds, et al., 2010). Another emotion is mourning, an outward expression of those thoughts and feelings associated with loss, along with bereavement and grief. To mourn is the active participation in the journey of grief (Özel & Özkan, 2020; Wolfelt, 2016). An individual's reaction to grief is their expression according to age, gender, culture, previous experience, and the type of death (Denckla, Koenen, & Shear, 2020; Özel & Özkan, 2020).

Bereavement during the pandemic is more stressful because individuals are less able to receive in-person support from family and friends, and as a result of isolation because of social distancing may lead to more negative thinking about illness, death, and the fear of experiencing further loss (Denckla, Koenen, & Shear, 2020; Spendelow, 2020). After experiencing loss, emotions and feelings can be temporary, and people can expect to alter between mourning, sadness, acceptance, fear, anxiety, stress, and happiness (Özel & Özkan, 2020; Spendelow, 2020; Weir, 2020a). The bereavement timeline is different for every individual, and there is no perfect path for how individuals should grieve or act after a loss. Let the grieving process take its progression, and beware when it is time to seek professional help. Grief models may help the individual through restoration and uncertain distress in processing what is happening through this global pandemic.

Traditional Grief Models

The COVID-19 pandemic has caused death in the United States, producing a nation of individuals engaged in grieving, bereavement, and mourning (Bertuccio & Runion, 2020; Ishikawa, 2020; LeRoy, Robles, Kilpela, et al., 2020). The grieving process may alter how a person handles grief in reaching a stage of acceptance in this changing world. Individuals experience grief differently during their journey through bereavement. Along with grief and bereavement, there is a method of mourning. Mourning is an external expression of grief and begins with acknowledging the death's reality, embracing the pain of the loss, remembering the person who died, developing a new self-identity, searching for meaning, and receiving ongoing support from others (Wolfelt, 2016). Grief is a sign of a broken heart resulting from losing a loved one (Good Therapy, 2019; Webster, 2018). Models of grief identify how to adjust to the strange place a person finds themself in when someone dies. Bereavement turns an individual's world upside down, making it difficult to find meaning in what is happening. Proper induction of the models and theories is to reassure individuals that what they are going through is normal (Funeral Guide, 2018; Webster, 2018).

Freud's Model of Bereavement

One pioneer of the bereavement model is Sigmund Freud, the original leading expert on grief and mourning: guiding and helping individuals through bereavement. Freud's model of bereavement emphasized that grieving individuals are searching for an attachment that is no longer there; the grief consists of breaking off ties with the deceased, readjusting to new life circumstances, and building new relationships; these steps of grieving are about personal attachment (Hamilton, 2016; Webster, 2018).

The Five Stages of Grief

Dr. Elizabeth Kubler-Ross's five stages of grief are known to describe dying patients' experiences when informed of their terminal prognosis (Buckley, 2020; *Models of grief*, 2021; Hamilton, 2016). The Kubler-Ross stages of grief in terms of death are (1) Denial-the shock and disbelief that the loss has occurred, (2) Anger – a loved one is no longer here, (3) Bargaining - all the what-ifs and regrets, (4) Depression – sadness from loss, and (5) Acceptance - acknowledging the reality of the loss (*Models of grief*, 2021; Good Therapy, 2019; Funeral Guide, 2018; Kessler, 2019; Mahmood, 2016; Wolfelt, 2016). Individuals may experience at least two of the five stages, and some will revisit certain stages as they adjust to life; this may go on for over many years or throughout their life (Funeral Guide, 2018; Good Therapy, 2019). These stages were known to many professionals as the way to experience grief successfully, and now these stages are used with other losses such as divorce, chronic illness, and infertility (Good Therapy, 2019; Webster, 2018).

Tonkin's Model

Dr. Lois Tonkin's model of grief centers on the principle of growing around grief. Through the process of the Tonkin model, grief will stay the same, but life will grow around it and will be capable of dealing with bereavement with new experiences in life (*Models of grief*, 2021; Funeral Guide, 2018). In other words, Tonkin's model of grief focuses on the idea that time heals all wounds or that grief will disappear with time and that the void and sadness associated with grief will not govern the capacity to live (*Models of grief*, 2021; Funeral Guide, 2018).

The Dual Process Model

The dual-process model of grief by Professor Margaret Stroebe and Dr. Henk Schut works around the journey through bereavement, where most people will experience normal grief as a back-and-forth between stages. The (1) loss-oriented means dwelling on the death circumstances, dealing with denial, and (2) restoration-oriented means adapting to a new role, adjusting to the trigger's responses, or oscillating between stages. This natural process helps find the balance between facing the reality of loss and learning to reengage with life after loss (*Models of grief*, 2021; Funeral Guide, 2018; Webster, 2018). Trying to keep up with the balancing act explains why many individuals feel like they are on an emotional roller coaster; this is helpful for them to know that this, too, is normal (Funeral Guide, 2018; Good Therapy, 2019; Webster, 2018).

Four Tasks of Grieving

Another grief model comes from J.W. Worden, who suggests people must go through the four mourning tasks to heal to live with the loss. Worden's four tasks consist of (1) accepting the truth of the loss, (2) individuals going through the pain of grief, (3) they adjust to life without the deceased, and (4) maintaining a connection (memory) to the deceased while moving on with life (Ackerman, 2020; *Models of grief*, 2021; Funeral Guide, 2018; Good Therapy, 2019; Webster, 2018). Grief is a procedure, not a state, and each person will need to work through their reactions to make a complete adjustment to the loss (*Models of grief*, 2021; Funeral Guide, 2018; Webster, 2018).

Although there are several theories and models of bereavement and grief with different stages and processes in general, they have typical symptoms of the grieving individuals such as shock, disbelief, denial, anger, loneliness, sadness, and helplessness (Ackerman, 2020; Good Therapy, 2019). Death and dying during COVID-19 can present additional challenges that may

magnify fears of uncertainty and interfere with a healthy grieving process (Bertuccio & Runion, 2020; LeRoy, Robles, Kilpela, et al., 2020; Shabi, 2020). Proper use of bereavement stages and models can assist in correctly recovering grief. Grief follows its course and its own time, and no individual can decide at any moment to move on after grieving the death of a loved one; it takes positive steps and methods to conquer bereavement (Good Therapy, 2019).

Grief Specific to COVID-19

Individuals are afraid for their parents and grandparents, children, jobs, country, way of life, and, perhaps most profoundly, their mortality during this pandemic. Grief begins after a person learns that a loved one has died. This pandemic's lockdown is causing individuals to experience grief differently since they are getting the information about the death of their loved one from a secondary source. Depending on the nature, magnitude, and type of relationship lost between the survivor and the deceased, will influence the survivor's reactions (Abi-Hashem, 2017; Wallace, Wladkowski, Gibson, & et al., 2020). Grief is individual and unique, and there is no category or average phase in the grieving process (Abi-Hashem, 2017; Wallace, Wladkowski, Gibson, & et al., 2020). Grief experiences vary from one individual to another.

The pandemic has disrupted the usual grief experiences due to the sudden and unexpected death of family members, increasing the number of bereaved family members that the deceased would leave behind (Verdery & Smith-Greenway, 2020; Wallace, Wladkowski, Gibson, & et al., 2020). The grieving family members will not have the regular support of family and friends because of the lockdown. The rituals of having large groups of family and friends gather to cry, share happy memories, offering support and care are not allowed because of the protected measures imposed by the state mandates (Gesi, Carmassi, Cerveri, et al., 2020; Kokou-Kpolou, Fernández-Alcántara, & Cénat, 2020). The inability to engage in traditional support during the

grieving process can make it difficult to cope; the nature of the virus itself can also complicate people's emotions (Cherry, 2020; Wallace, Wladkowski, Gibson, & et al., 2020). The common signs of grief are shock, disbelief, denial, anxiety, distress, anger, periods of sadness, sleep loss, and appetite loss (*Grief and loss*, 2020; Vahdani, Javadi, Sabzi, Khoshnami, et al., 2020). The grieving process reflects a unique merging of cognitive, behavioral, physical, and spiritual responses (Shear, 2015; Zhai & Du, 2020). Amid the pandemic and with quarantine restrictions, family members cannot be at the bedside to provide comfort and say their goodbyes to their loved ones, which may cause individuals, families, and providers to have grief issues.

Ambiguous Grief/ Disenfranchised Grief

Another challenge for grieving loved ones because of the pandemic is ambiguous grief, also known as disenfranchised grief. Ambiguous grief is when the individual fails to have closure or a clear understanding of the details related to the loss, the typical grieving process can seem to prolong or compromised, and the loss cannot be openly acknowledged, publicly mourned, or socially supported (Doka & Morgan, 2016; Weir, 2020a). It is through the absence of rituals, such as funerals and traditional cultural and social recognition of the death, the disenfranchised grief is channeled (Lobb, Kristjanson, Aoun, et al., 2010; Wallace, Wladkowski, Gibson, et al., 2020; Zhai, & Du, 2020). The pandemic has caused the loss of other than death, such as personal freedom, sense of safety, and security which manifest in ambiguous loss, known as unresolved grief that occurs without closure or clear understanding will leave individuals searching for an answer which delays the grieving process (Selman, Chao, Sowden, et al., 2020; Weir, 2020a). The unknown and ambiguity surrounding risk and loss generate anxiety, depression, and conflict, interfering with adaptation (Wash, 2020).

Anticipatory Grief

Another type of grief an individual may display during COVID-19 is anticipatory. Other terms used for anticipatory grief are preparatory grief or premature grief. Anticipatory grief is associated with knowing that their loved ones are suffering, response to an impending loss, as well as future losses that the survivor is missing out on the final moments of their loved one's life (Bertuccio & Runion, 2020; Cherry, 2020; Selman, Chao, Sowden, et al., 2020; Zhai, & Du, 2020). This pandemic has individuals struggling with the loss of their normalcy and is battling with anticipatory grief because of the feeling of the unknown and not knowing if the more significant loss is yet to come, and they are trying to make sense of what is coming (Cherry, 2020; Wallace, Wladkowski, Gibson, & et al., 2020). Anticipatory grief occurs before a loss, often after a person has experienced a prolonged illness. The ill person's family will have a period of grief and will emotionally prepare for the inevitable death. It can be a range of intensified emotional responses, including separation anxiety, existential aloneness, denial, sadness, disappointment, anger, resentment, guilt, exhaustion, and desperation. (Cherry, 2020; Shore, Gelber, Koch, et al., 2016).

The grieving survivors can feel sadness over the impending loss, fear of the unknown, anger over the situation, and the thought and feelings of being isolated and lonely. Also, adding to the mourning of the pandemic's health scares and fatal outcomes, individuals grieve the anticipated losses of significant milestones and events, such as graduations, family reunions, and weddings (Bertuccio & Runion, 2020; Zhai & Du, 2020).

Complicated Grief/ Prolonged Grief Disorder

COVID-19 deaths often happen in the hospital's intensive care unit (ICU), presenting a highly traumatic experience for close relatives (Gesi, Carmassi, Cerveri, et al., 2020). The COVID-19 pandemic deaths will produce occurrences of complicated grief, also known as

prolonged grief disorder. This grief is where a person's grief prevents them from functioning, and the surviving bereaved individual feels stuck in indefinitely grieving, keeping them from processing the death and moving on with their life (Althoff, 2020; Gesi, Carmassi, Cerveri, et al., 2020). Compared to anxiety and depression, an individual with complicated grief has a chronic impairing form of grief; the individual may experience severe and dysfunctional symptoms of grief over an extended period, lasting months or even years, in response to a loss (Bertuccio & Runion, 2020; Gesi, Carmassi, Cerveri, et al., 2020; Lobb, Kristjanson, Aoun, et al., 2010). Symptoms of complicated grief entail distress, such as longing and searching for the deceased. There could be loneliness and preoccupation with thoughts of the deceased; and symptoms of traumatic distress, such as feelings of disbelief, mistrust, anger, shock, detachment from others, and experiencing somatic symptoms of the deceased (Lobb, Kristjanson, Aoun, et al., 2010).

Preloss Grief

The diagnosis of COVID-19 induces stress due to the unknown and inconsistent mortality potential. Therefore, family members initially expected that COVID-19 would likely kill those who contracted it. Interestingly, a phenomenon known as preloss grief is increasingly evident in family members whose loved ones contracted COVID-19. Preloss grief is the cognitive and emotional anticipation of impending death or significant deterioration of health or quality of life (Singer, Spiegel, & Papa, 2020; Spendelow, 2020). The mandates of social distancing, isolation, and quarantine prevent relatives from visiting their critically ill loved ones leaving the family to feel their loved one will pass away without them being there.

It is essential to manage individuals suffering from preloss grief to entitle them to a smooth recovery from their grieving process. The predictors and the maintenance of preloss grief in individuals during the pandemic is to manage the misinformation about COVID-19. By

using telemedicine measures, individuals can control the illness's misunderstanding and preparedness for the death of their loved ones that have contracted COVID-19 (Singer, Spiegel, & Papa, 2020).

The COVID-19 pandemic may lead to massive loss of life in the United States, causing an overload of bereavement; for every death, there are up to five people left behind to grief (Gesi, Carmassi, Cerveri, et al., 2020; Kokou-Kpolou, Fernández-Alcántara, & Cénat, 2020; Verdery & Smith-Greenway, 2020). The pandemic is a massively traumatic event, putting everyone's life in danger and bringing multiple kinds of losses at the same time, including human losses, properties, income, wealth, and health concerns (Bertuccio & Runion, 2020; Eisma, Boelen, & Lenferink, 2020; Gesi, Carmassi, Cerveri, et al., 2020). Grief is a healing process that individuals must go through, and it is an unwelcome inevitable event in life that there is no choice except to live through it (Vahdani, Javadi, Sabzi Khoshnami, et al., 2020). Resilience is through suffering and setbacks; it involves struggling well and integrating painful loss experiences into our life passage; during this time, individuals are trying to demonstrate normal responses to abnormal situations (Bertuccio & Runion, 2020; Wash, 2020). Bereavement time is a personal time for each individual, and others should show respect to those individuals.

Good Death versus Bad Death

COVID-19 bereavement experiences for the surviving family members are complicated because most families will not have been permitted or had the opportunity to say their goodbyes in person. The nurses and doctors in intensive/critical care units (ICU) must inform families of the bereavement by phone or share last moments via teleconferencing and videoconferencing facilities. The source of this information is placing an enormous emotional and psychological burden on the medical teams and families (Montauk & Kuhl, 2020; Pattison, 2020). The nurses

and the doctors have to perform the mourning task of holding the hand and spending those last minutes of life with dying individuals. It is usually troubled with uncertainty, confusion, and sorrow for ICU patients' families during the expected end-of-life circumstance. The circumstances with COVID-19 make family separation increasingly necessary as hospitals severely limit or ban visitors, leaving terminally ill patients to die without their loved ones (Montauk & Kuhl, 2020).

Death should be an opportunity for a good death with as much celebration as possible, instead of death with no commemoration of their life. Due to the highly infectious COVID-19, patients face their final journey in social desolation, and because of stretched healthcare resources and strict infection precautions, a dignified traditional death may be impossible (Montauk & Kuhl, 2020; Wang, Teo, Yee, et al., 2020). An individual who experiences a good death has physical comfort, emotional and spiritual well-being, and preparation for the patient and family. They are surrounded by loved ones in a peaceful environment, treated with respect and dignity, and receive treatments concordant with their wishes (Carr, Boerner, & Moorman, 2020).

Before COVID-19, the grieving process usually involves a period of saying goodbye after the person has passed away; because of this highly contagious pandemic, the bereaved may not have this opportunity for this critical step. Also, before COVID-19 bereaved family members had an opportunity to help care for dying family members in the hospital or at home, but now their care is given in an ICU. Not knowing how their loved one is being cared for can lead to the family having questions of unjust or feeling the death did not have to happen. This unknowing could lead to the survivor's experiencing depression, anger, anxiety, or risk of complicated grief (Carr, Boerner, & Moorman, 2020; Sun, Bao, & Lu, 2020; Yuko, 2020).

Health professionals believe COVID-19 patients should have a dignified and peaceful death. They suggest that with permission from all those involved, the next of kin can become an integral part of the health care of their loved ones and their passing (Wang, Teo, Yee, et al., 2020). The medical team proposes that a dignified closure can happen during isolation and social distancing. The patient and next of kin could conduct videoconferencing sessions in the hospital or use a call-in option; consider using prerecorded messages in the form of letters or audio recordings in conjunction with comfort objects, such as the patient's or next of kin's treasured items (Wang, Teo, Yee, et al., 2020; Galea, Merchant, & Lurie, 2020). Upon the patient's passing, it is customary that a distinguished noble image of the deceased's face be shown to the next of kin since this may be the only visual evidence of the patient's death (Wang, Teo, Yee, et al., (2020). A good death experience consists of the caregiver providing a social engagement and a connection to identity; characteristics, and actions; confidence and ability to care; preparation and awareness of death, patient presentation at death; and support for grieving after death (Hamilton, 2016).

While during the pandemic, poor-quality deaths can result from unacceptable medical providers' care or family caregivers' absence to oversee their loved one's care. A horrible death can be associated with physical uneasiness, difficulty in breathing, social isolation, psychological distress, lack of preparation for the death, being treated without respect or dignity, receiving unwanted medical interventions, or being deprived of treatments one desires (Carr, Boerner, & Moorman, 2020). A bad death is dying alone with no recognition from family or close friends and when health care staff have no way of connecting to the family. The pandemic can cause a bad death for those dying in overcrowded or overwhelmed facilities. The treatment of the bodies may not receive the proper dignity care they would ordinarily receive, as the struggling staff

members are quickly preparing beds available for patients, with the dead bodies piling up in hallways or refrigerated trucks (Carr, Boerner, & Moorman, 2020).

