

Social Distancing is Equals to Cultural Distancing an Analysis on the Bereavement Process during COVID 19 Pandemic in Zimbabwe



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ABSTRACT

Background: Millions around the world have experienced the loss of a loved one due to COVID 19, other various illnesses or natural death (Mortazavi, Assari, Alimohamadi, Rafiee & Shati, 2020). However given the restrictive lockdown regulations due to COVID 19 pandemic most of these individuals did not have the opportunity to bid farewell to their loved ones or bury them properly. The World Health Organisation (2020) warned that the COVID-19 restrictive measures disrupted the regular grief cycle that enables individuals to rapidly adjust to the situation and recover from their loss. For example, social distancing restricts collective mourning. Research suggests that people who mourn alone are likely to experience anxiety, depression, ambiguous loss, acute and complicated grief, which is when people struggle to integrate their loss into their identity. This study analysed the bereavement process of 15 participants whose loved ones died during the outbreak of the COVID-19 in Harare.

Materials and Methods: Data for the study was collected using in-depth interviews and qualitative questionnaires. Thematic analysis was used to make sense of the data.

Results: The findings of the study revealed that the deceased mostly died in isolation with no one around. Mourning the loss was also highly challenging with participants receiving less in social support thus leading to mourning in isolation. The inability to perform last rites added yet another layer of grief which resulted in prolonged grief among the bereaved and impacted their overall wellbeing. A multi-layered approach is effective in mitigating the psychological effects of mourning in isolation, ranging from case finding to increasing access to public education. Use of the existing structures to better deal with the emerging phenomenon. For example, holding ceremonies, such as virtual memorials in the form of virtual groups, adapting some religious and cultural customs to the structure of the virtual networks, and inviting the bereaved to write letters to the dead person and express their feelings.

Conclusion: The study established that a multi-layered approach is effective in mitigating the psychological effects of mourning in isolation, ranging from case finding to increasing access to public education. This may involve the use of virtual memorials in the form of virtual groups, adapting some religious and cultural customs to the structure of the virtual networks, and inviting the bereaved to write letters to the dead person and express their feelings.

KEY WORDS: Bereavement, COVID 19, grief, complicated grief disorder, social isolation, grief cycle spirits.

1. INTRODUCTION

Since the beginning of its outbreak in China COVID 19 has subsequently spread to the rest of the world (Public Health England 2020). Many countries Zimbabwe included came up with various restrictions and measures in an effort to mitigate and contain the spread of the virus. These measures included lockdowns, social quarantine, isolation and distancing (Bear et al, 2020). The Zimbabwean government also implemented these restrictions through SI 83 Of 2020. (Public Health COVID-19 Prevention, Containment and Treatment National Lockdown Amendment Order, 2020). It highlighted that gatherings including funerals were either temporarily banned or restricted to a certain number of people that is maximum of 50 people should be in attendance of such gatherings. The restrictions were a psychological blow taking into consideration the traditional psychological support system imbedded into the Zimbabwean culture which is predominantly collectivist like most African cultures and views death as a social event. The manner in which grieving takes place differs from culture to culture and in Zimbabwe activities can range from sombre memorial services to joyous celebrations and parties (Selman et al 2020).

From the time Zimbabwe recorded its first case on March 1,2020 many people presumably dealt with the coronavirus narrative at a superficial level, where their preoccupation was ensuring safety family at home, while keeping safe from infection

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right across (Ndlovu, 2020). Many ruled out any possible social gathering of any sort until the lockdown restriction that authorities called for had been lifted. However, the loss of loved ones certainly removed some individuals from their “social comfort.” they had created for themselves, they had to go and pay their condolences, according to their customs.

Every culture has its own ways and customs of mourning the dead. Whether it is singing, dancing, or just embracing with loved ones and commiserating with the bereaved family all these activities share a common thread social connection (Razaq et al, 2020). However, in the era of Covid-19, emphasis on social or physical distancing drove a wedge on those moments of connection that for long had been perceived as signs of grief and pain. People had to cope with sorrow alone, socially-isolated, huddled in a corner, where they did not get the physical contact they may have wanted from friends, family and loved ones during those difficult moments.(Schuck et al 2020).

As further asserted by Worden (2018) the loss of a loved one is an inevitable experience for human beings and one of the most difficult emotional experiences that an individual can have in life. The pain and grief that follows can seem, at times, totally overwhelming. Although extremely painful, grief is a normal response to any loss and is a way of helping individuals heal. While life may never be the same again, grief helps the bereaved in readjusting and cope with life without the loved one. It helps individuals find ways of maintaining a bond with the lost loved one when they are no longer physically present.

