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RESEARCH ARTICLE (ORIGINAL)

Grief and coping in family members and significant others of people who died from COVID-19

Coping e processo de luto em familiares e pessoas significativas de vítimas mortais de COVID-19

Proceso de afrontamiento y duelo en familiares y personas significativas de víctimas mortales de COVID-19

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Resumo

Enquadramento: As restrições impostas pela pandemia COVID-19 dificultaram a vivência dos processos de luto, contribuindo o desenvolvimento de processos patológicos de luto.
Objetivo: Determinar a prevalência de luto patológico em familiares de pessoas vítimas mortais de COVID-19; Verificar se as estratégias de *coping* predizem o luto.
Metodologia: Estudo observacional, descritivo-correlacional e transversal. A amostra não probabilística teve 86 participantes. Os dados foram explorados através de estatística descritiva e inferencial.
Resultados: Cinquenta e dois familiares (60,5%) apresentaram um processo de luto complicado. A dimensão Gestão das emoções do *coping* está correlacionada positivamente com o luto, no global, (p = 0,29; p = 0,01), na dimensão de Negação e revolta (p = 0,35; p < 0,001) e com a dimensão Depressiva (p = 0,28; p = 0,01). Verificou-se ainda uma correlação negativa da dimensão Focada na tarefa com a dimensão específica de Negação e revolta (p = -0,24; p = 0,03).
Conclusão: Os participantes apresentam uma elevada probabilidade de desenvolver processos de luto complicado, pelo que devem ser implementadas medidas de apoio psicológico.

Palavras-chave: infeções por coronavírus; família; adaptação psicológica; luto

Abstract

Background: The constraints imposed by the COVID-19 pandemic hindered the experience of grief and promoted the occurrence of complicated grief.
Objective: To determine the prevalence of complicated grief in family members of people who died from COVID-19; to verify whether coping strategies can predict grief.
Methodology: This is a cross-sectional observational study with descriptive-correlational analysis using a non-probability sample of 86 participants. The data were explored using descriptive and inferential statistics.
Results: Fifty-two family members (60.5%) experienced complicated grief. Emotion-oriented coping correlated positively with grief in the Global dimension (p = 0.29; p = 0.01), the Denial and anger dimension (p = 0.35; p < 0.001), and the Depressive dimension (p = 0.28; p = 0.01). Task-oriented coping correlated negatively with the Denial and anger dimension (p = -0.24; p = 0.03).
Conclusion: The participants present a high probability of experiencing complicated grief. Thus, the implementation of psychological support measures is recommended.

Keywords: coronavirus infections; family; adaptation, psychological; bereavement

Resumen

Marco contextual: Las restricciones impuestas por la pandemia de COVID-19 dificultaron la vivencia de los procesos de duelo, lo que propició el desarrollo de procesos de duelo patológico.
Objetivo: Determinar la prevalencia del duelo patológico en familiares de víctimas fallecidas de COVID-19. Verificar si las estrategias de afrontamiento (*coping*) predicen el duelo.
Metodología: Estudio observacional, descriptivo-correlacional y transversal. La muestra no probabilística contó con 86 participantes. Los datos se exploraron mediante estadística descriptiva e inferencial.
Resultados: cincuenta y dos familiares (60,5%) presentaron un proceso de duelo complicado. La dimensión de gestión de las emociones del afrontamiento se correlaciona positivamente con el duelo, en general, (p = 0,29; p = 0,01), con la dimensión de la Negación y la ira (p = 0,35; p < 0,001) y con la dimensión Depresiva (p = 0,28; p = 0,01). También hubo una correlación negativa de la dimensión Centrada en la tarea con la dimensión específica de la Negación y la ira (p = -0,24; p = 0,03).
Conclusión: Los participantes tienen una alta probabilidad de desarrollar procesos de duelo complicados, por lo que deben aplicarse medidas de apoyo psicológico.