Dying with Makeshift Coronavirus Family

The pandemic's suffering and the life-ending event cause family separation and loneliness in unfamiliar environments with unfamiliar caregivers. Under ideal circumstances, the end of life is with uncertainty, confusion, and sorrow for critical care patients' families, but COVID-19 has taken it to a new level. Since the pandemic has altered the bereavement process, families are not participating in the traditional mourning of loved ones. Social distancing has led to family members changing how they can contribute to being with their loved ones during their final moments. Usually, effective mourning consists of physical contact with a loved one who is dying, physical presence with a loved one who has passed, and helping them begin to embrace the pain of their loss (Montauk, & Kuhl, 2020; Yuko, 2020). COVID-19 patients are dying with their hospital makeshift coronavirus family that consists of their health care providers, who are standing in for their family. They are making video conferencing with mobile tools as the source of connecting to their dying loved ones in their critical stage of life, leading to their end of life.

When there is unexpected hospitalization, like with COVID-19, the admittance often causes family members to feel they have lost control of their loved ones' care. These feelings can contribute to more significant anxiety and distress and interfere with the family members' capability to contribute to decision-making and advocacy on behalf of the patient. The sooner the family is engaged in the patient's care; the health care team can lessen the fear and help family members find meaning in the experience, which will contribute to building resilience and better helping their family members (Rose, 2020; Wong, Liamputtong, Koch, & Rawson, 2019). Caregivers contacting the patient's family will comfort the patient and the family. Caregivers

will have to know how to deal with the patient's family and their coping skills to manage their care. The two types of coping skills are emotion-focused and problem-focused. An individual's coping style depends on their personality and disposition; emotion-focused attempts to reduce negative emotional responses associated with stress, and problem-focused aim to remove or reduce the cause of the stressor (Rose, 2020; Rückholdt, Tofler, Randall, & Buckley, 2019).

Given the contagious pandemic's circumstances, families cannot provide physical and emotional support for their loved ones in intensive care units, and hospital stays due to infection control practices. Family members have had to rely on their makeshift coronavirus family to get the necessary information about their loved one's health care status while simultaneously feeling helpless as their loved one is in the hospital. The makeshift family has become an essential caregiver and integral part of the family.

Loneliness

Suffering in silence and solitude is a new normal during the COVID-19 pandemic for some individuals. Since social distancing and stay-at-home orders are essential to contain the coronavirus outbreak, there is concern that these measures will increase feelings of loneliness, particularly in vulnerable groups. The vulnerable groups are adults aged 65 and older, individuals with preexisting medical conditions, and those that are socioeconomically disadvantaged, such as undocumented immigrants and homeless persons (Li & Wang, 2020; Luchetti, Lee, Aschwanden, et al., 2020; Trad, Wharam, & Druss, 2020). The consequence of loneliness can be the lack of social connection, social isolation, and the individual difference in social networking or frequency of social interactions (Luchetti, Lee, Aschwanden, et al., 2020; Trad, Wharam, & Druss, 2020). When loneliness is persistent, it can significantly risk

compounding mental and physical health implications (Berg-Weger & Morley, 2020; Li & Wang, 2020; Trad, Wharam, & Druss, 2020).

The impact of loneliness and social isolation can indicate significant and long-term adverse outcomes for older adults identified as lonely and socially isolated (Berg-Weger & Morley, 2020; Trad, Wharam, & Druss, 2020). There is hope for individuals that are experiencing loneliness and social isolation. The effectiveness for survivors is to decrease stress, increase hope, and improve perceptions of social support. Raising self-care awareness is vital to reducing feelings of isolation and anxiety and promoting well-being for everyone (Saltzman, Hansel, & Bordnick, 2020). Comprehensive access to technology, laughter, mindfulness, meditation, recollection, cultivation therapy, and body movement may help buffer loneliness and isolation (Berg-Weger & Morley, 2020; Saltzman, Hansel, & Bordnick, 2020). Efforts need direction toward finding novel and creative approaches for maintaining social connectedness while still following public health guidelines for minimizing virus transmission (Killgore, Cloonen, Taylor, et al., & 2020). Engaging in self-care will help individuals providing care and the bereaved families with self-isolation and loneliness.

End of Life Preparations

Medical professionals take an oath to treat the ill to the best of their ability and save lives. Critical care health providers have to consider end-of-life issues in this rapidly changing scenario of COVID-19. Patients are admitted to the hospital because they have been diagnosed with the most severe coronavirus cases and are more likely to die in their care. These diagnoses lead the doctors to have end-of-life conversations with the families early in the admission process, giving the relatives and clinicians a clearer idea of what the patient wants medically, even if they cannot express it themselves. This care translates into a better bereavement process for relatives should

the patient die (Pattison, 2020; Selman, 2020). The speedy pace and the deadly impact on individuals in-hospital care will include being proactive in their advance care planning and sensitive and regular communication with family members with accurate information about their loved one's predicament. This information will enable the family members to say goodbye in person where possible, support virtual communication, provide symptom management and emotional and spiritual support, and provide bereavement service assistance (Pattison, 2020; Selman, Chao, Sowden, et al., 2020).

When making the bereaved family feel comfortable with their family's situation, it will be on how the providers communicate with the family. They can bring satisfaction to the grieving family with their communication strategies that should include empathy statements assuring non-abandonment, assurances of comfort, and providing written information if necessary (Hinkle, Bosslet, & Torke, 2015; Selman, Chao, Sowden, et al., 2020). The health care providers must make the family feel their concerns are being attended to since the conversations are also taking place via telephone, with little opportunity to read critical non-verbal cues, diminishing the communication quality (Pattison, 2020). Bereavement is a natural part of the human experience but can be intensely painful and negatively impact an individual's physical and mental health. Those bereaved families that are in critical care experience can be associated with poor mental health with the prevalence of post-traumatic stress disorder (PTSD) at 5%-52%, prolonged grief disorder/complicated grief (PGD) at 5%-52%, and depression at 18%-27% (Pattison, 2020; Selman, Chao, Sowden, et al., 2020). Because of the mental health trauma that is associated with the bereaved family in critical care situations, there should not be virtual contact between patients with COVID-19 and their families when a patient is actively dying due to the high rates of PGD and PTSD (Fusi-Schmidhauser, Preston, Keller, & Gamondi, 2020; Selman, Chao,

Sowden, et al., 2020). It is essential to be sensitive to grieving family members and their relationship with their dying family, giving them the best support during this difficult time.

Quality communication, advance care planning (ACP), and provider self-care are three recommended practices that can help address this changing landscape of grief (Wallace, Wladkowski, Gibson, & White, 2020). Social distancing and remote consultations can make advance care planning (ACP) especially challenging because of its sensitive nature; however, ACP is essential during the COVID-19 hospital health care plan. ACP should encourage family and care teams to voice their concerns and priorities, provide the information they want, and facilitate conversations between loved ones at this emotionally and logistically difficult time. Where possible, ACP discussions should be initiated with patients and families to assist with parallel planning in preparing for the final stages while hoping for the best (Hopkins, Lovick, Polak, et al., 2020; Selman, Chao, Sowden, et al., 2020). A structured approach can help guide discussions regarding the diagnosis, expected course, and care of individuals with COVID-19 in long-term care and acute care settings, when possible, in making end-of-life decisions.

During the COVID-19 pandemic, intensive care and critical units have become the front line of a war against the disease. Clinicians are the trenches' soldiers, making health care work for everyone involved (Selman, Chao, Sowden, et al., 2020). Health care leaders and organizations must take responsibility and ensure staff prepare for their work's emotional consequences. Resources, guidance, and training are in place to safeguard health care and procedures. ‘‘How people die remains in the memory of those who live on.’’ Ultimately, the humanistic aspect of care to provide grief and bereavement support should stand tall, even in the tsunami of a pandemic (Wang, Teo, Yee, et al., 2020, p.2)

The Funeral during the Pandemic

Approximately nine surviving close family members will be affected by each death from the Coronavirus in the country. If the virus kills 190,000 people, 1.7 million will experience the loss and grief of a close relative, a kinship network that includes grandparents, parents, siblings, spouses, and children (Verdery, Smith-Greenaway, Margolis, et al., 2020). The pandemic has changed how honoring the death of a loved one will be celebrated. It was customary to seek a trusted funeral home to guide the bereaved family through the mourning process, alleviate their pain, and care for their funeral needs. Now with COVID-19, even before making funeral arrangements, the surviving members will have to ensure that the funeral home that is in care of their deceased remains has complied and has trained with infectious precautions guidance to prevent transmission of the virus (Sun, Bao, & Lu, 2020; Wang, Teo, Yee, et al., 2020).

Funeral directors stated there had been an increase in the number of services, the state of New Jersey has acknowledged that since COVID-19 funeral services have increased by more than 1,600 in a month (Noonan, 2020). With the increase in deaths, the organizations managing funerals request no delay in planning and having funeral ceremonies (Shimane, 2018). Another aspect to consider during funerals is that bereaved relatives not having the opportunity to say goodbye to loved ones during their hospital stay may have a higher risk of suffering from physical and psychological effects, such as depression, post-traumatic stress disorder, and complicated grief (Sun, Bao, & Lu, 2020).

Funeral directors are primary caregivers, offering support and comfort to the bereaved in several ways. They assume responsibilities for smooth service delivery, organizing funeral plans according to individual needs, and offering specialized services when desired. Bereaved family members often look for funeral service staff to meet their psychological assistance and support, even though employees of funeral homes often have little or no expertise in psychological

assistance and must learn on the job to cope with consumers' emotions (Aoun, Lowe, Christian, et al., 2019; Korai & Souiden, 2017). Social distance and gatherings are having a significant impact on funerals during COVID-19.

Role of the Funeral

Funerals during COVID-19 may look different because of the cautiousness of the spread of the virus in communities. Changes were necessary for the funerals, visitations, and memorials for the deceased because of the pandemic. Funerals and rituals will most likely not resemble what the bereaved or the deceased would have wanted, but they should be honorable. This change is an effort to reduce infection rates and mortality due to the COVID-19 pandemic. Governments have implemented health measures for the public designed to minimize interactions between people. These measures include limiting the number of mourners permitted to attend funerals and reducing interactions with the deceased during ceremonies (Burrell & Selman, 2020). The funeral service is the proper recognition of the life of the person who has died. The purpose of the funeral ritual is to dispose of a loved one's body respectfully, accept the finality of the death, convert the relationship of presence to memory, support one another in grief, and ultimately a process by which the body's organic matter return to nature (Kessler, 2019; Shimane, 2018; Wolfelt, 2020). When possible and culturally appropriate before the burial or cremation, it is customary to spend time with the body of a loved one who has passed away; it helps mourners truly and fully acknowledge the death's reality. It also provides a precious last moment to say goodbye in person if possible (Wolfelt, n.d.).

Funerals give people something to do when so many things seem out of their control, and it helps to pay tribute - to the person's life. It enables acknowledging the death, remembering the life, and activating support during this naturally difficult time (Korai & Souiden, 2017; Ronan,

2020). Funerals help acknowledge that a loved one has died and permit the survivors to say goodbye, offering continuity and hope for the living. Funerals also provide a support system for family, friends, and the community. It also allows for reflection on the meaning of life and death and allows the survivors to start thinking about moving forward with meaning and purpose (Wolfelt, 2020; Yuko, 2020).

During COVID-19, funeral services were non-essential, undermining the cultural tradition's significance. Funeral services were prohibited whether individuals were dying from the virus, natural causes, or other illnesses. Grieving and planning funeral rituals during COVID-19 have been challenging for families and caregivers. The funeral ritual is essential in witnessing grief because it is the last formal time to mourn together as a support group and help with the healing process (Kessler, 2019; Spendelow, 2020). In Western culture, handling grief is complicated, and sad people make us uncomfortable. Many think people should mourn for a short time and then return to their lives as if nothing happened and carry on with life (Yuko, 2020).

Traditional Services or Rituals

Funerals are essential rites of passage. Mortuary rituals constitute the social nature of death and mourning, often easing painful transitions for the deceased and their bereaved family (Aoun, Lowe, Christian, et al., 2019; Shohet, 2018). In many diverse ethnic groups globally, care for the dead is the foundation of religion, community, and civilization. Funerals are now the celebration of life instead of mourning the dead. Thus, funerals become a positive experience, a means for a retrospective fulfillment of the deceased's identity through a review of their life (Korai & Souiden, 2017).

A religious funeral is a ceremony where loved ones and friends gather to mark the passing of someone important to them. Usually, a spiritual leader will preside over the event and guide mourners through the process of saying goodbye (Ronan, 2020). Traditionally, people have particular respect for funerals. A customary funeral includes the body's transportation to a funeral home. It is embalmed, washed, dressed, placed in a casket, enhanced with cosmetics, and made available for viewing by family and friends. A funeral service is held at the funeral home, chapel, or church, and the deceased is either cremated or transported in procession to a cemetery for internment (Poulter, 2011).

There is the tradition of gathering in the deceased's home with refreshments provided for all. Also, there is a ritual known as an awake, which consists of sharing memories, tears, and laughter that celebrate the life of the person who died. The physicality of the deceased in an open coffin helps adjust to loss (Burrell & Selman, 2020; Ronan, 2020). Another long-standing burial tradition is accompanying the deceased to their final resting place. The dead's journey from home or funeral parlor to their final resting place has long held significance in ritual (Ronan, 2020).

Death and Dying Traditions

Catholic

The Catholic religion believes that physical life enters the afterlife after death. The soul goes to Heaven, Hell, or Purgatory based on the actions taken during the individual physical life (*What Is a Catholic Funeral? Etiquette-Traditions*, 2021). The Catholic funeral is centered upon prayers for the deceased's soul and talks about the deceased being with God in Heaven to comfort those grieving. The funeral is the time to appeal to God to be gracious to the dead person's soul. In the Catholic religion, burial is preferable, embalming is acceptable, and

cremation is accepted by the church as long as the body is present during the funeral service. Funerals can take place anywhere from two days to one week after death but typically occur within three days or so. The funeral consists of three parts that may arise at different times: 1.) the Vigil is the first part of the service, which takes place at the wake, 2.) the Funeral Mass, which is the traditional funeral ceremony, 3.) the last stage is the Rite of Committal; it takes place at the cemetery. It may also be part of the funeral service at the church. Regardless, this is the final rite where the priest officially commits the body to the earth, and everyone says their final goodbyes (*Religious Funeral - Funeral Guides*, n.d.; *What Is a Catholic Funeral? Etiquette-Traditions*, 2021).

Buddhist

The Buddhist community varies by location and ethnic and cultural origins in the United States. The Buddhists believe that reincarnation of the soul takes place after death. This belief may vary according to the type of Buddhism. Buddhists believe cremation is essential for releasing the soul from its physical form (Williams & Ladwig, 2014). The ceremony can occur at the deceased's family home, a funeral home, or a Buddhist temple. The officiant is usually a monk but sometimes a minister or priest if the family chooses to blend traditions with the Christian faith (Religious Funeral - Funeral Guides, n.d.). Mourners pay their respects to the deceased person and express condolences to the family during the wake. Usually, there is a portrait of the deceased in front of the casket. This arrangement serves as the centerpiece of the altar that the family sets up for the wake. The decoration at the altar is candles and other offerings such as flowers, fruit, and burning incense. Flowers may be displayed modestly in the room if the wake is in a funeral hall. Buddhist tradition dictates that the Buddha's image should be near the altar (*Religious Funeral - Funeral Guides*, n.d.; Williams & Ladwig, 2014).

Islamic

According to *Religious Funeral - Funeral Guides*, n.d.; Williams and Ladwig, 2012, the Islamic faith views death as an afterlife, a transition to another state of existence. Where the body ends up in the afterlife depends on how well the Islamic religion is during physical life. Islamic funerals comfort the grieving and pray to Allah (the Islamic word for God) to have mercy on the deceased. The faith prohibits cremation of the body, and autopsies are strongly discouraged since that will delay the burial process and consider the desecration of the body. Since embalming is the desecration of the body, it only happens when required.

Burial in the Islamic faith should be quick as possible after death, preferable within three days, although most strive for it within the first 24 hours. After the death, the body is immediately washed, covered with a sheet with their hands placed in the praying position by the family members, then transported to the funeral location, usually the mosque. There is no viewing, wake, or visitation service for the deceased (Williams & Ladwig, 2014), and the service usually lasts 30 to 60 minutes. There is a 40-day mourning period where the deceased family receives flowers, food, and support from mourners (*Religious Funeral - Funeral Guides*, n.d.; Williams & Ladwig, 2014).

Hindu

The Hindu faith believes that when the physical body dies, the soul reincarnates into another life and the next life depends on the individual's actions in their previous physical life. All Hindus practice cremation, but there are exceptions for babies, children, and saints (*Religious Funeral - Funeral Guides*, n.d.). Traditional Hindus prepare the ashes to be submerged in the Ganges River, deemed sacred in Hinduism. If living outside of India, Hindus may choose to

send their loved one's remains to India to be spread over the Ganges if practical or affordable. More rivers are becoming acceptable substitutes worldwide to dispose of remains.

The bereaved mourn for 13 days, and during this time, it is customary to have a photo of their loved one displayed in the house decorated with a garland of flowers. Also, this is when visitors come, and a ritual to reincarnate the soul happens. The funeral service consists of the casket being carried into the crematorium with feet first while mourners recite prayers. The bereaved will surround the loved one in prayer while observing the cremation. The family celebrates with a memorial event that honors their loved one's life on the death anniversary. After this memorial, the family members will continue with their everyday lives (*Religious Funeral - Funeral Guides*, n.d.; Seaton, 2019)

Protestant

The Protestant religion includes the Western Christian churches, including the Baptist, Presbyterian, and Lutheran churches. The Protestant faith believes that individuals who receive Jesus Christ as their savior and become saved will live with Him eternally in Heaven when they die (Religious Funeral - Funeral Guides, n.d.). The Protestant Churches are independent and differ in their views among different churches and communities, meaning funerals may differ significantly from each other (*Baptist Funeral Traditions*, n.d.) Embalming is acceptable as long as it is before viewing, and the cremation should occur before or after the funeral service. Burial should occur within three to five days after the death, and usually, avoid the burial on Sundays and religious holidays. Still, a burial can happen any day of the week. The viewing, wake, or visitation happens before the funeral.