The novel coronavirus that causes COVID-19 changed the way many things were done. The need for social distancing resulted in virtual meetings replacing physical gatherings. But, the loss of one particular kind of in-person gathering that was completely devastating, is shared mourning rituals. Grief is experienced in the support of community, often with hugs and handshakes. It was not possible for extended groups of mourners to gather together. The final resting rituals that many communities had observed for centuries were significantly altered. (Vital talk, covid communications, 2020). For example, during the Zimbabwean mourning tradition of ‘kubata maoko’, families, friends and the community offer comfort through condolence visits and gather for minimum of three days. These condolences were now taking place over the phone and via live streaming. Absent was the physical contact so important in the grief process.

Many practical considerations arise when one is met with a bereavement, from issues such as getting help with meals, processing paperwork needed for burial, logistical arrangements etc. However, to those bereaved most family and friends were also isolating or preoccupied with their own family’s situation as observed by Cummins, (2020). Bereavement during a period of isolation with restricted movement and limited contact with family and friends was the hardest thing possible. Whether the death was from COVID-19 or another cause it was likely traumatic at that time.

Uzell (2018) alludes that a very distressing reality was that hundreds of people were not able to attend funerals, cremations and wakes and vigils because of the social restrictions imposed due to the COVID19 pandemic. Funerals were shorter than normal or delayed which for certain cultures compounded the distress. Physical distancing and travel restrictions meant that it was difficult to gather as people traditionally would do for funeral rites. The rules were the same whether or not the person died of coronavirus, and whether the funeral had been planned in advance or not. Bereavement support is important under normal circumstances but it is crucial given COVID 19 pandemic lockdown regulations and also critical for future well-being and mental health.

On the other hand, friends and family who would have come for the funeral, found themselves calculating the risk of getting infected with coronavirus at the same time feeling guilty for their seemingly lack of sympathy and connection on the loss. Individuals’ conscience and pain was stretched to the limit, as individuals tried to leverage the loss, hurt and the reality of bidding farewell to the loved ones in the age of physical distancing (Razaq et al 2020).

According to Ndlovu (2020) Zimbabwean and South African health authorities came up with stringent measures to curtail the spread of the pandemic. The move followed consultations among South African based funeral parlours and authorities from the two neighbouring countries. Under the system, all bodies being repatriated to Zimbabwe for burial were being treated as contagious except in cases where the cause of death was a road accident, murder or other body injuries. All the bodies required a clearance from the Ministry of Health and Child Care prior to their transportation to Zimbabwe under the usual procedures. According to Ndlovu (2020) relatives accompanying bodies were being subjected to mandatory quarantine at any port of entry upon arrival in the country before proceeding to the various destinations.

Ndlovu (2020) further reiterates that a snap survey at two cemeteries in Harare showed that mourners were adhering to the 30 people or less requirement. Social distancing, however, remained a challenge as many people especially at funerals were failing to maintain it. Funeral service providers also came up with their own raft of measures meant to stop the spread of the virus. The funeral parlours suspended the removal of bodies from homes and buried the dead within 24 hours. The funeral parlours were treating all bodies as COVID-19 contaminated hence the decision to bury them within 24 hours. Nyaradzo Funeral Services announced that only bodies emanating from road traffic accidents and homicide cases will not be treated as having the risk of COVID-19 contamination (Merchant & Lurie, 2020).

As deaths occurred, the physical, mental, and social consequences of isolation or social distancing increased the potential for mental disorders. While clinicians were not able to assume that all patients or family members experienced complicated grief during the height of the COVID-19 pandemic, it was important to understand how current circumstances set the stage for complicated

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grief to occur after death. The Kübler – Ross grief cycle consists of five stages of grief namely, denial, anger and guilt, bargaining, depression and acceptance. Figure 1 shows the summary of the five stages. If a grieving individual does not go through these stages and encounter a natural grief cycle depression, anger and guilt may turn into a maladjusted behaviour or even a psychological illness (Mortazavi et al, 2020).

Grief is a natural response to the death of loved ones and responses such as, denial, anger and guilt, bargaining, depression, and acceptance are the five stages of grief that are normal at the beginning of the loss of loved ones (Maciejewski, Zhang, Block, & Prigerson, 2007 as cited in Mortazavi, et al, 2020). If the natural grief cycle is not taken into account and it does not go through its own period, depression, guilt, and anger in a person can turn into an adjustment or even a psychiatric problem (Boelen et al., 2019). Under general conditions, 7% (Shear, 2012) of those who experience grief suffer from unresolved bereavement and other mental health problems (Wallace, Wladkowski, Gibson, White, & Management, 2020) for various reasons, such as the inability to bid farewell to the deceased before death (Otani et al., 2017), excessive guilt (Li, Tendeiro, & Stroebe, 2019), and lack of social support (Romero, Ott, & Kelber, 2014). However, in the coronavirus pandemic and its accompanying limitations, when almost all determinants associated with unresolved bereavement affect people, and many people have to experience grief alone, this percent of people experiencing mental health issues due to unprocessed grief will certainly increase. (Mortazavi, et al, 2020).