Palabras clave: infecciones por coronavirus; familia; adaptación psicológica; aflicción

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Introduction

In December 2019, an atypical pneumonia emerged in the Chinese city of Wuhan. Considering the exponential increase in clinical cases, by late January 2020, the World Health Organization (WHO) declared the rapidly spreading outbreak of infection by the novel Coronavirus (COVID-19) as a public health emergency of international concern (Oliveira et al., 2020). The COVID-19 pandemic had immediate global repercussions in education, economy, culture, religion, families, and health. As Crepaldi et al. (2020) highlighted, the concerns sparked by the response capacity of healthcare systems, the pandemic's demands, its rapid evolution, and the increase in the number of cases led to the implementation of restrictive measures. These included the closure of schools and universities, isolation of suspected cases, travel restrictions, and social distancing to minimize person-to-person transmission and the disease's spread (Cardoso et al., 2020).

COVID-19 also had other implications on people's lives, such as disrupting their routines, interrupting interpersonal connections, creating financial instability, and, in more extreme cases, the death of someone from their social-affective network (Crepaldi et al., 2020). The COVID-19 pandemic hindered and compromised the experience of grief and the resolution of all its stages, denying people the right to accompany their loved ones' terminal phases and perform funeral/burial rites, leading to the reduction or interruption of rituals usually celebrated to honor the dead (Cardoso et al., 2020; Crepaldi et al., 2020).

Hence, the present study aimed to determine the prevalence of complicated grief in family members of people who died from COVID-19 and to verify whether coping strategies can predict grief.

Background

Grief can be described as the set of psychological, emotional, physical, and social reactions that a grieving person has when faced with the death of a loved one (Stroebe & Schut, 2021). It consists of a period of great pain that requires adapting to a new reality. Most grieving persons can overcome this period of disbelief and suffering (Stroebe & Schut, 2021). However, those unable to do so experience complicated grief. Several factors determine complicated grief. Some of these factors precede the loss, such as the grieving person's age, gender, race, type of relationship with the deceased, socioeconomic status, and previous psychiatric pathologies. Others are related to the loss itself and include the circumstances of the death, whether it was predictable or occurred unexpectedly and violently. There are also peri-loss factors that relate to the grieving person's response and ability to cope with their loss (Marques, 2020).

The diagnosis of complicated grief is not unanimous. The criteria proposed in the literature for determining the diagnosis are primarily the duration of grief, functional impairment, and intensity of symptoms. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the essential difference between normal and complicated grief is time. Thus, when a person presents persistent symptoms or with increased intensity of grief for twelve months or more, it can be determined that they suffer from a persistent grief disorder – also called complicated or pathological grief (American Psychiatric Association, 2014).

The literature considers that funeral rites allow assimilating the loss and experiencing grief. Many individuals need the funeral wake of their loved one's body to understand death, adapt to the idea that the person who died will no longer be present, and build a different reality (Bianco & Costa-Moura, 2020). However, the risk of COVID-19 infection imposed several limitations. These included the prohibition of seeing the loved one's body, the obligation of social distancing, the impossibility of holding funeral/burial ceremonies, the loved one's body could not be dressed, touched, or looked at, and the reduction to a minimum of the number of people allowed to attend the funeral rites as well as of wakes' duration. These measures made it impossible for the family members of people who died from COVID-19 to perform complete funeral/burial rituals (Dantas et al., 2020). The absence of these rituals due to the pandemic caused the desymbolization of death and the interruption of the grieving process (Bianco & Costa-Moura, 2020). Also, grieving persons were prone to excessive preoccupation, posttraumatic stress disorder (PTSD), disinterest in life, difficulty in accepting death, anguish, anxiety, and depression (Magalhães et al., 2020). Often the grieving person felt frustrated for not providing worthy funeral/burial ceremonies for the deceased, not having the opportunity to express feelings and emotions about their lost loved ones and publicly expressing their grief, and for not having a moment of communion, closeness, and compassion. Thus, grieving persons had to deal alone with death and the emotional overload this event generates, not having a support network formed by family and friends with whom to share their pain and who represent the fundamental support to face this phenomenon (Magalhães et al., 2020).