A funeral is a religious event focusing on the positive remembrances of the deceased's life and the role of God in the life of the deceased in preparing the deceased's soul to reunite with God. The minister usually conducts the funeral service and any graveside (burial) services (*Baptist Funeral Traditions*, n.d.; *Protestant Funeral Traditions,* n.d.; *Religious Funeral - Funeral Guides,* n.d.). After the funeral, it is traditional to hold a reception known as a repast, where people can gather and remember the deceased's life. The reception can occur at the church, at a private home of a family member or friend, or another location (*Baptist Funeral Traditions*, n.d.).

Non-Religious

There was a non-religious funeral when the deceased did not practice any specific type of formal religion before death. Non-religious funeral services are also appropriate when the deceased has been an Atheist or a Humanist. The funeral guidelines, cremation, autopsies, and embalming would come from the individual's family. The guests attending a non-religious funeral can expect a range of scenarios, including an open or closed casket funeral or a funeral where the ashes of the departed are present in some ceremonial urn. A non-religious funeral is a ceremony to honor the deceased, and there is no funeral format, custom, or religious traditions. The funeral is according to the deceased person's wishes or family desires. Most of the same elements, such as eulogies, readings, and music, are used during the service. Sometimes the family may wish for the service to take on a more celebratory nature, where the deceased person's life is with joy and fondness. A non-religious funeral serves to help mourners express their sadness and offer their condolences to the family. In some cases, the funeral service may also celebrate the deceased person's life (*Non-Religious Funeral Guide*, n.d.; *Religious Funeral - Funeral Guides*, n.d.).

Death challenges the sense of control since there is no knowledge of what happens after death. In many cultures, the perception of death is a traumatic experience involving negative perceptions, such as fear, anxiety, pain, and sadness (Korai & Souiden, 2017). Suffering experienced by a significant person's sudden death is amplified by the absence of performing ancestral farewell rituals. The suppression or abbreviation of funeral rituals can be a traumatic experience. Family members prevented from fulfilling their last homage to their loved one who has suddenly passed away may cause feelings of disbelief and outrage (Oliveira-Cardoso, Silva, Santos, et al., 2020). COVID-19 has caused individuals to encounter hurdles in planning memorial services for their loved ones. Still, it is possible to have a distinguished ceremony while incorporating the guidelines set forth by the Centers for Disease Control and Prevention.

Graveside Service or Funeral Service during the Pandemic

Funerals are an essential component of the mourning systems that facilitate social and psychological support to the bereaved and convey love and respect for the deceased. Social distancing mandates and travel restrictions are making traditional funeral planning difficult. Unable to participate in traditional funerals, rituals, and ceremonies because of COVID-19 will negatively affect the bereaved, affecting their mental health and ability to cope with or process their grief (Burrell & Selman, 2020). Pausing grief after a loved one's death cannot be like so many of our activities have been. Bereaved people must cope and manage their ongoing grief without personal support from others or engaging in comforting community activities. Traditional funerals and burials have changed due to large gatherings being the main contributor to the high rate of transmissibility of infectious diseases (MacMillian, n.d.). There are modifications to funeral services and visitations to help prevent the spread of COVID-19. The imposed restrictions limit the attendees to a small number of immediate family and close friends.

Practicing social distancing and everyday preventive actions are changing traditional rituals or practices, such as avoiding rituals of touching the deceased person's body before preparation (Funeral Guidance for Individuals and Families 2020). Some of the gatherings have been rendered impractical or impossible; funeral directors encourage families to at least try to have a brief, immediate ceremony, even if only by Zoom or Skype, followed by a more extensive memorial service after the pandemic restrictions. Individuals have held an informal, intimate service in their homes to mark the death and honor the person who died (Cherry, 2020; Wolfelt, 2020).

Religious leaders are important community role models for reinforcing the pandemic recommendations and showing how communities can maintain connection by conducting faith activities remotely/virtually. Faith leaders can help grieving families ensure that their departed loved ones receive respectful, appropriate funerals and burial rites, even amid the COVID-19 pandemic (World Health Organization, 2020). Many families plan graveside services with only a tiny group of mourners attending or sharing ceremonies through a video conference rather than a traditional funeral. Family members exposed to the virus will have to quarantine and be unable to see their loved ones, spend time with them, or attend a burial service (Cherry, 2020).

There should not be any time limit on having a ceremony, especially if the bereaved members could not be with the dying person or the body afterward; holding several ceremonies can be feasible. To achieve the goal of multiple ceremonies, the family might have an immediate candle-lighting service in the home, a graveside service as soon as possible, and maybe a tree-planting ceremony on the anniversary of the death (Sun, Bao, & Lu, 2020; Tuscaloosa News Staff, 2020). Families can improvise traditional funerals to present the most satisfactory memorial service representing their deceased family member.

Gaps in Research

Bereavement in isolation during the COVID-19 pandemic is a new experience for bereaved survivors, clinicians, and the world. It is a common desire for individuals going through grief to seek comfort in the arms of family, friends, and the community. The COVID-19 grieving family members have limited social support due to physical distancing requirements, requiring them to grieve alone in isolation (Selman, Chao, Sowden, et al., 2020). There are several gaps in the literature as it relates to the bereavement in isolation during COVID-19. An enormous amount of death is associated with this pandemic, and the survivors are experiencing bereavement in isolation. A new phenomenon research study on the lived experience of these individuals would provide human service professionals insight into the impact of isolation and bereavement during COVID-19. The concern is that people mourning alone will more likely experience anxiety, depression, and complicated grief when struggling to integrate their loss into their identity (Cummins, 2020). The significance of this crisis is still unknown, and perhaps a significant number of bereaved people will develop complicated grief in the aftermath of this pandemic (Gesi, Carmassi, Cerveri, et al., 2020). Complicated grief can occur even with a robust support network, and during COVID-19, many may struggle even more to adapt to their new normal (Cummins, 2020).

The lack of empirical evidence related to COVID-19 and bereavement provides the opportunity to illuminate individuals' experiences, a needed part of the body of existing literature. No study specifically concentrated on bereaved people and the impact of a death linked to a pandemic on their subsequent grief. Studies have focused on survivors who had the illness and recovered. COVID-19 restrictions and social distance have prevented surviving bereaved families from visiting their loved ones before their death. The individual's lack of

ability to connect with the deceased before and after the death potentially increases the risk of complicated grief (Mayland, Harding, Preston, et al., 2020).

Additional research is needed to determine the relationship between the COVID-19 pandemic, lockdown, socio-economic impact, and mental illness. Future research should be devoted to developing proper prevention, treatment, and rehabilitation strategies against a public health emergency such as a pandemic (Talevi, Socci, Carai, et al., 2020). This research study will focus on the lived experience of those that processed death without rituals or traditions during COVID-19 and how the Coronavirus impacts the grieving process. While grieving in isolation, individuals are losing freedoms; they are unsure what the future holds for them, and they have to change how they interact with their loved ones living and dying during COVID-19. Honoring their deceased family members in rituals and ceremonies has changed and could impact their mental and physical health.

Summary

Like other pandemics, there are concerns about the rise in mental illnesses such as anxiety disorders, depression, insomnia, post-traumatic stress disorders, substance abuse, and suicide (COVID-19 and Your Health, 2020b). The literature review suggests consequences for bereavement in isolation during COVID-19. During these unprecedented times, the practice of safe social distancing, quarantine, isolation, and losing stability impact individuals' everyday lives, such as attending school, job loss, and adjusting to daily routines. Unable to participate in funerals or be close to those grieving has changed the care for loved ones during COVID-19.

Individuals are learning coping skills to help maintain their grief/bereavement. There are several grief models a person can identify with, including the five stages of grief and learning to adjust to the death of a loved one. This pandemic has creative alternative ways to celebrate

rituals to support and comfort family members, friends, relatives, and caregivers during this time. The funeral is a particular time and place to support one another in grief. These rituals help survivors overcome critical moments and decrease the risk of developing complicated grief (Oliveira-Cardoso, Silva, Santos, et al., 2020). Seeing and touching a loved one during illness and death changed because of the COVID-19 pandemic.

The research examined how following the CDC's restrictions on wearing a face mask, staying 6 feet away, avoiding crowds, social distancing, quarantine, and isolation to reduce the spread of COVID-19 have impacted everyday lives. There are changes in their livelihoods, disruption of economic and social standards, physical and mental health, coping strategies, grieving practices, leaving loved ones dying alone, and how to mourn and celebrate the life and loss. COVID-19 has led to a dramatic loss of human life worldwide.

CHAPTER THREE: METHODS

Overview

This chapter introduces the qualitative research methodology for this phenomenon study that illuminates the lived experience of individuals that processed death during COVID-19 without rituals or traditions. The chapter includes the design, research questions, setting, participants, procedures, and the researcher's role. This chapter explains interview questions for the participants and data collection methods and the justification for the questions' order and nature, the analysis process, trustworthiness, credibility, and transferability of the data. This chapter concludes with the ethical procedures employed in this study.

Design

A phenomenological study focuses on the commonality of a lived experience within a particular group. This phenomenological qualitative research study will investigate the experiences of individuals encountering bereavement in isolation without rituals or traditions during COVID-19. Qualitative research focuses on understanding the phenomenon and having the researcher's findings contribute to understanding the study (Sargeant, 2012). Semi-structured interviews provide an opportunity to cultivate meaning and understanding that reveals new insight and substantiates similarities as meaning and relevancy emerge (Creswell & Poth, 2018). Using semi-structured interviews, the unique experience of individuals who experienced the death of a family member or close acquaintance during the COVID-19 pandemic creates the opportunity to comprehend these experiences through qualitative data. Of specific interest is how the restrictions regarding rituals and traditions of death and dying transform, prolong, or complicate the grieving process. Using a qualitative approach to this study will encourage the

participants to share their stories, inspire authentic perspectives, and cultivate insight into their unique grief experiences (Maxwell, 2008; Heppner, Wampold, Owen, et al., 2016).

This study will use the steps established by Moustakas and Husserl for analyzing transcendental phenomenological studies focusing on the experiences of bereavement individuals in isolation during COVID-19 and their grieving process. According to Groenewald (2004), the steps for this study are:

Step 1) Bracketing – Separating the researcher's ideas, feelings, and biases before collecting data. Create a space for the data collection without personal feelings getting in the way of finding objective data and analyzing the data in a way that does not angle the personal bias later (Moerer-Urdahl & Creswell, 2004; Tufford & Newman, 2012). For example, the researcher of this study does not have any experiences with bereavement in isolation during COVID-19 and does not have preconceptions and prejudgments. Also, the researcher will put aside any references to others' perceptions or judgments about the phenomenon. Additionally, the researcher will leave behind previous research findings, theories, and personal knowledge about bereavement in isolation (Moerer-Urdahl & Creswell, 2004). The final results of this study will focus on the information obtained by the participants during the interview. This exercise of bracketing will take place before any data is collected.

Step 2) will be Delineating Units of Meaning – the investigator of this study will make judgment calls while consciously bracketing her own opinions to avoid inappropriate subjective judgments (Groenewald, 2004). First, carefully consider the interview transcripts, with the content scrutinized and the studied redundant units. Next, the researcher will begin to explain and clarify the units of relevant meaning from each interview. Then each interview transcript will be viewed for a word, phrase, sentence, or paragraph that describes the specific

phenomenon of bereavement in isolation and COVID-19 (Groenewald, 2004). Each word, phrase, sentence, or paragraph will be a meaning unit. After highlighting this text segment, the researcher in this study will assign a name (code) to that material.

Step 3) - Clustering of Units of Meaning to Form Themes – this step begins to cluster units of meaning to form themes for this study of the experience of bereavement in isolation during COVID-19. Themes are the participant's accounts of describing perceptions and experiences that this researcher sees as relevant to the research question. Coding is the process of identifying themes in accounts and attaching labels (codes) to index them *(Themes and Codes,* n.d.*).* The researcher with the non-redundant units of meaning must again bracket opinions/beliefs to remain true to the phenomenon. Coding will take place with the use of the software NVivo-12.

Step 4) -Summarizing Each Interview - the researcher will validate each interview and, where necessary, modify it. The researcher will concentrate on providing a clear statement of the dialog about the interview. The researcher aims to reconstruct the experience of the individual's bereavement in isolation. The validity check of the interview will return the information to the participants to determine if the real meaning was captured correctly during the interview.

Step 5)- The final step is general and unique themes for all the interviews and a composite summary –Data from the individual interviews will tell a single story about the experiences of bereavement in isolation during COVID-19. After completing all the other steps, the researcher will look for the common themes in most or all of the interviews and the individual variations, then transform participants' expressions into the appropriate scientific support of the phenomenon research (Creswell & Poth, 2018; Groenewald, 2004).

Research Questions

This phenomenological study aims to understand the lived experience of individuals' bereavement in isolation during COVID-19 without customary funeral traditions and rituals. Research questions for phenomenological studies focus on collecting the essence of the phenomenon experienced by the study participants (Bloomberg & Volpe, 2019). This study follows the research questions to learn the lived experience:

RQ1: What are the experiences of those that processed death without rituals or traditions during COVID-19?

RQ2: How did COVID-19 transform and intensify the grieving process?

Setting

Conducting interviews face-to-face is not feasible at this time due to COVID-19 social distancing and restrictions. The interviews exploring the lived experiences of individuals bereaving without traditional rituals will use an online meeting platform. Microsoft Teams video conference, an online video chat-based collaboration platform that allows video chat between individuals, will be used to conduct the interviews. Microsoft Teams can support a live transcription of participant speech during the meeting video chat (*What Is Microsoft Teams and Who Should Be Using It?,* 2020). Microsoft Teams Video conference is the media used to conduct the interviews. Microsoft Teams is a chat-based audio-video conferencing tool used for interviewing anyone, anywhere. No additional software application is needed; it allows connection through Microsoft 365. Microsoft Teams supports chat, call, video conference, collaboration, and transcribing audio recordings – all within one tool (Fox, 2020). Another advantage of using Microsoft Teams software is that it can easily search the recorded interviews for crucial terms instead of having the interviewer listen to long hours of recording to find a

quote (Microsoft News Labs, 2019). The researcher and participant will schedule a date and time to meet to perform the interview using the calendar in Microsoft Teams.

Utilizing Microsoft Teams, an online platform, as an alternative to conducting the interviews will overcome many limitations inherent in face-to-face interviews, such as difficulty arranging a time and place to meet and the challenges of noise interruptions. Some key benefits of utilizing an online platform for conducting research interviews are 1) ease and flexibility of scheduling, 2) virtual and visual interaction, 3) ease of data capture, 4) less intimidating than a private space', and 5) more control for participants leading to a more open interview. The potential obstacles of dropped calls and pauses, inaudible segments, and loss of intimacy can be overcome by confirming a stable internet connection for both parties, finding a quiet room without distractions, slowing down speech, being open to repeating questions, and paying close attention to facial expressions (Seitz, 2016). Online interviews can produce data as reliable as face-to-face encounters and may increase the number of participants who agree to participate (Deakin & Wakefield, 2014). Utilizing digital resources to include video can, in some cases, act as an augmentation to enrich the interview and capture non-verbal cues that may be important (De Felice & Janesick, 2015; Dowling, Lloyd, & Suchet-Pearson, 2016). During recording, issues like signal strength and technological challenges can present additional challenges during online interviewing (Oates, 2015).

Participants

In this study, the target participants are individuals who have experienced losing a loved one during the COVID-19 pandemic and did not have the opportunity to participate in traditional rituals. The loss could be from the coronavirus or other causes of death, but with the commonality of grief, eliminating traditional rituals due to restrictions during the COVID-19

pandemic (Stroebe & Schut, 2020). The sampling is criterion-based, focusing on recruiting individuals who experienced a loss of a loved one during the COVID-19 pandemic. The recruitment goal is to create a pool of participants that show moderate impairment, with individuals who illustrate low impairment or significant impairment dismissed from the participant pool. Secondly, individuals who illustrate scores that represent a moderate level of grief based on scores on the Inventory for Complicated Grief (Appendix D). The moderate range of grief adds homogeneity regarding grief as a significant and lingering variable. Another means of participant recruitment will be snowballing if additional participants need to be identified (Creswell & Poth, 2018; Bloomberg & Volpe, 2019).

The recruitment process will include ten to fifteen individuals to participate in the study pool. Social media is a recruitment tool that will be used by posting a request for participants in Facebook's Grief Groups. The grief groups *are Coronavirus Bereavement Support Group*, *COVID-19 Bereavement Families Support Group*, *COVID-19 Bereavement Support Group*, *Bereavement by COVID-19*, *Coronavirus Mutual Support Group*, and *Coronavirus (COVID-19) Support Group*, community boards, and shared posts. The circulation of information about the study will be through emails to bereavement counseling groups, church counseling groups, local funeral homes, and family/friends who have experienced the loss of loved ones during the pandemic. The primary means of participant recruitment are through the researcher's Facebook contacts, joining and gaining permission to share the recruitment information with groups designed around bereavement and grief experiences during COVID-19. Using this criterion-based sampling, the recruitment of individuals who have experienced the same phenomenon will help shed some light and understand this unique aspect of the human phenomena of bereavement in isolation during the COVID-19 pandemic (Bloomberg & Volpe, 2019).

Procedures

Before data collection, the researcher will seek approval from the Institutional Review Board (IRB) at Liberty University before moving forward with the study (Appendix A). The IRB ensures that the students and faculty manage any research and its appropriateness. After IRB approval, the researcher will send permission approval to Facebook's group administrators to share the Recruitment flyer (Appendix B), Screening questionnaire and the Complicated Grief Inventory Survey (Appendix D), and participant consent form (Appendix C). Recruitment information for potential participants will go through email to Bereavement/Grief counseling group facilitators, a local funeral home, church, and family and friends. The researcher will ask contacts to share the email information with anyone interested in participating and qualifies for the study.