Hamid and Jahangir (2020) agreed that COVID 19 pandemic has left grief lingering in the air like the viral aerosols, stating that the pandemic changed the patterns of social exchange, chalked unusual ways of handling and managing grief, and, threw an agonising challenge for emotional viability of human beings. Kashmir (2020) also stated that the lockdown or social distancing left no room for collective prayers and those who were buried in unmarked graves by the regime far from home had victimised mourning. According to Lenferink (2017) psychological distress has the potential to be magnified when access to traditional rituals are limited by the unacknowledged grief experience. Many bereaved individual during the COVID 19 pandemic were subjected to such circumstances.

Not least, the pandemic created a context in which the pain of loss was amplified by concurrent stressors. These stressors included social isolation, financial precarity, health concerns, worries about other family members, deaths of other friends and family, and anxiety about one's own mortality (World Health Organization, 2020). The accumulation of stressors within a relatively short time period could overwhelm one's capacity to cope (Folkman, 2011). It is against this background that the researcher sought to understand the implications of mourning, grieving and bereavement in social isolation during the COVID 19 pandemic.

Social and emotional support from friends and family are essential for bereaved persons' adjustment to loss (Ha, 2008). However, most individuals self-quarantined during the pandemic, so their loved could not offer support (Peek et al., 2014). Many of the face-to-face interactions that supported individuals as they mourn, including funeral services and religious rituals were banned or restricted forcing families to turn to remote memorial services (Pauly, 2020; Waters, 2020). As such, the pain of loss was compounded by co-occurring stressors, and the erosion of support, coping resources, and rituals that are essential to bereaved persons' well-being. According to research by (Iglewicz et al., 2019) inadequate social support and absence of supportive companionship also increased the risk of those bereaved in adapting to their loss and instead of integrating their loss they develop complicated grief.

Against this background, most cultures developed traditions around bereavement to help people contain and move through the intense feelings of loss and most of these rituals involve community. The collective nature of mourning rituals support and hold the bereaved through the emotional process. However, in this period of social distancing many individuals mourned /grieved in isolation as a result grief might have remained unexpressed, congested, or postponed. Unprocessed grief can result in anger, rage, violence, depression, and substance abuse. Most bereavement counsellors agree that it is important to grieve consciously and intentionally in order to heal, grow, and move forward (Badal, 2020).

The death of a loved one is considered to be the most traumatic life-cycle event with family members usually experiencing intense grief (Pietkiewicz, 2012), necessitating the need for rites and rituals, following a death (Jahangir & Hamid, 2020). These rituals and customs came as a result of the disruption in the social fabric by death. Funeral rites and rituals are largely focused on providing support and comfort to the bereaved (Thomas, 2003 as cited in Bahar et al., 2012). In Zimbabwe too, death related rituals and practices and mourning commonly follow the death of an individual. People continuously visit the bereaved to offer condolence and share the grief of the bereaved family. These practices and rituals help the bereaved to express the loss, accept the reality and reorganize their lives without the deceased (Hamid et al., 2019; Jahangir & Hamid, 2020).

Funerals are a fundamental component of cultural and religious mourning systems, they facilitate on offering psychological and social support to the bereaved and afford an opportunity to convey love and respect for the deceased. (O'Rourke et al., 2011). Similarly Chandran (2020) describes rituals come as an art or science, helping to heal the mind faster and the individuals return to a normal state. Rituals work as a stabilizer in individuals by releasing the weight of grief, depression and anxiety. Mourning the death is an important tradition in every culture of the world. Mourning allows people to come together and support the bereaved. Mourning facilitates the bereaved to share their grief with people, express their emotions, and begin to work through grief together in a loving and sympathetic atmosphere. It is considered to be essential for a normal and positive grief process (Gesi et al., 2020;

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Getty et al., 2010; Yasien-Esmael & Rubin, 2005 as cited in Hamid & Jahangir, 2020). Like in other African societies, a three day long mourning period is observed. People in large numbers including neighbours, friends, relatives and other acquaintances visit the bereaved, express their condolences and provide them support. Close relatives live with the bereaved family for few days which help the bereaved to overcome the grief (Hamid et al., 2019; Jahangir & Hamid, 2020).

According to Chandran (2020), funeral rituals de individualises the mourners by visualizing the emotionally matured facial expression of the other participants. In funeral ceremony, rituals are carried out in the presence of other relatives and loved ones. The signs of consolation from their facial expressions and body language provide rich visual stimuli to the mourners, which may ultimately help to bring chemical balance in the brain. By transferring the positive mood, the mourners also become calm themselves. It works as a catharsis by releasing the mental agony, sadness and repressed emotions and provides relief.