When faced with stress-generating events and adverse circumstances, such as the death of a family member from COVID-19, people apply strategies/resources to adapt or readjust to the adverse situation designated as coping strategies.

Coping can be defined as a set of cognitive and behavioral strategies people develop to deal with internal and external requirements that are assessed as extreme or exceeding their resources. It can be divided into two functional categories: task-oriented coping, including strategies such as negotiation to resolve interpersonal conflicts or request practical help from others; and emotion-oriented coping, whose primary function is to regulate the emotional response caused by the problem, being expressed through attitudes of withdrawal and/or as denial (Dias et al., 2019).

Research questions

What is the prevalence of complicated grief in family members of people who died from COVID-19? Do coping strategies predict the occurrence of complicated grief?

Methodology

This is a cross-sectional, observational, quantitative study with descriptive-correlational analysis. The non-probability "snowball" sampling technique was used. In this technique, the selected participants invite new participants from their network of friends and acquaintances. The "snowball" technique is often used to access low-incidence populations and hard-to-access participants (Pestana & Gageiro, 2014).

The present study's sample consisted of 86 participants that were family members of patients who died from COVID-19 in the central region of Portugal. The inclusion criteria were to be 18 years or older and to have a family member who died more than six months ago.

Data were collected from July to September 2021 using a data collection instrument made available via the Google Forms® online platform and also via telephone contacts (each call lasted a mean of 23 minutes).

The data collection instrument included a questionnaire for socio-demographic and grief context characterization, the Portuguese version by Frade (2010) of the Inventory of Complicated Grief (ICG), and the Portuguese version by Pereira and Queirós (2015) of the Coping Inventory for Stressful Situations (CISS-21).

The ICG consists of 19 items with 5-point Likert-type responses (from Never to Always), scored from 0 to 4 points, with the total score ranging from 0 to 76 points. The ICG allows assessing grief symptoms resulting from losing a significant person after one month. The complicated/pathological grief diagnosis can only be determined six months after the event. The scale's Portuguese version has five dimensions: 1. Traumatic difficulties" (items 2, 9, 10, 11, and 12); 2. Difficulties in separation (items 1, 4, 5, 13, and 19); 3. Denial and anger (items 3, 6, 7 and 8); 4. Psychotic (items 14 and 15); and 5. Depressive (items 16, 17, and 18). The likelihood of complicated grief (Frade, 2010) is indicated by scores above 25 in cases where the loved one died more than 6 months ago. The study of the ICG's internal consistency for the sample under study revealed an *excellent* consistency ($\alpha = 0.93$).

The CISS-21 consists of 21 items, each scoring on a 5-point Likert scale ranging from 1 (not at all) to 5 (very much). The scale has three dimensions: 1. Task-oriented coping (items 2, 6, 8, 11, 13, 16, and 19); 2. Emotion-oriented coping (items 3, 5, 10, 12,14, 17, and 20); and 3. Avoidance coping (items 1, 4, 7, 9, 15, 18, 21). A higher score indicates that the person uses this coping strategy more than the other strategies assessed (Pereira & Queirós, 2016). The study of the CISS-21's internal consistency for the sample under study demonstrated a "good" consistency ($\alpha = 0.87$).

The present study obtained a favorable opinion from the Polytechnic Institute of Viseu Ethics Committee regarding ethical-legal procedures, reference 14 A/SUB/2021, issued on 25 May 2021. During data collection, the anonymity and confidentiality of the answers were ensured, and each participant's right to privacy was respected at all times. The telephone calls were not recorded. An informed consent form was used, and authorization was requested to apply the data collection instruments.