Demographic information gives a profile of the participants that will contribute to the study (Bloomberg & Volpe, 2019). The demographic information is through the Interview Protocol screening (Appendix E). The screening questionnaire used to determine eligibility will consist of the following questions:

1. Are you 18 years or older? Yes or No
2. Have you had a loss of a loved one during COVID-19? Yes or No
3. Have you experienced bereavement during the loss of your loved one? Yes or No
4. Are you comfortable sharing your experience concerning your grieving process? Yes or No
5. May I contact you regarding your participation in this study concerning bereavement during COVID-19? Yes or No

All interested participants will contact the researcher through the email address at Bereavement_COVID-19@outlook.com for more details about the study and exchange personal contact information. The researcher will contact the potential participants after receiving their responses through email.

The researcher will send participants a link for Microsoft Teams for scheduling and interviewing. The initial communication with participants ensures they know the research they will join and complete the demographic survey. The triangulation method is a multiple data-gathering techniques used in qualitative studies to enhance data quality from more than one source (Bloomberg & Volpe, 2019). The participants will complete the survey questions and the Inventory for Complicated Grief (ICG) assessment. The ICG is a 19-item questionnaire developed to assess a client's immediate bereavement-related thoughts and behaviors. The participants will answer the questions using five response options ranging from "Never to Always" (Prigerson, Maciejewski, Reynolds, et al., 1995). This inventory assessment will give the researcher a guide that will ensure that selected participants score in the moderate range of grief, supporting the goal of recruiting a homogenous group with moderate lingering grief symptoms. Participants with scores in the lower range will produce participants with no grief symptoms. On the other extreme, the individuals who score in the high range could trigger emotions, and a referral for crisis management may be necessary.

Full disclosure and informed consent form (Appendix C) will be sent electronically or mailed to the participant containing the following information: 1) Let the participants know that they are participating in research, 2) The purpose of the research they will be contributing to, 3) The procedures necessary for the research, 4) The risk and benefits of partaking in the research, 5) The voluntary nature of research participation, and 6) The

procedures used to protect all confidentiality (Groenewald, 2004). Participants will forward forms by email, scanning, or mailing forms to the researcher upon completing the signed consent form. The participants and researcher will exchange personal contact information during the initial meeting. Once the researcher receives the signed consent form, the date and time of the interview will be confirmed. The qualitative research goal is to understand the lived experience of the participants instead of therapeutic actions (Heppner, Wampold, Owen, et al., 2016).

The participants will understand that this is not a therapy session but a research interview. The researcher observed any reaction if participants reexperienced some of the grief or loss they experienced upon losing their loved one. If someone experiences unwanted or challenging emotions, the researcher may discontinue the interview at no consequence to the participant, and a referral to the crisis and grief support phone lines will be available. Likewise, if the interviewer senses distress, the researcher will stop the interview and refer the participant to resources that can assist, including the Grief Recovery Helpline (800-445-4808) and the Disaster Distress Helpline (800-985-5990).

The researcher and non-participants will practice several logins into Microsoft Teams to perform video conference and audio-recording testing. The researcher will practice using Microsoft Team's transcript and audio recording tools. The researcher will also test Internet service before an interview by having the local internet company reboot the modem and check the connection and strength of the internet service in the interviewer's location.

After the participants are chosen for the study and given the group's private email address, the directions on how to join Microsoft Teams will be in the email. After successfully joining Microsoft Teams, the researcher and participant with practice logging into Microsoft

Teams. The instructions will be sent to participants to contact their internet service to check the strength of service and connection before the interview.

Qualitative interviews offer the ability to capture a person's perspective of an event or experience (Bloomberg & Volpe, 2019). On the scheduled date and time, the participant and the researcher will log onto Microsoft Teams. The interview will be a one-on-one audio/video or audio-recorded conference. If the interviewee is comfortable with video recording, then audio and video will be used for the session. The researcher will be in a quiet room with no distractions and closed doors to maintain confidentiality; the participant should make the exact privacy requirement if feasible. Before conducting interviews, the researcher will confirm the informed consent verbally with the participant and remind them that their participation is entirely voluntary. The participant can withdraw from the study at any time, for any reason, and with no personal consequences. The interview will start with small talk about the interview process, putting the participant at ease. The interview should last between 45-60 minutes. The participant will know when the session and recording begin and end. After the interview, the participant will have additional instruction on what to expect in the coming weeks, such as reviewing the transcribed interview for accuracy. After confirmation of understanding from the participant, the interview will begin.

The interview will begin with the researcher using semi-structured questions (Appendix E). Using semi-structured questions will explore the thoughts, feelings, and beliefs about a particular topic and help the researcher to maintain focus on critical questions (Fisher, 2008). Establishing a rapport between the participant and researcher will lead to trust, honesty, and understanding (Heppner, Wampold, Owen, et al., 2016). During the interview video recording

and playback sessions, the researcher will observe and journal the participant's verbal and nonverbal cues. The recorded question and answer session will last 45 minutes to an hour.

The interview will conclude by summing up the purpose and asking if the participant left out anything they wanted to say. The researcher will conduct the entire interview professionally, thanking the participant for volunteering their time to participate in the interview. After session termination, the researcher will download the transcript interview from Microsoft Teams. Completed transcripts will be sent to the participant by mail or email within a week for clarity and correctness of the interview. Once the transcript is verified, the researcher will begin to analyze the information in NVivo to develop codes and central themes from the participants ' lived experiences.

The Researcher's Role

The interest in this study comes from a desire to understand the dynamics of bereavement and grief. The curiosity about bereavement stems from watching how family members and close friends' family relationships collapse due to death and dying. The COVID-19 pandemic hit the world, and the researcher's inquisitiveness switches to the interest of individuals that experience bereavement in isolation during this pandemic. Individuals encounter the separation of their loved ones during their illness, causing them to experience bereavement in isolation while trying to obey the CDC, state, and local restrictions placed upon them.

In this qualitative study, the researcher is the primary instrument for data collection and analysis. The data collection involves survey questions, complicated grief inventory questions, observing behavior, using semi-structured interview questions, and having an individual one-on-

one verbal interchange with the participant (Merriam & Grenier, 2019). The researcher of this study does not have experience in bereavement counseling. However, the researcher has received communication and active listening training and formal education on qualitative research, data collection, and data analysis. The researcher does have experience in conducting interviews from her training and positions held in the military. No participants in this study are in direct contact with the researcher and will not present a conflict of interest, such as a reporting relationship, personal contact, or any relationship with the researcher that may cause bias in the research study. There has not been any COVID-19 death and dying that has personally affected the researcher.

Data Collection

In this qualitative research study, semi-structured interview questions are the primary data collection. This approach requires an interview protocol that presents the participants with a predetermined set of questions to take the participants through the same sequence with the same questions in essentially the exact words to minimize question variation (Heppner, Wampold, Owen, et al., 2016). Also, reflection notes (memoing) will be a part of this study. Memoing is the researcher's dated notes that reflect the researcher's collecting and reflecting on the interview process (Groenewald, 2004). Using multiple data sources provides an enhanced and richer study (Creswell & Poth, 2018).

Interviews

An interview is a social interaction between a participant and the researcher to understand their experiences (Heppner, Wampold, Owen, et al., 2016). Grief and the bereavement process are deep and complex elements of the phenomenon and are personal to the individual. The successful resolution of grief becomes complex with the additional challenges associated with

the COVID-19 pandemic (Koblenz, 2015). The interview questions in this phenomenological study are to understand the lived experiences of individuals who endured bereavement in isolation during the COVID-19 restriction and could not participate in traditional dying and death ceremonies. Interviews are the most common source of qualitative data because it has the potential to capture an individual perspective of their lived experience. The open-ended interview questions will address phenomenological lived experiences (Bloomberg & Volpe, 2019).

Participants meeting the criteria will be contacted via email to determine interest in interviewing for the study. Full disclosure, the purpose of the study, and informed consent information will accompany each participant. Interested participants will know they are not required to participate, and they may withdraw from the study at any time. Once the participant expresses their intentions to participate, the interview schedule will begin. Participants understand that information shared in the interviews is confidential, and they can withdraw from the study anytime. The interview questions are open-ended to obtain participants' perceptions, attitudes, and emotions (Bloomberg & Volpe, 2019).

Interview Questions

1. Can you set the stage for our interview by telling me about the death experience of your loved one during the pandemic? (follow up – if not clear, what was the relationship to the person who died, the cause of their death, etc.)

2. Describe how you were notified about the passing of your loved one and how the family managed the funeral or burial process?

3. Describe how the restrictions of the pandemic impacted support and interaction from family, friends, community, or church?

4. Describe your reaction when you could not have the standard closure that a traditional funeral process provides?

5. How did the pandemic complicate your closure and your reaction to the death of your loved one?

6. Over time, it is common to feel various emotions, perform actions that memorialize loved ones, avoid places or situations, have roller-coaster emotions, change habits, etc. All of these things represent your grieving process. Can you reflect on your experiences after the death and walk-through evidence of the grief and how it changed from then until now? (Researcher should be prepared to prompt the participant for more, based on the length of time since the death).

7. Resilience represents the intrinsic strengths an individual cultivates during stress, crisis, or trauma. Describe elements of your resilience during this grieving process?

8. Reflecting back, what were the challenges or reactions that you feel were unique to experiencing the death of a loved one during the pandemic?

9. Describe the remaining impact of this experience on daily functioning or your perspective of life?

10. What statement would summarize the impact the pandemic had on your experience of this death?

11. If you could inspire another COVID-19 bereaved family or individual, what would you tell them?

Narrative Descriptions and Rationale of the Questions

Interviews are to understand the participant's experience as it is an occurrence of social interaction between the researcher and a participant (Heppner, Wampold, Owen, et al., 2016).

An interview is more than a conversation between a participant and a researcher; it also gives a successful researcher access to discover things that are not readily discernable, such as feelings, thoughts, intentions, and previous behaviors (Brayda & Boyce, 2014). The interview questions are semi-structured open-ended questions, with the exact wording and sequence of the questions each interviewee will answer (Patton, 2001). The question design is to make the participants feel comfortable and open to talking about their feelings or experiences during their grief and loss (Moustakas, 1994). The interview question uses Patton's model of six questions related to qualitative research: behavior or experience, opinion or belief, feelings, knowledge, sensory, and background or demographic (Brayda & Boyce, 2014).

Question 1 will set the stage for the knowledge of the grieving process. The participant will tell whom they are grieving and the relationship between the participant and the person who passed away. The relationship with the deceased can determine the bereavement process. According to Zisook, Simon, Reynolds, et al. (2010), individuals with close, identity-defining relationships with the person who died have a 10% chance of developing complicated grief.

Questions 2 -5 give the participant a chance to describe the changes associated with death during the pandemic. The limitations and restrictions related to the pandemic changed how individuals could operate during bereavement. Culturally we are not good at handling grief, and now families no longer have the opportunity to say goodbye to their loved ones in person. They are postponing or limiting their in-person gatherings - leaving them feeling as though they could not do enough for their loved ones, which can lead to a suspended state of grief (Yuko, 2020). There is little research on the lived experiences of grief in isolation during the COVID-19 pandemic. However, one concern is that people mourning alone will be more likely to

experience anxiety, depression, and complicated grief, which is when people struggle to integrate their loss into their identity (Cummins, 2020).

Question 6 will elicit the participant's emotions about their thoughts and experiences of grief during the pandemic. Losses are both immediate and anticipated, and coping with bereavement can be difficult, painful, and stressful during COVID-19; especially, grieving the loss of a loved one can be challenging (Spendelow, 2020). How one grieves depends on many factors, including personality and coping style, life experience, faith, and the loss's significance to the individual (Gross, 2016; Spendelow, 2019). Individuals may experience at least two of the five stages of grief, and some will revisit certain stages as they adjust to life; this may go on for over many years or throughout their life (Funeral Guide, 2018; Good Therapy, 2019).

Question 7 gives the participant an understanding of how they can handle grief. Loss of freedom and normalcy dramatically impacts an individual's demeanor, mood, and well-being. Resilience is greater among individuals who get outside more often, exercise more, perceive more social support from family, friends, and significant others, sleep better and keep their prayer life intact (Killgore, Taylor, Cloonan, et al., 2020).

Questions 8 and 9 are structured to probe the participant's opinions on what they think about the challenges they faced during the COVID-19 pandemic. The pandemic has led individuals to lose their sense of self-security, control, and social connections, and they are plunging their path into disconnection and illusion (Mohanty, 2020).

Question 10 will provoke the participants to discuss how COVID-19 impacted their experience with death. Individuals are learning coping skills to help with maintaining grief/bereavement. There are several grief models a person can identify with, including the five stages of grief, to help them know where they are in their grieving process.

Question 11 will give the participant a chance to put aside what they are going through to concentrate or reflect on what they could do to help someone else. This question was saved for last to give the participants time to relax before ending the interview. In the world of the COVID-19 pandemic, individuals are forced into collective grief and must find collective systems and ways to help each other cope and survive (Nyatanga, 2020).

Data Analysis

The researcher will use a computer-assisted qualitative data analysis software, NVivo 12, to aid in the data management and analysis process. NVivo 12 has sophisticated code and retrieval functions and modeling capabilities, which will speed up managing large data sets and data retrieval. The software analyzes, manages, and shapes qualitative data to display the codes and categories graphically. It can organize unstructured text, audio, video, and image data, including interviews. It has playback ability for audio and video files so that transcribing interviews is quickly in NVivo. NVivo stores the database and files together in a single file for security purposes, making downloading to a drive easier. NVivo is by QSR International (Creswell & Poth, 2018)

The data for this study is the narrative transcripts of the participant's responses to the open-ended questions. The transcripts are put into NVivo to discover patterns, coherent themes, and meaningful categories that provide an understanding of the phenomenon (Noble & Smith, 2013). In investigating the phenomenon of the lived experiences of individuals who endured bereaved in isolation during COVID-19 without funerals, the researcher will manage, organize (coding, themes), and analyze data to interpret this qualitative research study (Bloomberg & Volpe, 2019;).

Steps to Data Analysis consist of 1) Manage and organize data – The researcher will read and re-read the text and listen to the recording repeatedly. 2) Focus on analysis/reading and memoing- reviewing transcripts for errors or omissions, with memos added when specific attributes potentially contribute to the study's themes. 3) Categorize information and classify codes into themes. Identify the patterns and themes and organize them in NVivo. 4) Developing and assessing the identifying patterns and connections within and between categories. During this step, organizational tools in NVivo will create a coordinated method of identifying themes, so that interpretation of the themes contributes to descriptive findings. 5) Representing and visualizing the data/ Interpretation –Bringing it all together. Interpretations and detailed results will relate to the theoretical assumptions and findings from the literature review in Chapter Two (Creswell, & Poth, 2018; Renner & Taylor-Powell, 2003).

Trustworthiness

Trustworthiness ensures the accuracy of the research study, data, and findings. The data analysis is precise, consistent, and thorough by recording, organizing, and disclosing the analysis methods with enough detail to enable the reader to determine whether the process is credible (Nowell, Norris, White, et al., 2017). Trustworthiness relies on the researcher wording interview questions unbiased, then listening to and interpreting the responses for accuracy and context (Morrow, 2005). Credibility, transferability, dependability, and confirmability are essential in establishing trustworthiness in qualitative research. Discussion of these areas of reliability will be in the following section.

Credibility

Credibility is the confidence in the truth of the research findings. Credibility establishes whether the research findings represent credible information drawn from the participants 'original data and is a correct understanding of the participants' actual views and free of bias (Morrow, 2005). Some strategies to ensure credibility are triangulation, member check, and peer debriefing (Korstjens & Moser, 2017). For this study, triangulation will be accomplished by the researcher screening potential participants using two data sources. The recruitment tools will be an introductory survey and a grief inventory survey to determine the degree of grief the participant is experiencing. This process will ensure that selected participants have the relevant grief qualifications to meet the research questions.

Member checks will eliminate the researcher bias from the data. The analyzed and interpreted data is returned to the participants to evaluate the version made by the researcher to suggest changes if they are not satisfied with what was reported by the researcher. Before producing the final document, check results against other documents for accuracy. Creswell and Poth (2018) describe participant checking or feedback as the most critical procedure for establishing credibility. It is essential to interpret what the data tells the researcher unbiasedly.

Another credibility strategy in qualitative research is peer debriefing by seeking support from other professionals to provide scholarly guidance. The researcher's academic dissertation chairperson will be consulted and provide feedback through the dissertation process. Feedback from peers helps to improve the quality of findings and enhance the accuracy of the study (Creswell & Poth, 2018)

Dependability

Dependability is essential to trustworthiness because it establishes the research study's findings as consistent and stable. The researcher aims to verify that the results are consistent with the raw data collected and ensure that if some other researchers look over the data, they will arrive at similar findings, interpretations, and conclusions about the data (Bloomberg & Volpe, 2019).

The data will reveal the impact of individuals' lived experiences on processing death without the rituals or traditions during COVID-19. Using triangulation in dependability is having a subject matter expert (grief counselor) help with the findings of the investigation of bereavement during COVID-19. The grief expert will conduct an external audit of the research and data gathering and examine the data collection processes, analysis, and results to determine if the research supports the data. This audit will allow the outside expert to look over the researcher's shoulder to examine, explore and challenge how data is analyzed and interpreted. The researcher will discuss the research process and the findings with the academic advisor during the peer examination. This quality check ensures no missed data in the research study or that the researcher was not erroneous in the final report (Bloomberg & Volpe, 2019; Davis, 2021).

Confirmability

Confirmability in qualitative research refers to the degree to which the results could be confirmed or supported. This confirmability involves the research study's confidence based on the participants' narratives and words rather than potential researcher biases. Confirmability also can be described as the idea of objectivity in qualitative research, but qualitative researchers do not claim to be objective, nor do they strive to achieve objectivity (Bloomberg & Volpe, 2019).

Confirmability is an audit trail that details the process of data collection, data analysis, and interpretation of the data. Confirmability is about demonstrating the decisions made during the

research process. The researcher needs to identify and uncover the path of decisions made through the research process and trace data back to its origins (Bloomberg & Volpe, 2019). During the confirmability process, the investigator will record the unique and interesting topics during the data collection, write down the thoughts about coding, provide a rationale for merging codes and explain the themes. The details can help provide valuable insight for readers to understand how the themes emerged from the data.