Chandran (2020) further explains that in close relationships, memories occasionally come back to a person, making them experience various emotions and feelings. All these feelings add to their deep agony which is again reinforced with the thought of losing someone forever. This puts the individual into a moderately depressed state. In this respect, all the relevant stimuli in the ritual practices work as a catharsis that relieves stress and anxiety and makes the mourners empathetic. He further asserts that particular signs and symbols from the visitors create a healing power. The facial expression and body language of relatives during rituals may be considered as some healing visuals. By processing the visuals in a silent and holistic manner, the mourners get positive energy, reducing their stress and increasing their feeling of possession.

In his article Chandran (2020) explains further how the singing comes as a source of pleasure and content. It is melodious and musical quality creates good thoughts, feelings and behaviours. The body automatically copes with the stress to attain a state of well-being. Hugging, cherishing and pampering reduce feelings of depression and fatigue. During or after the rituals, if a mourning individual is hugged by his/her relatives, the individual returns to a normal state with reduced blood pressure levels. This helps to stimulate psychological growth by the release of oxytocin, stimulating the defence mechanism of the individuals. The preceptor and other stimuli generate healthy dreams in the mourners. The repeating of the same penetrates the pre-conscious mind and the risk of stress and anxiety are reduced by the strengthening of the defence mechanisms.

Not least, Chandran (2020) described rituals as a therapy which helps the individual to be exposed to healing stimuli and activates the healing power. Those who are involved and participate in holistic ritual activities in funerals are found to be released from their stressed state and reach a normal state and reality sooner. Rituals performed correctly have the power to reaffirm social order and a moral component to bring the mourners back to reality. Thus, funeral rituals seem to be more for the living than the deceased. Rituals act as basic life-supporting tools for the suffering individual. The consequences of seclusion can have side effects. In one study of 200 older adults who experienced the loss of a partner, social isolation was associated with longer-lasting grief and worse mental and physical health. Similarly, Lenferink (2017) states that the absence of socially sanctioned mourning practices disenfranchises the griever by preventing recognition of the loss, reinforcing the insignificance of the loss, and impeding social support. Social distancing and isolation makes physical and psychological comfort challenging increasing the risk of complicated grief disorders.

Several studies in Europe and America have revealed common held views in regards to grieving and mourning in isolation. According to Carr, Boerner and Moorman (2020) deaths occurring during COVID 19 pandemic were particularly devastating for the bereaved kin whose grief was compounded by social isolation, lack of practical and emotional support, and high stress living situations marked by financial precarity, worries about their own or other family member's health, confinement to home, and the loss of routine and activities that once structured their days. Carr et al (2020) further reiterates that death contexts predicted survivors' symptoms of depression, anger, anxiety and risk of complicated grief. Bereaved family members developed heightened psychological symptoms. Kashmir (2020) agreed that COVID 19 pandemic has left grief lingering in the air like the viral aerosols, stating that the pandemic changed the patterns of social exchange, chalked unusual ways of handling and managing grief, and, threw an agonising challenge for emotional viability of human beings. The article also stated that the lockdown or social distancing left no room for collective prayers and how those who were buried in unmarked graves by the regime far from home had victimised mourning. According to Lenferink (2017) psychological distress has the potential to be magnified when access to traditional rituals are limited by the unacknowledged grief experience. Many bereaved individual during the COVID 19 pandemic in Zimbabwe were subjected to such circumstances. The greatest risk was that in sanctioning the funeral activities, these rituals lost their meaning and failed to fulfil the role of aggregating the bereaved in the distillation and psychological elaboration of shared pain.

II. MATERIALS AND METHODS

This explorative study involved 15 participants whose loved ones died during the outbreak of the COVID-19 in Harare, Zimbabwe. The study was conducted from month year to month year.

Research design: The study utilised a qualitative approach to explore the bereavement process of 15 participants whose loved ones died during the outbreak of the COVID-19 in Harare. The approach is appropriate for studies to identify phenomena as they are perceived by the actors (Lester, 1999).

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Study Location: The study was carried in Harare Province of Zimbabwe.

Study Duration: Month year to month year.

Sample size: 15 people whose loved ones died during the outbreak of the COVID-19.

Sample size calculation: Sample size was determined by data saturation.

Subjects and selection method: The study participants comprised 15 people whose loved ones died during the outbreak of the COVID-19 who were purposively randomly sampled from Harare Province. In-depth interviews were used to collect data for the study.

Procedure methodology

The study was conducted when lockdown rules were still in force in Zimbabwe and in order not to break the social distancing rule and also protect the researcher, data was collected through semi-structured interview guide which were distributed to participants via social media platforms which included WhatsApp based in depth interviews. The questionnaire was also sent to some by email, however, this only gave access to the researchers network of contacts. In the following section, the researcher discusses aspects of data collection and the methods employed to collect data. Data for the study was collected using in-depth interviews and qualitative questionnaires. Thematic analysis was used to make sense of the data.

III. RESULT

Ten themes emerged from the data collected, consistent with previous researches participants indicated a negative perception towards social restrictions during bereavement. Although participants acknowledged the importance of social distancing during the COVID -19 pandemic and were in support of the raft social restriction measures that were put in place to curb the transmission of the deadly virus ,they also called for more culturally sensitive measures and counselling to aid the bereaved in finding closure in these unprecedented times .