Data were processed using the IBM SPSS software, version 26.0. Data were explored through descriptive statistics using absolute and percentage frequencies and central tendency and dispersion measures. Internal consistency was analyzed using Cronbach's Alpha, whose values are interpreted as *excellent* > 0.9, *good* between 0.8 and 0.9, *acceptable* between 0.7 and 0.8, *questionable* between 0.6 and 0.7, and *unacceptable* < 0.6 (Pestana & Gageiro, 2014). Due to the sample's small size, non-parametric tests were used to perform the inferential analysis, namely the Mann-Whitney *U*-test (for continuous data) and the chi-square test (X^2) or Fisher's exact test (for dichotomous or ordinal data). Spearman's correlation coefficient was used to correlate two continuous variables. The significance limit was set at 0.05 in all tests. Thus, the null hypothesis was rejected when the probability of making a type I error was less than 5% ($p < 0.05$).

Results

The sample, primarily female (69.8%; $n = 60$), included 86 participants aged between 18 and 87 years, with a mean age of 52.02 years (*standard deviation* ± 13.44 years). Most participants were married (66.3%; $n = 57$), lived in a rural area (61.6%; $n = 53$), had a higher education level (32.6%; $n = 28$), and were Christian (75.6%; $n = 65$). The most frequent family relationship with the deceased person was daughter/son (37.2%; $n = 32$), followed by granddaughter/grandson (17.4%; $n = 15$).

The characterization of the grief context revealed that the deceased person's mean age was 80.67 years (*standard deviation* ± 11.66 years), ranging from 44 to 97 years. Seventy-four participants (86%) did not visit their family members during the illness, and 72 participants (83.7%) revealed that their deceased family member was not dressed for the funeral rites. Regarding the destination of the deceased person's body, 88.4% (n = 76) were buried in a cemetery, and 9.3% ($n = 8$) were cremated. The destination of the rest was unspecified. The family member's place of death was predominantly in the hospital – 83.7% ($n = 72$). After death, most participants were denied the opportunity to see their family members, although they wanted to do so (62.8%; $n = 54$). About 84.9% ($n = 73$) considered it significant for relatives and friends to "see the body/face of the family member/person after death to say goodbye." Although most participants (76.7%; $n = 66$) attended the funeral/burial ceremonies, only 47.7% ($n = 41$) said that a religious meeting/celebration was held, the most frequent being the mass. Most participants (86%, $n = 74$) reported no family/friends meetings occurred after their loved one's death.

The ICG had a minimum score of 1 and a maximum score of 70, with a global mean of 29.68 (*standard deviation* ± 15.70). The results showed no statistically significant differences between genders (U = 649; p = 0.021; Table 1).

Table 1

Statistics on complicated grief according to gender

Gender	*n*	Minimum	Maximum	Mean	Standard deviation	Mean rank	*U*	*p*
Male	26	1	67	26.53	16.19	38.46		
Female	60	7	70	31.05	15.42	45.68	649	.21
Total	86	1	70	29.68	15.70			

Note. n = Sample size; *U* = Mann-Whitney U test; *p* = Statistical significance.

The study of the grief dimensions revealed that the participants scored maximum values in the dimensions Traumatic difficulties and Difficulties in separation. The highest mean value was 11.2 (*standard deviation* ± 4.89) in the dimension Difficulties in separation (Table 2).

Table 2

Descriptive statistics on the dimensions of complicated grief

ICG dimensions	*n*	Minimum	Maximum	Mean	Standard deviation
Traumatic difficulties	86	0	20	5.43	4.73
Difficulties in separation	86	1	20	11.2	4.89
Denial and anger	86	0	16	8.05	4.53
Psychotic	86	0	8	1.66	1.97
Depressive	86	0	12	3.31	2.71

Note. n = Sample size; *ICG* = Inventory of Complicated Grief (Portuguese version).

Regarding the type of grief, 52 participants (60.5%) scored higher than 25 points, revealing the experience of complicated grief. There were no statistically significant differences between genders (X^2 = 0.68; p = 0.47) (Table 3).

Table 3

Statistics on the type of grief

ICG score	Male		Female		Total		X^2	*p*
	n	%	*n*	%	*n*	%		
< 25 (normal grief)	12	14.0	22	25.6	34	39.5	0.68	.47
> 25 (complicated grief)	14	16.3	38	44.2	52	60.5		
Total	26	30.2	60	69.8	86	100.0		

Note. n = Sample size; *ICG* = Inventory of Complicated Grief (Portuguese version).; X^2 = Chi-square test; *p* = Statistical significance.