Transferability

When the results are transferrable to other contexts or settings, it is equal to external validity. Transferability provides readers with evidence that the researcher's findings could apply to different contexts, situations, times, and populations. The qualitative research objective is not to produce truths that can be generalized to other people or settings but rather to develop descriptive context-relevant findings that can apply to broader contexts while maintaining context-specific richness (Bloomberg & Volpe, 2019). Transferability is providing a "thick" or detailed description and purposive sampling. The detailed description of this study will include a rich and extensive set of details concerning the study's setting, research participants, their related experiences, and interactions (Bloomberg & Volpe, 2019). Purposive sampling concentrates on people with particular characteristics who will better assist with the relevant research to answer a research study's question (Etikan, Musa, & Alkassim, 2016). The individuals selected to participate in the study have experienced the same phenomenon of bereavement in isolation during COVID-19. This information will help other researchers to replicate the study with similar conditions in different settings.

Ethical Considerations

Ethical procedures and practices are a top priority of the researcher for the study. The researcher is morally obligated to conduct this research to minimize potential harm to all those participating in the study. These measures include anonymity, confidentiality, informed consent, and researchers' potential impact on the participants and the researcher (Bloomberg & Volpe, 2019). I will follow the guidelines set forth by Liberty University's IRB to ensure that the researcher adheres to the strict ethical practices of the university. The researcher will ensure the study is consistent with all American Psychological Association (APA) guidelines for the ethical conduct of research.

The researcher will take reasonable measures to honor all commitments to research participants. The first step will be to obtain approval and carry out the IRB's compliance before conducting the research. After approval from the IRB, the primary and most crucial step is ethical concerns to gain informed consent from all participants. Inform the potential participants of the general purpose of the study and assure them that their participation is voluntary, and they can decline participation at any time (Creswell & Poth, 2018). Before the interview, the researcher and participant will review the consent form again to ensure that participants are still willing to participate in the study. The researcher will also provide resources to help a participant in the event interviews cause emotional distress.

Confidentiality refers to separating or modifying any personal, identifying information provided by participants from the data. Protecting the anonymity and confidentiality of information of the participant will be accomplished by using pseudonym names. The study will not include any identifiable information of the participants, such as name, address, email, or phone numbers. Participants will have no association with the responses of demographic

information such as name, age, or date of birth. Only the researcher will have the ability to identify the participants (Bloomberg & Volpe, 2019).

The privacy and confidentiality of the participants will be a concern throughout the entire research process through the use of pseudonyms for individuals and locations during analyzing, coding, and recording (Creswell & Poth, 2018). Participants are guaranteed confidentiality and the secure storage of all their data collected, and they will be provided transparent communication during the study. The interviewees will be in a private, isolated room where no one will hear their interviews. The interviewer will ask the interviewee to participate in the same private setting if possible. All paper documents and electronic devices (thumb drive with audio, video, transcripts) will be in a locked file cabinet with no identifying data information. Data will remain secured until the proper time frame of destruction.

Summary

This chapter aims to outline the research method used to answer the research questions. This chapter covers the research method for the study. The researcher uses a transcendental phenomenological approach to learn about the lived experiences of individuals who endured bereavement in isolation during the COVID-19 pandemic without traditional funeral rituals. The chapter includes a review of the research questions in the study, justification for the method, background on the researcher as it applies to the study, and details of the potential participants. The chapter summarized data collection and analysis procedures and provided steps to ensure trustworthiness and ethical considerations. This study will give awareness of death and dying during COVID-19 to those who endured bereavement in isolation without having the opportunity to participate in traditional funeral rituals.

Chapter Four: Findings

Overview

This phenomenological inquiry explored the lived experiences of the COVID-19 pandemic on the experience of bereavement for individuals who did not have the opportunity to engage in common ceremonies, traditions, rituals, and human contact, due to mandatory restrictions. This study created a more profound understanding of the bereavement and grief experience in isolation framed by the following questions:

RQ1. What are the experiences of those that processed death without rituals or traditions during COVID-19?

RQ2. How has COVID-19 transformed and intensified the grieving process?

This chapter presents the themes that emerged from the participant's interview in this research study and the answers to the research question. The author changed the participants' names to protect their identities.

Participants

The participants in this study had lived experiences of losing at least one loved one during the pandemic and did not have the opportunity to participate in or process death without the traditional rituals or ceremonies associated with death. All the participants will complete a complicated grief survey before scheduling their interview, and the survey will indicate their level of grief from low to high.

Eleven members participate in this qualitative phenomenon study. The eight females and three males gave their demographic information at the start of the interview. The participants were asked the demographic information as a set of open-ended questions at the beginning of the

interview. This process allowed the participants to use their language to describe themselves. The table below gives the demographic information of the participants in the study.

Table 1

Participants Demographics

Name	Age	Race/Ethnicity	Occupation	Religion	Location	Grief Survey
Brenda	40	White	Instructor	Catholic	Arizona	Complicated Grief
Cheryl	39	Black	Registered Nurse	Baptist	Texas	Not Complicated Grief
David	67	Black	Attorney	Christian	Maryland	Not Complicated Grief
Erica	47	Black	Attorney	Baptist	Maryland	Not Complicated Grief
Fred	54	White	Administrative/Medic	Methodist	Arkansas	Probable Complicated Grief
Margaret	64	Black	Self-Employed/Angry Management Coordinator	Baptist	Virginia	Not Complicated Grief
Melvin	30	African American	Retired	Christian-Non-Denominational	North Carolina	Definite Complicated Grief
Robin	31	African America	Student	Christian/Baptist	North Carolina	Not Complicated Grief
Sharon	62	Black	Coordination Manager IRV	Jehovah Witness	New York	Probable Complicated Grief
Tina	40	White British	Accountant	Atheist—Loved one was Islamic	UK/South Wales	Complicated Grief
Tracie	63	African American	Senior Sponsored Program Administrator	Baptist	Virginia	Not Complicated Grief

The chart above shows the outcome of the complicated grief survey prior to the interview. Most participants showed emotions while telling the story of their loved ones. Many had not discussed this experience with anyone until this interview causing their emotions. Having to recall or experience this conversation just brought memories to the forefront. Some thought it was therapeutic and said they needed that.

Brenda

During the pandemic, Brenda experienced the death of 3 loved ones, including her brother's father-in-law, whom they consider a close family friend, who died in the line of duty (police officer) in March 2020. Her grandfather passed away due to old age (99) in May 2020, and her father died from the West Nile virus in September 2021. At the end of the interview, she also mentioned that her father's brother died in Dec 2021 from a stroke. She was notified of the death of her loved ones by other family members. Brenda was participating in online therapy to manage and process her grief. During the interview, when talking about her father, she became very emotional with tears in her discussion. She concluded that the relationship between the person grieving, and the deceased impacts the bereavement process, and not having the traditional funeral ritual has made the grieving process difficult. Brenda would like to tell other COVID-19 bereaved individuals to go and find people to talk to that understand what they are going through to help them (grief therapy).

Cheryl

The loved one that Cheryl lost during the pandemic was her grandmother. Her grandmother was hospitalized for heart failure but also had other health conditions. Family members contacted Cheryl about the death since she lives out of town. The death happened a week after coming home. If Cheryl could offer advice to the bereaved family or individual, she

would try to be an active listener, let them share their feelings, thoughts, and emotions, and ask any questions that would give the person support. Cheryl was putting on her nursing hat from her nursing experience and did not want to tell people what to do.

David

The individual that David lost during the pandemic was a cousin that was his father's age that he looked to as a father figure after his father passed (for this segment, his name will be Chris). David decided to check on Chris to find out that he had died (February 2021) from COVID, and he also had underlying conditions that came with age. Due to the COVID restrictions, the family had not reached outside the immediate family for the arrangements. David said that one day while going through his daily pandemic work-from-home routine, he decided to reach out to Chris and called his daughter because he could not reach him. His daughter reminded him that she had told him several months ago that her father had passed away a year ago. David said that being locked in, following his daily routine, and unable to attend the funeral, he just forgot. If David could inspire another bereaved family, he would tell them, remember you love them, and they loved you, and keep going.

Erica

Erica experienced several deaths during the pandemic. She lost close friends, family members, and her grandson. During her interview, the conversation was about losing her grandson, born on 31 December 2020, and passed away a few minutes after being born. Erica was notified via text from the baby's mother because she did not have permission to be at the hospital because of the pandemic restrictions. After the baby's cremation, the ashes were put in little hearts and given to loves ones. Erica did not attend the virtual family funeral because of the COVID-19 scare and her underlying conditions. Erica stated that if she could inspire another

bereaved family during the pandemic, it would be to remain faithful, keep hope in place and reach out to others to help them mourn. Reach out and be there for another person so you can mourn together.

Fred

The loved one Fred lost during the pandemic was his cousin. She died as the result of COVID-19 in December 2021. His notification came through text and a Facebook page of his cousin's death. Fred and his cousin were very close and were in the process of doing their family genealogy. Since her death, he has not been able to continue with their project. Fred did not know how to channel his grief and emotions. He describes his emotions as going from an eight-ounce can of soup to a pot of grandma's soup on the stove with all the vegetables, potatoes, and other ingredients (to 40 ounces of soup); in other words, going from something manageable to having all those emotions and do not know how to react. Fred said if he could inspire another bereaved family, he would tell them just to keep being focused on the good things and memories.

Margaret

Grieving her mother's death from natural causes (old age) in 2020 and an emotional interview about her sister's death from a bowel blockage in 2021, she said COVID-19 changed the grieving process. She and her husband was the caregiver for the mother. Her sister's death was unexpected and fast; she went into the emergency room for a procedure and never left the hospital. She believed COVID-19 was a catch-22, a blessing in that her loved ones were happy with the Lord, but she did not get the traditional closure. Margaret stated that if she could inspire another bereaved COVID-19 individual, she would tell them to look to God. He will bring you through.

Melvin

The notification from his sister on the loss of his grandmother in February 2022 during COVID-19 changed his life. Melvin stated that his grandmother reared him and was more like his mother. His notification was that his grandmother had a stroke and was in the hospital; he later found out that she passed away from kidney failure; she also had a bout of COVID and other underlying conditions. This death caused confusion between family members on how to proceed with preparations for burial. The protocols and restrictions played a part in how the gathering would occur. If Melvin could inspire another COVID-19 family or individual, he would let them know it will be a rocky road, but you can go through the process and that funerals and death will look different from what they looked like in the past.

Robin

The notification in January 2021 of the loss of her maternal aunt from her mother and sister surprised her. According to Robin, as far as she knew, her aunt was in good health but was rushed to the emergency room needing emergency surgery, and death occurred within two or three weeks after being admitted. She believes the cause of the death was a stroke or kidney failure. Due to the pandemic restrictions, her parents with underlying conditions, and Robin's immediate family (husband and children) having COVID at the time, she could not travel to support her mother and father at the funeral rituals. Robin said if she could inspire another COVID-19 bereaved family or individual, she would tell them to hold on to God (or whatever your religion) and build self-love.

Sharon

Sharon's husband complained about pain and went to the emergency room (ER). She was not allowed to go to the ER with him; someone would call when they found out his prognosis.

He was diagnosed with cancer on over 90 percent of his body and organs, and he was not going to recover. Sharon could not join her husband in the hospital because of COVID protocols and restrictions but could talk to him by iPad. She insisted and advocated for their children and her to visit him. After putting her husband on dialysis to prolong his life, the hospital had to convene a special committee to get approval for her to spend time with her dying husband. The approval came through, and the family could spend some time with their loved ones before they pulled the life-saving connections. Sharon's husband was in the process of making funeral arrangements for his niece. Sharon wanted to inspire other family members or individuals going through COVID-19 bereavement to know it is a dark period, but things will get better; take the time to grieve.

Tina

Tina stated that the loved one she lost in December 2020 was her mum through a very emotional interview. She mentioned several times that her mum was her best friend, confidant, her everything. Her mum contracted COVID-19 from work and spent her last days in the hospital. Tina could not visit her mum because of COVID protocols, and she was at high risk. Her last memory of her mother was through the WhatsApp video call; the medical profession arranged for them because of her mum's condition. She said she did not realize when she said goodbye that it would be her last goodbye; her mum passed within an hour after that call. The nurse comforted her mom before her death by telling her Tina was on her way to the hospital. Tina said everything went so fast because her mum was Islamic; she was impressed with the treatment of her mum's body and how it took three days to bury the body, which is the Islamic culture. In tears during the interview, Tina mentioned how jealous it made her that families could now have small traditional rituals and have family/friends gathering for support. If Tina

could inspire another bereaved COVID-19 individual or family, she would tell them there is no right or wrong way to feel, keep in touch with people, and not isolate yourself.

Tracie

During the COVID-19 pandemic, Tracie stated that she had about ten to twelve deaths in her family circle. She mainly concentrated on her two brothers-in-law during this interview. The spouse notified her in April 2020 of the death of her first brother-in-law from lung disease. Then she was notified by phone in Aug 2021 of the death of her second brother-in-law from stomach cancer. Tracie said several other family members contracted COVID and died from an event they all attended. She was devastated by the death of her brothers-in-law but understood because they were ill. Tracie said most of their communications about death were through social media and the funerals were virtual. She would inspire other COVID bereaved individuals or families to tell them; that this too shall pass. She said that she does not do well at the moment when things go wrong, but she thinks this moment will pass.

Results

The data collected via interview was through qualitative methods, specifically thematic analysis. The qualitative software NVIVO organizes the data and individual responses into categories, or themes, that correspond with each research question: experiences due to lack of rituals and traditions and the transformation and change of the grieving process.

Theme Development

Four dominant themes and five subthemes emerged from the data collected. The study revealed common experiences and highlighted themes and subthemes between the interviewed participants. The themes were identified by reading the transcripts numerous times and coding powerful words and statements. The themes and subthemes were developed based on at least

four to seven participants having similar quotes. Several significant themes have subthemes that stood out during the data analysis, and these subthemes became the focus of the understanding. The participants' emotions and positions on the subjects led to a very enlightened conversation.

Table 2

Themes and Subthemes

Themes			
No Service	**No Visiting/Limited Visiting or Gathering**	**Isolation /No Close Contact**	**No Closure**
Subthemes			
• Close Family Only	• Hospitals • Funerals • Virtual Funerals/Social Media		• Prolong Grief/No Proper Time to Grieve

No Service

Because of the COVID-19 restrictions and protocols, the participants discussed how upset and disappointed they were when they could not have the traditional funeral ritual or ceremony. The services were restricted or not performed at all because of the restrictions and protocols of the COVID-19 pandemic. The deceased members planned funeral services before the pandemic, and because of the protocols, the family could not honor their request. The familiar rituals or rite of passage performed at the funeral could not be performed, which made the family members feel as though their loved ones did not get the recognition expected of them at death. Brenda's frustration came when her loved one could not receive the accolades based on his duty. Brenda stated:

> Because it was at the height of COVID, they could not do anything, so there were no funeral services right away like they would typically have. Because he was a police officer, they did significant community service for them, but they could not do that. He deserved much more than what he got, so that was upsetting. She also stated that we still could not do like a whole ceremony because people could not fly in for health reasons and things like that.

There were so many restrictions during the pandemic that ceremonies had to be modified. The loved ones did not get all that was due to them that would have usually happened pre-COVID-19. The deceased did not receive what was rightfully theirs, and the families had to settle with the service given to their loved ones.

The restrictions and social distancing kept family and friends from having interactions and support from each other. There was the occasion when there were no funerals or rituals. Cheryl stated, "because of COVID, we could not even have a funeral, you could not go to the burial site, and there was no pastor, no preaching at all. No one could just stay in the mortuary." Families figure out what to do when all the family cannot attend or show support for the grieving family. Families were bewildered about how to mourn their loved ones during the pandemic. Fred concluded the frustration the restrictions of no ritual had on him by stating:

> No matter what our religions or beliefs are, this is a system in which we go through these different pieces of processes, and that is how we deal with closure. Now that has gone, and no one taught us how to deal with it.

Not having a funeral service and support changed, but there was no plan, leaving the families confused about how to carry out the proper procedures for death and dying. The pandemic left

the families frustrated and trying to figure out the proper protocol to honor their deceased loved ones with dignity and respect while trying to cope with the loss.

Margaret and Erica stated that the most supportive part of the homegoing service did not happen because of the restrictions. Family members and friends could not gather after the burial. Margaret said, "in addition to that, we were not able to do a typical repast because of COVID-19." Missing during the bereavement process was being able to gather. Erica said, "we were not able to sit down and eat and enjoy family and friends." The repast is a dinner after the burial that gives mourners a place to go and allows friends and family to talk, bond, and share their feelings and stories about the deceased.

The bureaucracy played out in some states also impacted the funeral process. Sharon stated:

> The impact was that we could not have a funeral the way we should have been able to have one, and then it was so much red tape tied up in trying to process and get the body out.

Being in the epic center of the Coronavirus, Sharon realized it was difficult for her to maneuver around all the restrictions that were in place to have a funeral. The funeral homes are at the maximum, and you had to make an appointment to have the body picked up and an appointment to schedule the funeral. Her loved one was able to get an appointment because Sharon was already working with the funeral home on her deceased husband's niece. There was no viewing of the body for family and friends prior to the very private service. The family worked closely with their religious community (Jehovah's Witness) with the proper rituals during the COVID-19 pandemic.

For Tina, her raw feelings and emotions contribute to how she felt about implementing the ability to have a ceremony versus not being able to have a ceremony during the pandemic. Tina stated:

> I have friends whose parents pass subsequently passed. I am ashamed to say; that I feel jealous that they get to do it all properly and have everyone around them maybe have a drink. I mean, I do not drink myself, but maybe have a drink, and they get to kind of like let loose with their family. Like greet each other and have that support because I did not have that. I actually feel a bit jealous.

Tina felt bad about feeling that way. She received an invite to attend a memorial service by one of her friends, and she did not want to attend the ritual because she could not have one for her mum. She expressed missing having her loved ones around to support her.

The participants were emotional by not participating in their traditional ritual or ceremony to honor their loved ones. They discussed that something was missing in their grieving process because there was no service. Not being able to share with family and friends during this difficult time did not feel complete to them. Some participants talked about maybe doing something special for their loved ones because of feeling incomplete with family and friends when this pandemic is over. They wanted to have something special with no limitation on who could attend.