Theme 1: Lack of social support

Participants reported lack of social support during the bereavement process. The first theme related to the overall perception of the funeral namely the rites, rituals and the ceremony amid the COVID 19 social distancing restrictions. Consistent with other researches from Europe and America, participants indicated that the social restrictions on the funeral ceremony rites and rituals have negative psychological effects of the bereaved. There seemed to be consensus that social distancing had altered the way people mourn, grieve and bury their loved ones.

“Only a few people attended and it was difficult to run a proper traditional funeral” (FX, Female)

“Socializing is part of the cultural consoling activities. This was not possible and presence of few mourners was somewhat meaningless we could not talk, sing or shake hands as per the custom” (BX, Male).

Contrary, some participants indicated that the social restrictions imposed due to the COVID 19 pandemic did not deter their families to perform the normal funeral rites, rituals and ceremonies.

“No attention was paid at all in regards to social distancing .We went to the rural areas packed in a pickup, 11 of us and buried her the normal way we do as per our clan” (DX, Male).

Theme 2: Lack of practical and emotional support

Normally the community at large would offer practical assistances like cooking, cleaning, washing dishes, feeding the mourners, however, due to the COVID -19 restrictions there was no support at all. As mentioned by participants in the excerpts below. In Zimbabwe, as like in other African communities, food is made for and served to the bereaved families and guests during days of mourning. This is done to relieve the bereaved from the burden of preparing the food and provide them the opportunity to mourn properly. However this custom was no longer available for the majority of the participants in our study. They revealed that they were forced by the circumstance to prepare the food themselves.

“We didn’t even get the time to grieve the death of our mother properly. Due to COVID-19 our church members could not arrange food us., we did it by ourselves , no aunts , nieces to help out , we were I was so busy in preparing food that I did not get the time to mourn or share my feelings with anyone.

My father in law passed away 3 weeks ago and now my mother in law has passed away, am all alone as my husband is away at work in Mozambique and could not travel back due to the lockdown. Am so depressed and feel so lost .People are scared to come because they may catch the virus.

Some participants also revealed that due to precarious situations generated from COVID-19, they faced difficulties in logistical arrangements like getting burial orders and other relevant documents needed for the deceased to be buried .This was due to the fact that the very same people who were under quarantine were the close relatives who could process required documents.

Although participants acknowledged the importance of adhering to the strict guidelines of social distancing, they mourned the loss of many cultural activities which marked the funeral ceremonies namely the body viewing, all-night vigil, shaking hands, singing

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and hugging. All these activities have a psychological effect on the individual as they mourn and assist in lessening the mental burden of grief.

“Activities like singing , shaking hands , preaching , discussions were adversely affected .Poor attendance leaves the funeral processes incomplete and we were prone to more deeper grieving as we were not consoled” (BX, Male).

In particular participants reported that key figures who were supposed to be in attendance could not do so because of the social restrictions and those that attended was because of proximity or convenience. The absence of significant key figures like close relatives of the bereaved due to the number of factors namely travel restrictions or bans and the limited number of people who could gather was a major blow to the bereaved and it worsened their psychological distress.

Theme 3: Disenfranchised grief /ambiguous loss

Disenfranchised grief /ambiguous loss was the third theme to emerge from the data. Most participants indicated that there are yet to get closure and have not fully understood and framed their loss. The assumption was planning and participating in the funeral lead to better outcomes and funeral restrictions which were imposed because of the COVID -19 pandemic took away the opportunity for mourners to gain awareness of the reality of the death.

“Hurtful experience due to many restrictions imposed on the mourners like nobody viewing

We could not hold the all-night vigil, the deceased body did not spend the night in his house as per custom”

Loss of control over the deceased due to Covid 19 restrictions, health workers and police run 90% of the funeral leaving family with very little to do .It is very distressing, there is no closure ”(FX, Female).

Along with the loss of rites and rituals, participants also reported that there was loss of control on the funeral ceremony as the police and health authorities took over. This heightened the grief and left many not being able to find closure and thus suffer from ambiguous loss. The participant had the following to say in regards to loss of control over the funeral

“COVID-19 funerals are so much disturbing to the immediate family unlike normal funerals .Other people like health officials and police are very much involved and funeral was monitored”. (AX, Female)

Loss of control over the deceased due to Covid 19 restrictions, health workers and police run 90% of the funeral leaving family with very little to do .It is very distressing, there is no closure ”(FX, Female).

Majority of the participants were negatively affected by the limited number of people who could attend the funeral. Many described the whole experience as hurtful, meaningless and very distressing and mentioned that the funeral did little in helping them grieve and hence most still need closure.