In the CISS-21, the coping score ranged from 27 (minimum) to 88 (maximum), with a global mean of 59.01 (*standard deviation* ± 13.87). There were no statistically significant differences between genders (U = 658; p = 0.25; Table 4).

Table 4

Statistics of coping with stressful situations according to gender

Gender	*n*	Minimum	Maximum	Mean	Standard deviation	Mean rank	*U*	*p*
Male	26	27	81	56	13.18	38.81	658	0.25
Female	60	33	88	60.31	14.06	45.5		
Total	86	27	88	59.01	13.87			

Note. n = Sample size; *U* = Mann-Whitney *U* test; *p* = Statistical significance.

The analysis of the results obtained by the CISS-21 revealed that male participants primarily adopted "task-oriented coping" strategies (*M* = 3.35, *standard deviation* ± 0.79), followed by "emotion-oriented coping" (*M* = 2.41, standard deviation ± 0.85) and "avoidance coping" (*M* = 2.23, standard deviation ± 0.74) strategies. Female participants also used "task-oriented coping" strategies (*M* = 3.40, standard deviation ± 0.76) more frequently, followed by "emotion-oriented coping" (*M* = 2.67, standard deviation ± 0.91) and "avoidance coping" (*M* = 2.53, standard deviation ± 0.94) strategies. "Task-oriented coping" strategies were the most employed by all participants, with a mean value of 3.38 (standard deviation ± 0.76) in the global score (Table 5).

Table 5

Descriptive statistics of coping with stressful situations by dimension according to gender

	CISS-21	*n*	Minimum	Maximum	Mean	Standard deviation
Male	Task-oriented coping	26	1.71	4.57	3.35	0.79
	Emotion-oriented coping	26	1.00	4.43	2.41	0.85
	Avoidance coping	26	1.00	4.14	2.23	0.74
Female	Task-oriented coping	60	1.43	4.86	3.40	0.76
	Emotion-oriented coping	60	1.00	4.57	2.67	0.91
	Avoidance coping	60	1.00	4.57	2.53	0.94
Global	Task-oriented coping	86	1.43	4.86	3.38	0.76
	Emotion-oriented coping	86	1	4.57	2.59	0.89
	Avoidance coping	86	1	4.57	2.44	0.89

Note. n = Sample size; CISS-21 = Coping Inventory for Stressful Situations (Portuguese version).

When analyzing the coping dimensions according to gender, it is possible to verify that the differences were not statistically significant (Table 6).

Table 6

Statistics on the dimensions of coping with stressful situations according to gender

CISS-21	Male		Female		*U*	*p*
	n	Mean rank	*n*	Mean rank		
Task-oriented coping	26	43.31	60	43.58	775	.96
Emotion-oriented coping	26	38.65	60	45.60	654	.23
Avoidance coping	26	39.17	60	45.38	667.5	.28

Note. n = Sample size; CISS-21 = Coping Inventory for Stressful Situations (Portuguese version); *U* = Mann-Whitney U test; *p* = Statistical significance.

The correlation of coping strategies with grief showed that the dimension Emotion-oriented coping correlated positively with grief in the Global dimension (*p* = 0.29; *p* = 0.01), the Denial and anger dimension (*p* = 0.35; *p* < .001), and the Depressive dimension (*p* = 0.28; *p* = 0.01). On the other hand, Task-oriented coping correlated negatively with the Denial and anger dimension (*p* = -0.24; *p* = 0.03; Table 7).