Close Family Only

In some circumstances, when there was a ceremony, the family members were forced to choose who could attend it because they had to follow the COVID-19 restrictions and protocols.

An extra burden was put on the participants' families to decide who could or could not attend the ritual. Brenda states:

> However, only his children and his wife could be in the church. His brothers and sisters and his parents were in the hall across from the church, and then the extended family and friends had to watch remotely. So, because we were the in-laws, my family had to go to his best friend's house and watch everything online. It was upsetting because only his children could be in there. My cousins, aunts, uncles, and kids could not be there. Like we could not all be together. They had to be in the parking lot; it felt so unfair that they could not go into the church for the rosary to say goodbye, to view him, like they could not do that.

Families had to decide on who could attend the service. Immediate family members had to tell other extended families they could not be in close proximately to their family members during mourning because of the COVID-19 restrictions and protocols. The small service was limited to who could come to the site.

For Cheryl, her loved one passed at the beginning of COVID-19 when the restrictions were stringent where she lived. She stated:

> It can only be the immediate family; I want to say two at a time, or something like that could go in. They were standing on the opposite sides of the room and viewing the body in the mortuary. However, it can only be five people in there in the room at a time, so it was like, they have pews kind of like a church, and one person can sit on one end, and the other person has to, like, skip the next pew back on the other end. So, they had to do the social distancing.

Social distancing was six feet apart from the next individual. So keeping that distance made it hard to get many people in a private place. Different places had additional rules for their facility that everyone had to follow. The social distance made it difficult for family members to gather and mourn their loved ones together.

When Margaret's loved one passed away, they were letting small groups assemble for funeral services. She said:

> Because of the COVID, we had a private funeral; only the grandchildren and the children could come; it was only because of COVID which made her passing different. Her in-laws, and my cousins, whom she loved dearly, were not able to come. We are a very close family, so that made it very difficult, but it was made available on Facebook Live.

Margaret did not like that she had to decide who could or could not attend the ceremony. She announced that it would be a private ceremony not to hurt anyone's feelings outside of the family that wanted to attend the ceremony.

Individuals were scared to attend the ceremony because of the spread of COVID-19 and did not want to take a chance of catching the virus. Erica stated, "I would have wanted to be at the private funeral but could not because of COVID." She wanted to attend her grandson's memorial, but because of her underlying condition and the spread of the Coronavirus, she did not attend or did not watch it virtually. Tracie had multiple death of loved ones during the pandemic. She said, "only the immediate family could attend." Because Tracie comes from a big family, it was not easy because all the family and friends wanted to be there. The family and friends from out of town were not allowed to come to the private memorial. That precaution was put in place trying to keep the spread of the Coronavirus to a minimum.

The Coronavirus changed how families and friends could gather and attend traditional rituals for their loved ones. Immediate family members are in the position to decide who could attend the services based on the restrictions and protocols for their locations. Also, family members and friends did not want to attend a gathering because the virus was still spreading throughout many regions.

No Visiting/Limited Visiting or Gathering

During the interviews, participants discussed their disappointment in not being able to visit and gather with their loved ones during bereavement, which they consider to be a difficult time because of the pandemic. State and local officials were concerned about the spread of the Coronavirus and began to execute restrictions on hospital visitations and limited the number of individuals who could gather at funerals. Because of large numbers of death, bereavement and grief is the time when everyone needs and wants to be surrounded by their loved ones.

Hospitals. No visitation restrictions were put into operation in the hospital to protect the staff and patients and stop the infectious virus from spreading. Cheryl stated, "but like that week of COVID, they stopped letting visitors come in." On the other hand, family members were not allowed to visit their sick family members in the hospital, even if they were not there for COVID-19.

Many families wanted to be with their sick loved ones. Erica stated, "because of COVID, I could not be at the hospital with my mother at the time." Families were missing out on being with their loved ones when they wanted to be near them, see them and check on their care.

The nonexistence of hospital visitation was not the norm for family members wanting to be with their sick loved ones to comfort them. Just wanting to be near their loved ones during

the hospital stay was difficult. Melvin stated, "I could not make it to the hospital because of all the restrictions." He wanted to be at the hospital with his grandmother, but because of the restrictions of the health care facility, no visitors were allowed to spend time in the facility.

Of all the participants in the study, Sharon had an awful experience regarding hospital visitation and the hospital lockdown. Her husband suddenly became ill, and she had to take him to the emergency room during the restrictions. In Sharon's interview, she stated:

> I could not go with him. I had to go back home; I dropped him off there practically just, driving him to the emergency room door and someone came out was a doctor, and he said, well, I am sorry that you cannot come in. We will call you back as soon as we find out what is going on with him after they triage him. So, I went home, and it was a waiting period. I cannot even be with him, sit in the room, talk to him, let him see his kids for the last time, nothing of that sort. The hospital did a rush approval, and they allowed my son and me to come to see him and stay with him for whatever time.

The participant found it difficult to maneuver through all the restrictions and protocols. Trying to visit dying loved ones or just check on their care was problematic and fearful for the families. Many families' only visitation was through virtual telecommunications. Tina was only able to communicate with her loved one through social media. She said, "I am high risk, so I could not go and be with her, which was devastating." Tina's last visit with her loved one was through virtual media. COVID-19 mandates presented challenges for visitation and knowing the status of a loved one's health care while in the hospital. The restrictions at the hospital gave the participants more cause to worry about their loved one's health care. Communication on both sides was necessary to keep all informed about health care during the pandemic.

Gone are the times when spending time with and maybe holding a dying loved one's hands. COVID-19 restrictions changed how one could spend time with sick loved ones even if the doctors had given them no chance of survival. The health care professional's priority after daily health care during the COVID-19 pandemic was to keep the transmission of the virus down for the patients and hospital staff. The health care providers overwhelmed with caring for the sick and dying also needed to keep the lines of communication open and make the family feel as though their loved one in their care and their facility was getting the best care possible.

Funerals. COVID-19 restrictions mandated how the ceremony would take place and who could attend. There were restrictions on how many people could participate in an indoor or graveside ceremony. During the interviews, the participants expressed their animosity toward not being able to gather with family and friends and how it interfered with the mourning of their loved ones. Margaret expressed:

> It was difficult that we could not share our grief and bereavement with family. It was almost 90%, no existence as far as interaction with others; in the African American community, we wrap our arms around the bereaving family when we lose a loved one. Visitors come, people bring food, and people send cards, but because of COVID, people could not go to the store. People did not feel comfortable coming, nor did we feel comfortable with people coming, so COVID greatly impacted things. We still had to distance ourselves, and we could not socialize after the homegoing.

Margaret was used to having family and friends around her during the traditional funeral service, but things were different due to the pandemic's restrictions, isolation, and protocols. She felt that her mourning and bereavement were impacted due to limited gatherings of individuals to encircle her.

There was a limitation on how many people could be in attendance at a ritual. In Sharon's experience, she said, "they would allow maybe the most five people that they were allowed to come into the Funeral Home at a time." Sharon had to decide on whom were allowed to participate in the funeral ceremony and decided it would only be their immediate family to attend the small intimate ceremony. Most of the family and no friends could participate in the homegoing celebration. Then there was Tina; she felt alone because of the limited family visitation at the ritual. Tina stated, "there was we could have 15 people, I think". Her mother had converted to Islam, and the prominent Islamic leaders and the body preparers from the mosque were a part of her number of attendees.

The pandemic not only impacted Erica's family members from attending her grandson's ceremony but also hindered her mother from attending the service of her mother's longtime pastor. Erica stated, “my mom at her church could not attend the service of the church's pastor, whom I have known since birth.” COVID-19 restrictions and protocols changed how individuals could mourn their loved ones and friends.

Limiting who could attend funerals and rituals placed an unnecessary burden on the deceased's family. They had to choose who could attend the service based on their local government constraints. Restrictions were different for different localities, and different venues also had limitations. Participants discussed that not having their usual support affected how they handled their grieving during the pandemic.

Virtual Funerals/Social Media. The COVID-19 virus introduced another means of having funerals and communicating with others. With the assistance of modern technology, funerals were streamed live for viewing by family and friends. Virtual funerals allowed more

people to participate in the funeral and kept individuals safe from transmitting the virus. Tracie stated:

> We could only have 10 to 15 family members in the church setting, which we had at the Funeral Home. We hired someone to videotape the service and stream that live on Facebook Live for the members of the family that could not attend.

Limitations on attendance for the funeral services during the pandemic forced many families to result in virtual presentations for the service of their loved ones. The surviving members wanted other family members and friends to gather with them to show support and comfort.

Not everyone enjoyed the virtual funerals; they wanted to be there in person in attendance, mourning along with their family and friends. Erica said:

> Just not being able to gather. No large crowds, and I have seen any service has been like online streaming, and we could not be present there for that. They had streaming, and I do not think I watched it, but it was a streaming service.

She did not like mourning in isolation, and she wanted people around her at this time. She wanted to be in her comfort zone with her friends and family there for support. Missing was the village you counted on to help you get through any and everything.

Fred believed that having to bereave in isolation may cause the survivors some mental anguish. Fred stated:

> There is no visiting their loved ones. And so, for my cousin's husband and her children, the rest of us, but particularly them with those restrictions on visiting loved ones, you

> know, gracious! It just seemed to impact everyone, or mostly, we are so accustomed to being able at least see them. I think there is this mental and emotional connection.

He believes that personal contact is essential to the grieving process. Fred, like other participants, expressed that people need people with them during the mourning process, especially family members and close friends.

Two other participants did not have a chance to participate in the service for other reasons. Robin did want to take the chance of transmitting the virus to others. Robin stated, "I could not go to Virginia, and I live in North Carolina, and I could not travel to Virginia as soon as I found out to comfort my mom." She wanted to protect her parents and older family members because of the age group that may be attending the rituals of having underlying conditions which make them more susceptible to the spread of the virus. As for David, his communication of the death got caught up in COVID-19 protocols, restrictions, and cautiousness of the family members. David stated:

> Because of COVID, the family had not notified many people. If the family had called, I would have gone to the service, and that would have been first; express my condolences, and I could have gone down there because we still need that connection.

He felt as though he was not knowledgeable of death until, after the rituals, he could not have closure for the death. Not witnessing the funeral in person makes it hard to believe and get closure about this death.

Social media became the way to communicate during this pandemic. Many were notified about the deaths and illness and attended funerals through social media. Social media seem to be the way to communicate during this time. Tracie stated:

> With COVID-19 being ramped at this time, we had to stay within the COVID protocols; therefore, a lot of our communication was via text, email, and the live stream on Facebook. We have a couple of zoom meetings just so everybody and the family can check on each other. We interacted a lot with zoom and emails and texts and social media,

She wanted to have more personal contact with her family members, but because of COVID-19 restrictions and protocols, the family members and close friends could not gather. Social media was ok but not having physical contact with family members changed the personal connection that usually happens with family gatherings.

Through the interviews, many participants conveyed that having limited visitation with their dying loved ones and limited gathering from their support during death and services made bereavement in isolation very difficult. Participants felt that virtual funerals were impersonal and took away from honoring the deceased. Some communicated that not being able to view or be near their deceased loved ones made it unreal. One of the participants indicated that this had caused many hurting people because one cannot say goodbye like one used to do. The inability to engage in traditional support during the grieving process can make it difficult to cope; the nature of the virus itself can also complicate people's emotions (Cherry, 2020; Wallace, Wladkowski, Gibson, & et al., 2020).

Isolation/No Close Contact

The COVID pandemic has changed how we grieve for our loved ones. Bereavement and grief are complicated, but now we have to deal with the restrictions and protocols put in place to

keep us safe, but it appears as though it is hurting us. Participations expressed their feeling of not liking the isolation that regulated their loved ones and them during the pandemic.

David wanted to be in the presence of his bereaved family members. David states, "it was hard not being able to be physically present with the other people while they were mourning, and I know they are still mourning." He is still wondering if his family members are ok because he could not be there. Having loved ones isolated from other family members during the pandemic made care difficult. Brenda stated:

> Nobody could visit him because he was isolated in a senior living center. I think that escalated his decline because he did not have the usual social interaction he usually would. So, I think that kind of sped up his process of dying. It does not help to have them nearby to talk through things, so we have to talk on the phone, by text, FaceTime, or whatever, but it is not the same. When someone dies, you need your community around to support you, and with all the restrictions that come with it, you cannot get that. For people that do not have that, I feel like it will cause a lot of mental health issues with those individuals that could increase addiction, it could increase abusive relationships, and it just will cause people not to be able to process things the way that they are supposed to you, and it is just very inconvenient.

She felt that her loved one was more isolated by being in a senior living facility, which worsened his circumstances. Brenda looked at it as if he could not go into another room to spend some time talking to a loved one. Social media was the only way to communicate with the family. Brenda commented that support is good during bereavement.

Being isolated and not having personal contact with others was a concern for participants. Being on lockdown and having only social media to depend on for communication did not sit well with David. He stated:

> It was just being locked in the house because where can I go or do during the height of the pandemic has left me isolated pretty much. It is nice to have the technology it allows us right now to talk face to face; however, it is not the same as being in the same room.

He was fine with using social media to communicate with others, but he missed having social contact with people. His ride on the metro daily to work gave him plenty of opportunities to communicate with others, but he feels now like he was isolated.

Erica found it very difficult being in isolation, and she liked socializing with her group of friends. She stated:

> The numbers for COVID-19 being high prevented me from even having a small group of people to interact with, not physically meeting with the loved ones we were unable to gather. I think it was just learning how to deal with grief alone, really not being able to have that village of people there for support.

She felt she needed support from her friends and family to be around her during the grieving process. She would settle with a small group of supporters around her; she just wanted to be surrounded by people.

Isolation during pandemic bereavement has not been easy for many individuals. Fred missed having the support that he has always had during difficult times. He stated,

> Grieving had become individualized; you had to grieve on your own. Although you know the family would support each other before, the support mechanism changed; it is more virtual. I do not think any of us have managed; I have not, and I have not managed it.

Fred deems he has been unable to manage his grief for his loved one through the pandemic. Not being able to share his grief with his family in person has impeded his bereavement process, and this isolation has him doubting how he is managing his emotions.

Participants are from prominent close families and have always counted on the family to be there for them. Margaret and Melvin missed having the family support around them during their mourning. Margaret stated, "loss of family and friends to surround me impacted the emptiness and loss caused by the pandemic." When having support during difficult times, it is difficult to adjust to the pandemic's change. Melvin stated:

> Alone. It felt like nobody was there; we were alone. We try to be around people as much, but with the mask, you cannot be comfortable around somebody from outside sources because everybody was still scared of the pandemic.

The restrictions of the pandemic made individuals feel alone. They could not visit family and constituents, and family members and friends could not come to see them. They just had to face any grieving alone.

During this time, individuals just wanted someone to hold them in some way. The personal touch was missing during COVID-19 and made Tina feel isolated. She stated:

> Nobody hugged, nobody touched each other. It was all socially distance, and because I was there on my own, nobody touched me, and nobody came anywhere near me because I am high risk. It was very, very strange, and it was really strange.

It was a lonely time during the pandemic, and the feeling of isolation was vital for some participants. Robin and Tracie wanted to be with family, but isolation kept them away. Robin said, "not being able to be around people because I live so far away from all of my family." She did not want to travel because the number of people with the virus was high in the place she was leaving and where she was going. The family loved to get together to plan the family events but could not get together, not even to plan or participate in memorial services. Tracie mentioned, "the pandemic impact was not being able to see the vast family that would have supported them at this time." Not being with family and close friends made members feel something was missing when the time support was needed.

The participants felt the pandemic protocol of isolation harmed their loved ones and themselves. They could not have close contact or connection with their family and friends during this time of bereavement and grief.

No Closure

The closure could be the final stage of grief. It is the process of acceptance after the death of a loved one, and it does not mean that the person has completely forgotten about their loved one, but it does mean that one has returned to a new usual way of life (Sullivan, 2022). Several participants expressed that COVID-19 have impacted them in having closure. Most felt that they did not get closure because they could not have that traditional funeral, ritual, or burial. Fred stated:

> There were so many emotions for me because that closure was gone. I still do not have closure to this day; I really do not think any of us do. I think it is different; what comes out on the other side is that we will have more scars.

Not having closure became a concern for participants. They felt as though something was missing in their grieving process. Brenda states, "You cannot have the closure you need to move on. It is kind of just dragging it out; it feels like there is no way to really process it fully until everything is done and over with." She said it was hard to move on without closure. Cheryl states:

> You did not get to have, like, the funeral and be able to adjust the emotions and then get the uplifting from the pastor like you usually would; I think it is just really a lack of closure.

She missed the whole meaning of the funeral ceremony when she could appreciate the memory of the person's life and move on with mourning their death.

Without the traditional service, the memorial event seemed rushed and incomplete. Margaret stated, "But there was no closure and that I could not grieve with family per se; there is also sadness because I do not think the children, my kids, felt they did not get a proper closure. She believes the time used to reflect on the deceased life is missing from the private ceremony. David's closure with his loved one was a little different because he received late notification of the death, and COVID caused him to carry on with his work-from-home practices and procedures. David said:

> I called his daughter again. I asked did her dad change his number again; she said, I told you a year ago that daddy died." I was just like! Being locked in, I am working from

> home on one of the laptops all day. I do not talk to anybody but read documents and stuff all day. I am stuck in my basement 10-12 hours a day, sometimes seven days a week. I get out a little bit, but you do not socialize because of COVID. I just had not accepted he had died. I still do not have closure.

David's inability to attend the burial of this family friend made it difficult for him to process the death and get the finalization of the life lost. It was challenging to get over the death or put it in its proper perspective when there was no funeral attendance or see the burial site.

Brenda also thinks the prolonged ritual takes away from the closure as well. Brenda states:

With my brother, his father-in-law, that lasted over a year before we could have the final closure, and with my dad, I am still in it; I have not buried him yet. It does not help to be able to have family close by because all of my relatives live out of state. They did not get to his brothers and sisters yet, and it just does not feel finished.