Theme 4: Stigma

Stigma also emerged as a major theme. Some participants were negatively affected by people who attended the funeral and were skeptical as to the cause of death. In addition mourners would pose suggestive questions linking to symptoms of COVID -19. Many described the whole experience as hurtful, meaningless and very distressing and mentioned that the funeral did little in helping them but caused more harm to what could have been a healing process. The participants shared the following sentiments

My father passed away and he had asthma, no matter how I reassured people that it wasn't Covid- 19 no one believed me, everyone who came was on edge and it was so stressful, there was no consolation at all, I wanted the whole thing to quickly end”

“There was some sort of stigma to us as each mourner wanted to know the exact details of the cause of death .in addition mourners would pose suggestive questions linking to symptoms of COVID -19 , it was very disturbing instead of being consoled I felt interrogated . My brother had been suffering from kidney failure for a long time”.

“People stood very far away from us like we had a plague, it was like nothing I have experienced before, but I understand this disease is strange”

Theme 5: Survivor's symptoms

Some if not most of the participants indicated that they felt in varying degrees guilt, fear, anxiety, anger and depression. Some attributed the spread of the virus to the dead person to the lack of adherence of their family members to the principles of hygiene and precautions. And indeed, the lack of social support and the inability to hold conventional funeral ceremonies due to the limitations caused by the coronavirus pandemic lead survivors into depression. Bereaved family members developed heightened psychological symptoms.

We got married on the 24th of December 2020, and my husband passed away on the 5th of January 2020, if we only had postponed the marriage ceremony he might have been still alive. I thought we were safe and no one would bring COVID -19 to our ceremony am starting my marriage as a widow”.

“My mum never missed an opportunity to console others , if I had only been strict and stopped her from attending funerals she might still be with us , couple of her friends called to pay their respect no one showed up , but I do understand it's better to be safe than sorry, COVID is real ” Theme 6: Unprocessed Grief

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The final theme refers to the narrative on how individuals who are mourning in isolation have experienced unresolved or unprocessed grief. Absence of certain rites, rituals have robbed individuals of the closure they so desire in order to accept the death of a loved one.

“It is surreal, I haven’t seen were she is laid nor put flowers on her grave, am waiting for the travelling corridors to open so that I can make my way home and pay my last respects”

Theme 7: Poor grief adjustment

The study revealed that most participants are struggling with poor grief adjustment which would ultimately lead to complicated grief disorder if not addressed quickly. Under normal circumstances, anyone who is bereaved has an opportunity to attend a funeral and participate fully, but that is not the case now due to COVID 19 induced social restrictions, particularly the travel bans. The COVID 19 pandemic brewed a cocktail of circumstances which increased the risk of individuals suffering from prolonged grief disorder. The huge surge in deaths was distressing, little time to grieve, absence of ritual such as funerals and a lack of social and cultural recognition left the bereaved at a much greater risk of prolonged grief disorder. This participant had this to say:

“My aunt has gone mental, she still insist that her husband is alive and is at the hospital. He died when the restrictions were in full force, we were called from the hospital and told that he had died and he was buried just like that. No one was there at the burial,”

Theme 8: Anticipatory grief

This refers to the feelings of grief even before the loss occurs. In the COVID 19 pandemic many participants reported such an experience when they took their relatives to the hospital after presenting with COVID 19 symptoms. They knew their loved ones were suffering and they were not there. An example below of woman who lost her husband *“My husband started complaining of chest pains and difficulty in breathing. Rushed him to the hospital and I was very scared, I left him there but I did not want to leave him. All I could imagine was him gone, and it happened, next morning I went there and he had passed on”*

Theme 9: Adaptation

Some participants reported that not being there at the funeral physically was terrible but because of technology there somehow participated in their loved ones funeral and it lessened the burden of not being there physically.

“I asked my brother to send a recording of my father’s funeral, I wanted to participate even though I was hundreds of kilometres away, we had to adapt, there was no other option, we couldn’t travel, its depressing”

Another participant has this to say:

“I was there in the spirit”

Theme 10: Resilience

Indications from the study reveal that some participants made use of technology and found ways around common challenges brought by COVID 19 social restrictions, like live streaming the funeral through virtual spaces. Others were consoled over the phone through video, audio, Skype calls. Close acquaintances also visited the bereaved personally but took proper safety measures like wearing facemasks, and maintaining proper physical distance.

“We recorded my uncle’s funeral because we had lots of relatives in the diaspora who could not make it due to the travel ban. It was a little bit consoling but not all the way, technology can never replace physical presence”

DISCUSSION

The available information reflects the decency of the pandemic, there is an absence of any strong empirical evidence relating specific features of COVID-19 experience to particular bereavement outcomes; relevant findings had to be drawn from expert opinion and/or derived from earlier, related research, with the majority of the articles being in the form of short commentaries. Predictions of negative effects of the pandemic on bereavement reactions have been made by many of the authors in these sources, as detailed in the literature review.