Having a delay in funerals leads to a delay in bereavement. The family has to carry this prolonged grief around for a substantial time, which may cause intense longings for their deceased loved ones. Sometimes after the burial, individuals can start putting their grief in perspective to move on with life.

The participants feel that since everything is impersonal, rushed, or prolonged; it does not feel like closure. They said the traditional funerals and rituals gave them closure, and closure is what is missing in this pandemic bereavement.

Prolong Grieving/No Proper Time to Grieve

Participants have difficulties processing their grief because they feel the protocols and restrictions of COVID-19 derived them from the proper bereavement and grief process. It is hard to process this death during the pandemic. Brenda said, "you cannot move past it because you do not have that final closure. So, I think it just prolongs it." Since the ritual seemed rushed, she did not get the proper time to grieve. As for Melvin, he also felt he did not get the proper time to grieve with the rush of everything. Melvin said:

> Like I did not have the proper closure. I do not think I have had time to really process everything because I could not make it to the hospital because of all the restrictions and stuff like that; it felt like it was just rushed.

I was notified of the death, and everything was over. It all just happened too fast. I missed not being around all my family members and close friends.

Fred also believes he has not had the proper time to grieve. Fred's statement was:

> The closure is extended. We continue to focus our thoughts and some of our energy on those people, even though they have passed on. They have been buried, et cetera; those emotions continue whatever their religious ritual is for that person or family.

Because Fred did not get an opportunity to attend the private rituals, he still can not reach closure to his loved one who died. He believes closure comes with attending the ritual and celebrating their life.

Margaret and David also feel as though they are prolonging their grieving process. Margaret did not feel closure when it came to her loved one's death. Margaret stated, "the closure just is not there. I felt myself waking up the other morning just out of the blue, just crying, and I said I do not cry a lot, and I do not grieve a lot". David did not want to come to

grips with his grief. David said, "I really did not have time to grieve because if I stop to grieve, I am just giving up." He did not want to feel as though he had given up on his loved one because he did not get the proper time to grieve.

During the interview, Cheryl was very emotional and had a lot to say about the grieving process of her grandmother during the Coronavirus. Cheryl emotionally stated:

> The time was minimal as well. So, it is tough to kind of grieve like usual. I like to go and have a funeral and do all my crying and have all my tears, so by the time we get to the burial; I can just kind of feel a little bit relieved like, all right, I got everything out, you just do not have that now. I do not like talking about it. I feel like I am going to cry; you just do not get that now. I do not feel like I got to grieve appropriately. I saw the body, and I have pictures of the body in the casket and things like that. For closure for me with funerals is listening to the pastor preach at the funeral or give their like message and then at the end, how it is always uplifting. That helps me with closure, and because you did not have that.

On Cheryl's grandmother's first birthday after her death, she had to leave a work meeting because that memory of her loved one surfaced. She said, "I had to explain to them, almost like I am so sorry my grandma died in the pandemic and today is her birthday. I never really got a chance to grieve, and I just need a minute". She had difficulty dealing with her grandmother's death because she wanted that traditional funeral and could not have that ceremony. She did not experience any fulfillment from preaching about her grandmother's life.

Grief and bereavement do not have a timeline. From the interviews with the participants, some are still grieving their loved ones because they did not get a chance to grieve them properly. The participants feel that their time for remembrance has been taken away because of

the COVID-19 pandemic. The participants' sentiments were that everything seemed rushed and unfulfilled under the COVID-19 pandemic. During the interviews, some participants discussed wanting a do-over to honor their loved ones more respectably.

Research Question Responses

Research Question 1

The first research question asked about the experiences of those who processed death without rituals or traditions during COVID-19. There were many experiences due to lack of funerals, homegoing's, rituals, and other traditions, but the most common topics were fewer gatherings, limited access, and a general lack of services.

Due to COVID-19 protocols, if there were funerals and rituals held, large gatherings were not permitted like in the past. Family members were allowed to attend, but only in small amounts, such as ten to fifteen people. Alternatively, if there were no number restrictions for the whole event, there were some restrictions for viewing the body. One participant described how she has three children, but only two could enter the facilities, so she was forced to choose which kids could see their great-grandmother. Furthermore, this reduction in gatherings impacted individuals during the funerals and rituals and before the deaths occurred. If loved ones were hospitalized or in the process of passing over, visitation was limited or not allowed due to COVID-19 protocols. One participant discussed how she could not be with her mother as she passed due to her being at high risk, which was devastating. Another participant could not be with her husband at his critical time when he was told he may not make it from cancer but was able to get a rush approval for her and her children to see him before his death. Due to this decline in gatherings, families could not be together and grieve with loved ones.

Similar to the theme of fewer gatherings, some participants experienced only close family members being allowed to attend funerals and other traditions. Family members who may have been close to the deceased could not attend the services, and it also made the family members decide who could attend the service. One participant described how he was close to his uncle but did not receive notification due to the immediate family selecting whom to attend the service. He also shared how he would not have been able to travel if he wanted due to not wanting to use public transportation. Therefore, extended family members are possibly not able to attend services. However, that may occur due to fear of spreading the virus from using public transportation and traveling or because the invitation just not extended to them due to the restrictions.

Another common experience was the general lack of services. Due to COVID-19, some individuals were not allowed to have funerals or services for their loved ones who passed. Some participants could not experience the number of benefits rituals and traditions provide, such as shared time with loved ones, uplifting from pastors and comforting words, or closure that the services provided. One participant stated that her loved one passed away in the line of duty, but he could not get the recognition "he deserved" with the lack of first responders' rituals. This absence of rituals meant that some funeral postponements seemed to prolong the grieving for some individuals. Traditions associated with funeral services were different. For example, there is often a repast in the African American community and other religions where family and friends gather and eat and share memories of the deceased (Fletcher, 2021). With the lack of funeral services, this time of fellowship and remembrance was not present, further denying closure to those who were grieving. One participant reluctantly stated that she felt jealous of

someone who could have a memorial service because she could not feel that same relief and closure the service would have provided for her family and her in the passing of their loved one.

Research Question 2

The second research question focused on how the grieving process was transformed and intensified by COVID-19. While grieving is already an exhausting and life-changing process, the effects of COVID-19 exasperated the normal process due to experiences that individuals could not have. Participants experienced a wide range of grieving moments due to COVID, but the most common instances discussed were the lack of closure, changes to the grief timeline, and isolation and disconnect from family members.

Every participant discussed how COVID-19 caused them not to have the closure they needed while grieving for their loved ones. Whether due to the absence of a service or the lack of social contact, every individual felt they did not get the closure they needed to help with the grieving process. The grieving was "dragged on" or felt like it was not "finished." One participant discussed how she felt other family members also did not feel that closure either.

Due to this denial of closure, some participants explained that they felt their grief and grieving were prolonged, or they did not have time to grieve. The postponement of services meant that individuals would have to go through the grieving process again, possibly a year later. One participant described how she felt as if she could not grieve due to the lack of a memorial, where she would have been able to grieve as usual. Another participant stated that he felt like he could not grieve because that would feel like "giving up."

The isolation and disconnection from family and loved ones were also extensively discussed with participants. COVID-19 protocols meant that family could not gather and come together in comfort, while also meaning that those outside the area could not be with family

either. One participant discussed how he did not even know that his loved one had passed away until months later when he called and could not reach them. He stated that he would have visited with the family but was scared to travel and did not want to cause anyone to get sick if he had spread COVID-19. Another participant said he simply felt "alone like nobody was really there." In another experience of isolation, one participant described how she felt ok with grieving for her aunt, but it crushed her not to be able to be with her mother to comfort her.

Summary

This chapter explored the finding from the lived experiences of individuals encountering bereavement in isolation without having an opportunity to engage in traditional funerals or rituals during the COVID-19 pandemic. The participants during the interviews were very compassionate about the impact COVID-19 had on bereavement and grieving. The data analysis revealed that the participants were concerned with having funeral services or rituals during the pandemic or having a service that was limited to the people who could attend. The concerns were visitation/gatherings at the hospitals and funerals, isolation/no contact during the pandemic, and having no closure or a proper time to grieve. While deaths have naturally increased due to COVID, the more emotionally detrimental impacts seem to be due to the lack of socialization and the comfort needed during the grieving process. As one participant discussed, we are human beings, and we need to be around others to help us heal during times of death.

COVID-19 has changed how individuals feel they can honor the life of their loved ones during death and how family and friends can bond in a time of need. Most importantly, the participants felt that connecting with other individuals in person during bereavement was essential. They wanted to feel as though they were there for that family or individual during their need, and they wanted people to be there for them. We must understand how multiple

factors relate to grieving and bereavement so that we can help individuals go through the process in the healthiest way possible. "How people die remains in the memory of those who live on." Ultimately, the humanistic aspect of care to provide grief and bereavement support should stand tall, even in the tsunami of a pandemic (Wang, Teo, Yee, et al., 2020, p.2).

Chapter Five: Conclusion

Overview

The findings of this study expand awareness of the unprecedented phenomenon where traditional funerals and rituals were absent from the bereavement process during COVID-19. This chapter provides a summary of the findings that support both research questions. Evidence from the study supports the empirical understanding of bereavement and the novice perceptions that emerged from a deeper awareness of the consequences of the pandemic. Implications of the study, as well as delimitations, limitations, and recommendations for future research, are presented.

Summary of Findings

The narrative data from the interviews establish rich evidence that answers the two research questions that steered the study. The first research question inquired about the experiences of those that processed death without rituals or traditions during COVID-19. Because of the strict protocols and restrictions mandated by CDC, federal, state, and local authorities, the opportunity to engage in traditional funerals or burial rituals was absent. Participants in the study expressed the distress of not having services to honor the life of their deceased loved one. When families were allowed to attend, it was only a select few with strict social distancing protocol. Participants in the study, who are immediate family members of a person that died during the pandemic, vividly spoke of the unpleasant task of selecting a few individuals to attend the memorial of their deceased loved one while others participated in the service via social media. During this unprecedented phenomenon where virtual funerals became the norm. No time in the immediate past warranted absence during funeral and burial rituals. It creates a new, uncomfortable, and unwelcome experience for everyone.

The second research question sought to illuminate how COVID-19 transformed and intensified the grieving process? The absence of physically being at the funeral ritual caused a delay in moving through the bereavement process for the families and friends of the deceased loved ones. Evidence of an intensified grieving process was illustrated descriptively in the participant's stories. No visitation in health care facilities was permitted, negating the initial grief process typical for family members to experience as a loved one is close to death. Family members missed the opportunity to be present during the last minute of life for physical touch and closure that helps individuals acknowledge the reality of death and begin to accept the pain of the loss. Being with a dying loved one creates opportunities for individuals to be in the decision-making process through dying. The strict isolation requirements not only created an epidemic of loneliness for those who were dying but also creates a crisis of grief for those family and friends who did not have common rituals and traditions around death. This intensifies the bereavement process and complicates grief symptoms. The grieving process was not complete and dragged on due to the lack of an appropriate ceremony. The descriptive narratives cultivated in this study illuminate the essential nature of human presence and involvement in traditional rituals and death processes as a means of healthy and successful bereavement process.

Discussion

Investigating the experience of bereavement during the COVID-19 pandemic exposes novice complexities and confirms attributes that were predicted and illustrated in research that coincided with the pandemic. The phenomenon of grieving in isolation provides insight that has not been understood before. This phenomenon changes how we understand the role of family and the importance of human presence and involvement in the death process. A second contribution of the study is a deeper awareness of the psychological impact of the COVID-19

restrictions related to the family experience through the death and dying process. Numerous studies illustrate how death impacts families, but a new and deeper consideration of the associated concerns central to death during the pandemic enlightens professional considerations.

Confirmation that COVID-19 precedents modify bereavement

Bereavement is a normal reaction to loss but experiencing loss during the COVID-19 pandemic created new considerations regarding how healthy bereavement necessitates presence and involvement in the death and dying process. The inability to engage in traditional support during the grieving process makes it challenging to process loss (Cherry, 2020; Wallace, Wladkowski, Gibson, & et al., 2020). The COVID-19's restrictions, mandates, protocols, and social distance produced a unique complication in that there was seclusion, not only for the individual who was dying but for family members as well.

Many participants encountered different challenges in figuring out how to honor their deceased family member. Historically the traditions and rituals around funeral proceedings provided the opportunity for human support and emotional closure (Wolf, 2016). The stories from the participants confirm that the bereavement process requires adaption as it felt convoluted due to the limited in-person support they could receive during their bereavement process. Empirical studies point to increased stress and emotional disturbance with very little to no in-person support from their family and friends was expected to create (Denckla, Koenen, & Shear, 2020; Spendelow, 2020). The bereavement process for the participants is portrayed as a lonely process for which there was no control, no ability for support, and no opportunities for emotional closure through traditional funeral practices. Making burial decisions for their loved ones and being isolated in the experience modifies the bereavement process in ways not fully understood.

The anguish of being forced to leave sick loved ones alone in a healthcare facility was a new part of the death and dying phenomenon. Encountering a situation where a loved one is sick with COVID or another medical diagnosis and being required to drop them off at a hospital or medical facility, is unique to the COVID-19 experience. Participant Sharon shared a vivid illustration of this universal experience for almost all study participants

. She stated:

> There were moments of sadness and guilt when speaking of the roller coaster ride. There were moments of anger. Because I could not avoid what was happening, there were points of anger, going through the grieving process, like I said, many prayers, and much talking with other people. Calling the hospital created anxiety because I did not know what was going on with him. So that was my concern that I could not be there. At that point, it was more anxiety and sadness because I was saying, ok, if he passes away and I am not even going to get to say goodbye, it is going to make me feel even worse. Yeah, I tried to be strong, but it was just a lot of anxiety. I did have the roller coaster of anger, sadness, and going through all those roller-coaster emotions. He was not capable of doing it financially, mentally, or emotionally. He was just not there.

The participants' stories foster a comprehensive understanding of how public health crises and the restrictions regarding personal contact impact grief and the extended bereavement process. Ambiguous grief is understood through the narratives captured in this study. Individuals had limited opportunities for closure due to a lack of involvement, presence, or social support during their mourning. The details of the dying process and the experiences of being with a loved one as they pass away were inhibited, leaving participants in an emotional and

cognitive daze (Lobb, Kristjanson, Aoun, et al., 2010; Wallace, Wladkowski, Gibson, et al., 2020; Zhai, & Du, 2020).

The experiences during the pandemic also exacerbated anticipatory grief. Anticipatory grief is understood through the realization and preparation for an expected loss (Cherry, 2020; Wallace, Wladkowski, Gibson, & et al., 2020). The participants experienced an array of emotions as they knew something terrible was happening to their loved ones. With the uncertainty of how COVID might cause the health of their loved ones to decline, there was great angst as they waited in isolation to learn of the prognosis and future of their loved ones. The novelty is that individuals had to stay in an anticipatory mode without being present with their dying loved ones. This intensified their emotions and the apprehension of what was to come and held participants captive during the waiting period.

Nothing about the death and the dying process felt normal to participants who experienced loss during the COVID-19 pandemic. Whether the loss was due to COVID or other health complications, how the grief experience transcends previous understanding about how grief can be complicated and prolonged, complicated grief can create chronic impairment lasting months or years following the loss. A person's grief can prevent them from functioning as they are emotionally or cognitively stuck in indefinitely grieving (Althoff, 2020; Gesi, Carmassi, Cerveri, et al., 2020). Participants' narratives illustrated continued and present symptoms of grief. The interviews for this study took place in late 2021 and early 2022. Participants continue to experience the impact of losing their loved one, even a year or more after the death. Stories of continued loneliness and preoccupation with the events surrounding the death were common. Participants continue to ruminate on the nature of the experience, feeling disbelief, mistrust, shock, and a sense of detachment from others due to the lack of family and support presence

during the death experience (Lobb, Kristjanson, Aoun, et al., 2010). The impact on the bereavement process will continue to be realized as time allows individuals to seek mental health support for symptoms that may still linger for years following the climax of the pandemic crisis.

Experiencing an enormous amount of bereavement and not knowing how to redirect the emotions complicated bereavement and grief in an enormous capacity. There are no previous known coping models to deal with the type of grief experienced during the COVID-19 pandemic. This study reveals how vital family support and presence are to the bereavement process. It also points to how lack of control through the bereavement process leads to complications with bereavement. As COVID-19 continues to impact individuals and communities, a growing sense of awareness will emerge related to the impact of isolation and how controlled social restrictions complicate the bereavement process for the family, friends, and those who are dying. This study brings to mind the adages, “people make the world go round” and “one person caring about another represents life's greatest value.” People need people.

Further, Understand about the Psychological Impact of the COVID-19 Pandemic

COVID-19 pandemic has had a psychological impact on many, causing them to suffer emotionally and mentally. Trying to maneuver life through all the restrictions and protocols of the pandemic and dealing with the changes in daily lives, jobs, financial hardship, and grief over the death of a loved one can affect the mental health and well-being of individuals. Researchers have stated that the COVID-19 pandemic can cause psychological concerns such as symptoms of anxiety disorder or depressive disorder, trauma-related symptoms, new or increased substance use, or thoughts of suicide (Ainamani, Gumisiriza. & Rukundo, 2020; Marker, 2020; Pies, 2020; Stankovska, Memedi, & Dimitrovski, 2020). Pies (2020) has also stated that since late June 2020, there has been an increase in anxiety symptoms, trauma /stressed-related disorders, and an

increase in suicide and substance abuse from COVID-19. The participants in this study identified with the psychological impact of COVID-19 on them, family, friends, and neighbors.

The COVID-19 pandemic, similar to other epidemic outbreaks, shares expected mental health outcomes and concerns. Previous research supports the notion that there is a significant emergence of mood and anxiety disorders, in addition to increased stress on families and relationships (Amsalem, Dixon, & Neria, 2021; Talevi, Socci, Carai, et al., 2020, Bertuccio & Runion, 2020; Li & Wang, 2020; Pies, 2020; Vahdani, Javadi, Sabzi Khoshnami, et al., 2020). For most participants, their grief experience led them to seek professional counseling to address the roller coaster of emotions associated with bereavement. Although seeking counseling does not constitute mental illness, seeking professional counseling demonstrated that the individual was having difficulties processing their grief. Participants shared that the most challenging part was the lack of closure due to not having any traditional funeral or burial routines. Participants even commented on how previously their grief would subside after the funeral or the burial of their loved one but not this time. Bereavement and grief during the pandemic caused many emotions for the participants, and many did not know how to navigate the process without closure rituals.

Managing grief and bereavement can cause stress and challenges for an individual's mental being and health during the COVID-19 pandemic. According to previous research about managing mental health and stress during the pandemic Mohanty (2020) commented that the mind will begin to question day-to-day affairs and situations, and people will be confused about what is real and start to question events and people. Participants in the study started to question why one family could have a small ceremony with family members inside a facility and they could only have a graveside service with limited access to family members in attendance. The

participant believed that to be unfair. Then there were the participants that could only have a small contingency of immediate family and have that virtual service. Because individuals were not getting the support during bereavement that they were used to having, they wanted to play the blame game. The participants were looking for support in any way they could get it. Some participants were looking for ways to cope with what they perceived as a traumatic experience, while others thought the best way to cope with their stress was to blame and find fault in someone else. The blaming game went as far as to say that if their loved one had not caught COVID from this person or event, they would still be alive. It was that person's fault, or the organizers did not take the proper precautions before having this event. Participants also said that the hospital staff did not give their loved ones the appropriate care, and if they did, they would still be alive. In research from Barbisch et al. (2015), it is apparent that the psychological reactions to the COVID-19 pandemic may vary from panic behavior (blaming) or collective hysteria to pervasive feelings of hopelessness and desperation, which could be associated with adverse outcomes for the mental health of individuals. The participants' emotions were all over the place; they were looking for a solution for their feelings. COVID-19 was stirring up uncontrollable emotions.

The literature review in this study did not focus on resilience as it pertains to mental health. However, one of the questions in the one-on-one semi-structured interview asks the participants to describe the elements of resilience during the grieving process. According to ro (2022), resilience can be constructive in protecting various mental health conditions, such as depression and anxiety. Always getting help when there is a need will help promote resilience and recovery. The participants were very candid about how they used resilience to help with the bereavement process and control any sense of mental health. Some participants mentioned that

resilience helped them from going into some dark places. The participants felt as though they were going down the winding road of depression and experiencing anxiety because of all the COVID-19 protocols and mandates and the fact they were unable to gather with their loved ones during the bereavement period or participate in the funeral service. The solution to that misery was to find their "happy place" and adjust their emotions before falling into that trap. Their resilience was achieved by not letting the pandemic's suffering and setbacks consume them; the individuals are trying to demonstrate normal responses to abnormal situations (Bertuccio & Runion, 2020; Wash, 2020). Most participants discussed how isolation and the inability to participate in the traditional funeral and rituals made their processing of bereavement abnormal. Instead of giving into deviant behavior and thoughts, the concentration was on integrating themselves into daily activities such as working from home, participating in physical activities, relying on their faith, taking care of their families, and being present to cope with any new developments that this pandemic may bring. Participants talk about leaning on their resilience is what helped them during this traumatic time. Practicing resilience with mental health could be the solution to solving those anxiety emotions associated with grief and bereavement. Concentrating on resilience during the COVID-19 pandemic could decrease mental health statics down.

Implications

As of May 2022, over one million individuals in the United States died due to COVID-19 related complications (COVID Data Tracker Weekly Review, 2022). For every death, there is up to five people left behind to grief (Gesi, Carmassi, Cerveri, et al., 2020; Kokou-Kpolou, Fernández-Alcántara, & Cénat, 2020; Verdery & Smith-Greenway, 2020). That means at least 5 million people are grieving as a result of COVID-19 related deaths. Because of the exclusive

and unprecedented nature of the pandemic, there are viable opportunities for the insight cultivated from this study to inform human services professionals, pastoral care workers, and those Grief counselors, clergy, and mental health professionals of the clients that may cross their doorstep seeking assistance as the result of bereavement in isolation during the COVID-19 pandemic.

Grief Counselors

In the study, participants sought grief counselor visits to understand the dynamics of losing a loved one during the pandemic. Another participant had scheduled an appointment with a grief counselor in the coming weeks. Since grief counselors' primary focus is to advise individuals seeking guidance with coping with death and dying, they need to be aware of the new bereavement and grief potential clients face because of COVID-19. The loss of a loved one during COVID-19 carries on a distinctive burden. The surviving family had to endure no end-of-life service, limited gathering for support, and no visitation at health care facilities service because of the imposed restrictions and mandates to reduce the spread of the Coronavirus. The comfort of family and close friends embracing each other was missing from how mourners participate in the bereavement process. Counselors should be vigilant of clients seeking to understand how to move on from losing their loved one because bereavement during COVID-19 was very exclusive to that pandemic era. As the study pointed out, people need and want people to surround them during challenging times.

Clergy

In this study, participants mentioned leaning on their faith to get them through their bereavement. Religious leaders would benefit from being aware that parishioners in their

congregation may not have the opportunity to fully experience the traditional service or ritual for the loved one because of pandemic protocols and may have questions or concerns about funerals rituals and the burial process for their religion. It would also be beneficial for clergy and faith leaders to be cognizant of those individuals that still have not completed their bereavement and grief process because of the restrictions of COVID-19. The congregation and the pastoral staff would benefit from establishing a grief ministry in their institution. The creation of grief ministry will connect bereaved individuals to support by matching them with other bereaved people who have experienced similar losses and needs. If there is no grief counselor on staff, leaders should be able to refer parishioners to a grief counselor or organization.

Mental Health Professionals

In this study, participants mention seeking professional counseling and talking to their behavioral specialist to assist in their bereavement process**.** Studies have shown an increase in mental health services during the COVID-19 pandemic. According to Yuko (2020), the increase had also included individuals who started the grieving process before the coronavirus outbreak and stated that the pandemic has bought up old feelings that they did not process before. Mental health professionals will need to know how to handle old and new issues that stem from COVID-19 for their clients. Mental health professionals would benefit from this study in knowing that their client's anxiety about grief could be associated with not having in-person support to help them during difficult times.

Delimitations and Limitations

This study explores the lived experiences of those who had loved ones who passed away during the COVID-19 pandemic and did not get a chance to engage in the traditional funerals or rituals, leaving them to grieve in isolation. The delimitation of this study was to interview

individuals eighteen years or older who must have lost a loved one during the COVID-19 pandemic. The loss did not have to happen as a result of COVID, but any death during this timeframe. This study contributes to the limited body of literature on bereavement during the COVID-19 pandemic. The study can start researchers looking at the complications of engaging in bereavement during the pandemic without having funerals or rituals, not being able to gather with loved ones for support, and the feeling of not having closure to the bereavement process.

This study only focuses on the death of loved ones during the COVID-19 pandemic. The limitation of this study was a small sampling size of participants eighteen years of age or older. The study sample size did capture the shared experiences of many similar individuals regarding grief during the pandemic. The original recruitment plan was only to use individuals who scored in the moderate level on the Inventory for Complicated Grief. Due to the difficulty of finding a broad number of participants in the moderate category, the study also included participants who scored in the low and high ranges on the Inventory for Complicated Grief. The decision to use low, moderate and high ranges of complicated grief resulted in added value to the outcome of the findings. Participants that scored low or high on the inventory did not influence the study's outcome. The concerns were the same as the moderate range participants in that having no traditional service or rituals and not having the presence of loved ones and friends during the rituals impeded their bereavement process.

Recommendations for Future Research

The limitations of this study and some of the study's findings produce opportunities for further research on bereavement in isolation during the COVID-19 pandemic. The finding in this study can be further studied by using different criteria. One recommendation would be to use different or single ethnicities to study the reaction of cultures during the pandemic. A study

based on one ethnicity could result in what was most important to that culture during the pandemic. During this study, different ethnicities had different concerns; although minor differences were pointed out, there could be a more significant concern when comparing an ethnical group. Another study could consist of participants from a specific religious group to determine what spiritually was missing from their bereavement process that would have made their grieving process more tolerable during the pandemic. In this study, participants talked about not listening to preaching or not being able to participate in religious rituals as the reason for not being able to grieve appropriately.

During the interviews, there were different reactions from health care providers and first responders when they spoke about the professional side versus being a family member. A research study with health care providers, first responders, clergy, counselors, and funeral directors could be helpful to get their perspective on what they perceived as the most significant obstacle faced during the pandemic and what observations for the grieving process during the pandemic were noticeable.

Research to study the effects on kids and families as a unit during the COVID-19 pandemic could shed some light on how they were able to function during this crisis. One of the participants in the study mentioned that her kids had to watch her grieve the death of her loved one, and she did not have anywhere to cry because of the lockdown, so they saw her breakdown several times. Further research on the family dynamics during the bereavement and grief process during the pandemic should make an interesting study to determine if the bereavement was an individual process or affected the entire family unit. The research study on the bereavement in isolation during the COVID-19 pandemic being a new phenomenon can lead to many further studies.

Summary

The world has transformed amidst the COVID-19 pandemic; death and dying and the bereavement process in isolation for sure have changed for everyone. There are at least eight individuals for every deceased person left to grieve and mourn the death of their loved one amongst the COVID-19 restrictions. One of the takeaways from this research is that during the bereavement and grieving process, surviving members want to have a funeral service or ritual that honors their deceased member's life. The families believe there should be a celebration of life or a homegoing ceremony to recognize their loved ones with all the accolades they deserve. Another takeaway is that it is imperative to have a gathering during the bereavement period. From the time their loved one is declared deceased to burial, grieving family members want to be surrounded by family and friends for support. The repast, gathering family and friends over a meal to remember the deceased life, is essential to the bereavement process. The COVID-19 restrictions and protocols made it apparent how much people need people during bereavement and grief.

The one statement in this study that stood out through the interviewing and coding of themes was the statement, "COVID-19 pandemic bereavement process has created a lot of extra hurting people". This statement is so impactful because this was the sentiment of what most participants felt or said during their interview process. They also talked about how there were hurting, and other family members and friends were hurting due to the pandemic’s restriction on their bereavement process. During this time of uncertainty and as the world continues to process life, remember there are extra hurting people trying to process living while still grieving their loved ones lost during the COVID-19 pandemic and may not know how to maneuver through difficult times.

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Appendix A

IRB Approval

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

December 28, 2021

Shelia Stroman
Jackie Craft

Re: IRB Exemption - IRB-FY21-22-306 Bereavement in Isolation During COVID-19 Pandemic

Dear Shelia Stroman, Jackie Craft,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B

Recruitment Flyer

Research Participants Needed

Bereavement in Isolation During COVID-19 Pandemic

- Are you Are you 18 years old or older?
- Have you lost a loved one during the COVID-19 pandemic?
- Have you experienced bereavement during the loss of your loved one?
- Are you comfortable sharing your experience concerning your grieving process?

If you answered yes to these questions, you may be eligible to participate in a study about bereavement in isolation during the COVID-19 pandemic.

The purpose of this phenomenological qualitative study is to interview individuals to understand the impact of the COVID-19 pandemic on the experiences of bereavement for individuals who did not have the opportunity to engage in common ceremonies, traditions, and rituals due to mandatory restrictions. This study will be vital to the bereavement process and resolution of grief for human service professionals in understanding the impact of isolation and bereavement during the COVID-19 pandemic.

Participants will be asked to participate in a 45- to 60-minute recorded interview answering eleven questions directly related to understanding the experiences of individuals who endured bereavement in isolation during the COVID-19 restriction and did not have the opportunity to participate in the traditional ritual or funeral ceremony. In addition, participants will receive a copy of their interview transcript and be asked to review the transcript for accuracy and notify the researcher of any needed changes.

The interview for this study will be conducted online or over the phone.

If you would like to participate, please email a request to participate in the study to Bereavement_COVID-19@outlook.com. A screening survey will be emailed to you to fill out and return to determine your eligibility for this study.

If you are found to be eligible for this study, a consent document will be emailed to participants one week before the interview. You will need to sign and return it to me prior to or at the time of the interview.

Shelia Stroman, a doctoral candidate in the Doctor of Education in Community Care and Counseling: Marriage and Family, School of Behavioral Sciences at Liberty University, is conducting this study.

Please contact Shelia Stroman at Bereavement_COVID-19@outlook.com for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix C

Consent Form

Informed Consent

Title of the Project: Bereavement in Isolation During COVID-19 Pandemic
Principal Investigator: Shelia R. Stroman, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must (1) have experienced the grief of a loved one during the COVID-19 pandemic and not have had the opportunity to experience a traditional funeral ceremony and (2) score in the moderate range on the complicated grief inventory survey. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand the lived experiences of individuals who endured bereavement in isolation during the COVID-19 restriction. The study will contribute to the limited qualitative research regarding bereavement during isolation. This study will also help to inform and offer implications for future research.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in an interview via an online platform or by phone call for approximately 45-60 minutes. The interview will be audio/video recorded for transcription purposes.
2. Participate in a review of the interview transcript for accuracy and notify the researcher of any changes. This review will take approximately 20-30 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society from this study include aiding human service professionals in understanding the impact of isolation and bereavement during the COVID-19 pandemic.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Liberty University
IRB-FY21-22-306
Approved on 12-28-2021

How will personal information be protected

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Shelia R. Stroman. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or Bereavement_COVID-19@outlook.com. You may also contact the researcher's faculty sponsor, Dr. Jackie Craft, at jtcraft@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Liberty University
IRB-FY21-22-306
Approved on 12-28-2021

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record and video-record me as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date

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APPENDIX D

The Screening Questionnaire/Complicated Grief Inventory

The Screening Questionnaire

(This survey will be discarded if a disqualifying answer is given)

Name ____

Email ____

1. Are you 18 years old or older? ☐Yes or ☐No
2. Have you lost a loved one during COVID-19? ☐Yes or ☐No
3. Have you experienced bereavement during the loss of your loved one?

   ☐Yes or ☐No
4. Are you comfortable sharing your experience concerning your grieving process?

   ☐Yes or ☐No
5. May I contact you regarding your participation in this survey concerning bereavement duringCOVID-19? ☐Yes or ☐No

Complicated Grief Inventory

For each item, describe how you feel right now using one of these five terms:

Never - means less than once monthly

Rarely - means more than once monthly but less than once weekly

Sometimes -means more than weekly but less than daily

Often – means daily

Always - means more than once daily

Answer

1. I think about this person so much that it's hard for me to do the things I normally do...

Click or tap here to enter text.

2. Memories of the person who died upset me... Click or tap here to enter text.

3. I feel I cannot accept the death of the person who died. Click or tap here to enter text.

4. I feel myself longing for the person who died... Click or tap here to enter text..

5. I feel drawn to places and things associated with the person who died Click or tap here to enter text.

6. I can't help feeling angry about his/her death... Click or tap here to enter text.

7. I feel disbelief over what happened... Click or tap here to enter text.

8. I feel stunned or dazed over what happened Click or tap here to enter text.

9. Ever since s/he died, it is hard for me to trust people... Click or tap here to enter text.

10. Ever since s/he died, I feel like I have lost the ability to care about other people or I feel distant from people I care about… Click or tap here to enter text.

11. I have pain in the same area of my body or have some of the same symptoms as the person who died... Click or tap here to enter text.

12. I go out of my way to avoid reminders of the person who died text.

Click or tap here to enter text.

13. I feel that life is empty without the person who died... Click or tap here to enter text.

14. I hear the voice of the person who died speak to me. Click or tap here to enter text.

15. I see the person who died stand before me... Click or tap here to enter text.

16. I feel that it is unfair that I should live when this person died... Click or tap here to enter text.

17. I feel bitter over this person's death... Click or tap here to enter text.

18. I feel envious of others who have not lost someone close. Click or tap here to enter text.

19. I feel lonely a great deal of the time ever since s/he died. Click or tap here to enter text.

Scoring

Number of ‘Never’ answers	_____ x 0 _____
Number of ‘Rarely’ answers	_____ x 1 _____
Number of ‘Sometimes’ answers	_____ x 2 _____
Number of ‘Often’ answers	_____ x 3 _____
Number of ‘Always’ answers	_____ x 4 _____
Total Score	Click or tap here to enter text.

A total score of 25 or less is probably not complicated grief

A total score of 26-30, is probable complicated grief

A total score of 31 or higher is definite complicated grief

(Prigerson, Maciejewski, Reynolds, et al., 1995).

APPENDIX E

Interview Protocol

General Information	
Date	
Time	
Video/Audio Platform	
Recording Method	
Participant Identifier/Pseudo	
Participant Demographics	
Gender	
Age	
Race/Ethnicity	
Occupation	
Interview Questions	

1. Can you set the stage for our interview by telling me about the death experience of your loved one during the pandemic? (follow up – if not clear, what was the relationship to the person who died, and the cause of their death, etc.)
2. Describe how you were notified about the passing of your loved one and how the family managed the funeral or burial process?
3. Describe how the restrictions of the pandemic impacted support and interaction from family, friends, community, or church?
4. Describe your reaction when you were not able to have the common closure that a traditional funeral process provides.
5. How did the pandemic complicate your closure and your reaction to the death of your loved one?
6. Over time, it is common to feel various emotions, perform actions that memorialize loved ones, avoid places or situations, have roller coaster emotions, change habits, etc. All of these things represent your personal grieve process. Can you reflect on

your experiences after the death and walk-through evidence of the grief and how it changed from then until now? (Researcher should be prepared to prompt participant for more, based on the length of time since the death).

7. Resilience represents the intrinsic strengths an individual cultivates during stress, crisis or trauma. Describe elements of your own resilience during this grieve process.
8. Reflecting back, what were the challenges or reactions that you feel were unique to experiencing the death of a loved one during the pandemic?
9. Describe the remaining impact of this experience on daily functioning or your personal perspective of life?
10. What statement would summarize the impact the pandemic had on your experience of this death?
11. If you could inspire another COVID-19 bereaved family or individual, what would you tell them?

Notes