Nevertheless, although the situation is ever-changing all over the world, researchers have succeeded in documenting the nature of bereavement experience in ways that can fuel further investigation. It is to be expected that well designed (longitudinal, inclusion of appropriate control groups, etc.) empirical studies of the impact of COVID-19 circumstances on bereavement will emerge in the near future, providing finer-grained information on the nature and extremity of effects of the pandemic on bereavement.

Covid 19 Effects on the Grief Cycle

The study aimed to contribute to the process of accurately documenting what families and loved ones experienced as they mourned and grieved their loved ones during the COVID-19 lockdown period, and how the social distancing negatively or positively affected their bereavement process so that ways are improvised to improve psychological responses post COVID 19 era. Using the Kübler Ross grief cycle the researcher discusses how the COVID -19 pandemic affected the grieving process or grief cycle an individual was supposed to go through during a bereavement in normal or usual circumstances.

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From the research findings participants admit being in denial because certain traditional practice were sanctioned due to the pandemic. Similarly, a research by (Jangahir and Hamid, 2020) agrees that accompanying the body of the deceased by holding funeral rituals and ceremonies facilitate the lack of the denial of death. These conventional ceremonies that almost form the presupposition and the collective mental image of a person's death are effective in the acceptance process. However, in the COVID 19 pandemic situation, these practices were not possible for the survivors, providing the grounds for staying in the denial stage of grief as alluded by Mortazavi et al (2020).

Guilt and anger were complex issues during the COVID 19 pandemic because of the restriction imposed due to COVID -19. The assumption is, holding a ceremony reduced guilt in some cultures. The inability to hold a ceremony intensified feelings of guilt. Findings of the study are similar to those done by Mortazavi et al (2020) and (Lensing & Trauma, 2001). Anger was mainly directed at the government, health workers and sometimes the deceased as well. Many felt that the government did not do enough to prepare for the pandemic and that health workers were negligent most times because there were also afraid to contract the viral infection. This stage involves the “would have “, “should have” , “if only” , In one view, the spread of the virus to the dead person could be attributed to the lack of adherence of their family members to the principles of hygiene and precautions. This view lead recurrent thoughts among survivors on actions they could have followed to prevent the death of their. Negative thoughts and emotions, complicated this period of mourning. However, survivors need to know that bargaining is normal and provides a temporary escape from one's pain through wishful thinking and hope, which gives them time to adjust to the reality of the situation (Mortazavi et al 2020).

Participants indicated that they had experienced symptoms of depression due to the lockdown restrictions. This is also supported by an article by Mortazavi et al (2020) which indicated that the lack of social support and the inability to hold conventional funeral ceremonies due to the limitations caused by the coronavirus pandemic made people experience grieving and mourning alone from the beginning, leading to depression.

According to Penman, Breen, Hewitt, & Prigerson, (2014) as cited in Mortazavi ,et al , (2020) depending on individuals and other stages, it takes about 6 weeks to several months to reach this stage, which is more achievable by the presence of social support (Marks, 2004). Considering the unprecedented nature of the COVID-19 pandemic, it seemed a little difficult to reach this stage and also with the high transmission rate of disease , the possibility of multiple deaths in a family and the existence of social stigma made the situation harder further worsening individuals whose grief was compounded by their own social isolation, lack of practical and emotional support, and highstress living situations, confinement to home, and the loss of routine and activity that once structured their day (Mortazavi ,et al , 2020).

Lack of Social Support

Lack of social support was a theme that spontaneously emerged from the data and it comes in agreement with previous studies done by Mortazavi et al (2020) and Hamid and Jangahir (2020).The lack of social support and the inability to hold conventional funeral ceremonies due to the limitations caused by the coronavirus pandemic made people experience bereavement alone.

leading to depression Mortazavi et al (2020).This further strengthened the assertion by Kübler Ross on the grief cycle that under general conditions, 7% (Shear, 2012) of those who experience grief suffer from unresolved bereavement and other mental health problems (Wallace, Wladkowski, Gibson, White, & Management, 2020) for various reasons, such as the lack of social support (Romero,Ott, & Kelber, 2014).Zimbabwean being predominantly a collectivist society , social relations are of paramount importance and death is a social event.

Lack of Practical and Emotional Support

The findings revealed that like any other African societies, under normal circumstances Zimbabweans observe a mourning period which stretches for three days where people come in large numbers including neighbours, friends, relatives and other acquaintances to express their condolences and provide support to the bereaved. Close relatives live with the bereaved family for few days which helps the bereaved to overcome the grief. However, the COVID-19 pandemic and the social distancing measures changed the whole structure of mourning. The public gatherings of mourning no longer took place which resulted in the bereaved left to mourn alone thus adding to the already existing trauma of losing a loved one. Mourning allows people to come together and support the bereaved. Mourning facilitates the bereaved to share their grief with people, express their emotions, and begin to work through grief together in a loving and sympathetic atmosphere. It is considered to be essential for a normal and positive grief process (Gesi et al., 2020; Getty et al., 2010; Yasien-Esmael & Rubin, 2005 as cited in Hamid & Jahangir, 2020).

Unprocessed Grief

Individuals from the study were negatively impacted but the social distancing rules during the bereavement process .The collective nature of mourning rituals support and hold the bereaved through the emotional process. However, the findings of the study revealed that in this period of social distancing many individuals mourned /grieved in isolation as a result grief remained unexpressed, congested, or postponed. Others bemoaned that they could not hold the after tears ceremonies and had to wait until the conditions

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of the pandemic to be relaxed. Similarly, a study by (Lenferink et al., 2017) reveals that unprocessed grief has traumatic impact and can result in anger, rage, violence, depression, and substance abuse.

Disenfranchised Grief/Ambiguous Loss

Findings of the study revealed that to weep for the deceased person is one of the crucial features of mourning in Zimbabwe. In Zimbabwe weeping and wailing is mostly done by women, who do it right from the inception of death until the commemorative ceremonies. Weeping and wailing over the dead person gives women solace, because it is considered to be the best way to express grief (Jahangir & Hamid, 2020). However, those bereaved by COVID-19 were left without the dead body and thus the right to weep over the corpse of their loved ones was snatched from them. A participant revealed that her uncle died outside the country and the body could not be repatriated. The absence of the body compounded her grief. Lenferink (2017) states that the absence of socially sanctioned mourning practices disenfranchises the griever by preventing recognition of the loss, reinforcing the insignificance of the loss, and impeding social support.

Poor grief adjustment

The study revealed that most participants are struggling with poor grief adjustment which would ultimately lead to complicated grief disorder if not addressed quickly. Under normal circumstances, anyone who is bereaved has an opportunity to attend a funeral and participate fully, but that is not the case now due to COVID 19 induced social restrictions, particularly the travel bans. This further strengthened the assertion by Kübler Ross on the grief cycle that under general conditions, 7% (Shear, 2012) of those who experience grief suffer from unresolved bereavement and other mental health problems (Wallace, Wladkowski, Gibson, White, & Management, 2020) for various reasons.

Stigma

Stigma also emerged as a major theme. Some participants were negatively affected by people who attended the funeral and were skeptical as to the cause of death. In addition mourners would pose suggestive questions linking to symptoms of COVID -19. Many described the whole experience as hurtful, meaningless and very distressing and mentioned that the funeral did little in helping them but caused more harm to what could have been a healing process.

Resilience

This is reflected in the study, individuals adjusted to the socially sanctioned bereavement and came up with alternative ways of grieving whilst in isolation. While negative consequences have understandably been the focus of most authors describing the impact on bereavement of death during COVID-19 pandemic, some have also emphasized positive developments and the resilience of most people “even in the midst of dire circumstances” (Pfefferbaum & North, 2020).

LIMITATIONS

Although this study provides deep insights into how COVID-19 is reshaping the bereavement process in Zimbabwe, however, this study also needs to be viewed in light of its limitations. First the self-report nature of the semi structured interviews. The data was mainly information reported directly by the participant, in some instance information may be misrepresented or misinformed. There was no face to face opportunity with participants which generated many concerns like challenges in establishing rapport, missing the facial expressions of the participants, and the potential loss of contextual data. To overcome this limitation, future researches could use face-to-face interviews with the participants so that to ensure that data/message is not lost during communication. Second, the research was carried out on a small sample size, which reduced generalizability of the results. Future researches should be replicated with a larger sample to enhance the generalization of results and chances of getting diverse responses. Third the researcher incorporated both the deaths resulting from COVID-19 and other reasons. Future researches should conduct separate studies on those bereaved by COVID-19 and those bereaved by other means to investigate if any difference exists in their experiences. The fifth limitation is the sensitivity of the topic of the study. Participants who became uncomfortable answering questions regarding losses may have affected the data by not fully disclosing accurate or sensitive information finally, there is broader scope to conduct a comparative study on bereaved belonging to rural and urban areas. This will help in understanding the different influences of COVID-19 on the bereavement processes in rural and urban Zimbabwe not least, it must also be remembered that the research is limited in assessment to a specific window of time, covering the first half year of the pandemic.

CONCLUSIONS

Due to COVID-19 restrictions and social distancing measures, those at the end of their life die in isolation without giving chances to both dying and the families to meet each other. Rituals and practices that usually follow death of a person were taken away from people in the name of containing the spread of COVID- The pandemic made usual congregations that follow the death difficult to held, thus robbing mourners of a conventional farewell, funeral as well as the comfort of near one’s physical presence. The normal process of mourning was being altered, forcing the bereaved to mourn in isolation without any kind of support and care. COVID-

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19 added another complicated layer of grief to the already existing loss, thus affecting the overall wellbeing of those affected and furthering the scope of loneliness among them.

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