Table 7

Correlations between complicated grief, coping with stressful situations, and respective dimensions

ICG CISS-21		Global	Traumatic difficulties	Difficulties in separation	Denial and anger	Psychotic	Depressive
Global	*p*	.11	.01	.10	.11	.10	.08
	p	.33	.95	.34	.32	.35	.48
Task-oriented coping	*p*	-.15	-.17	-.05	-.24	-.01	-.15
	p	.17	.13	.67	.03*	.96	.16
Emotion-oriented coping	*p*	.29	.17	.19	.35	.17	.28
	p	.01*	.12	.07	<.001*	.12	.01*
Avoidance coping	*p*	.04	-.04	.02	.09	.03	-.03
	p	.73	.74	.88	.44	.76	.82

Note. ICG = Inventory of Complicated Grief (Portuguese version); CISS-21 = Coping Inventory for Stressful Situations (Portuguese version); * = Statistically significant.

Analyzing the correlations of the CISS-21 global score with the individual items of the ICG, it is possible to observe a positive correlation for item 6 (p = 0.32; p = 0.003). Regarding the correlation between the ICG individual items and the Task-oriented coping dimension, negative correlations were found in item 7 (p = -0.24; p = 0.02), item 8 (p = -0.28; p = 0.01), and item 9 (p = -0.26; p = 0.01). Considering the correlation between the ICG individual items and the Emotion-oriented coping dimension, positive correlations were established for item 3 (p = 0.22; p = 0.04), item 6 (p = 0.46; p < .001), item 7 (p = 0.26; p =0 .01), item 8 (p = 0.24; p = 0.03), item 9 (p = 0.21; p = 0.05), item 13 (p = 0.23; p = 0.03), item 14 (p = 0.22; p = 0.05), and item 17 (p = 0.27; p = 0.01). Finally, when analyzing the correlation between the ICG individual items and the Avoidance coping dimension, only item 6 (p = 0.27; p = 0.01) correlated positively.

Discussion

The present study answers the proposed research questions. Regarding the first question, "What is the prevalence of complicated grief in family members of people who died from COVID-19?" it is possible to determine a high number of family members of people who died from COVID-19 experiencing severe difficulties and complicated grief. The prevalence rate of complicated grief is 60.5%. This prevalence is much higher than in other studies conducted in Portugal, in which 16.7% of the grieving persons show the possible presence of complicated grief, and 23.8% show possible traumatic grief (Pereira, 2022). However, there is no statistically significant relationship between the conditions under which funeral/burial ceremonies occurred (within the context of the COVID-19 pandemic) and the experience of complicated grief. Nevertheless, there are indications that people who lost family members to COVID-19 and found themselves unable to accompany them before and after death experience pathological or complicated grief. Connecting with family and friends after a loved one's death can be a coping strategy, minimizing the risk of complicated grief (Mayland et al., 2020). All profound changes have the potential to impact the grieving person and how they experience grief. The unexpected nature of COVID-19 deaths and the exposure to different stressors are a strong predictor of future pathological pain and persistent, prolonged, and disabling grief reactions (Hart & Taylor, 2021; Sizoo et al., 2020).

The present study's objectives aimed to explain whether the conditions under which the funeral rites occurred within the context of the COVID-19 pandemic impacted the experience of complicated grief. In this sense, some studies point out that the imposition of restrictions impacts patients, relatives, caregivers, and professionals (Hart & Taylor, 2021; Sizoo et al., 2020).

However, in the present study, it was impossible to estimate whether the grief context and the funeral/burial rituals influenced the experience of complicated grief in a statistically significant way. Nevertheless, the results show that such limitations tend to generate discontent and hinder the management of grief since family members cannot perform a dignified tribute to their deceased loved one. The COVID-19 pandemic appears to have influenced how grief was experienced, as the risk of complicated grief potentially increased due to the conditioning of several cultural norms, rituals, and usual social practices related to death and grieving due to the pandemic (Mayland et al., 2020). However, other studies have shown no significant relationship between the way funeral/burial ceremonies occur and the existence of pain or prolonged grief (Stroebe & Schut, 2021).

There are also correlations between the possibility of experiencing complicated grief and the ICG Denial and anger and Depressive dimensions, as participants scored items such as "I feel bitter over this person's death" and "I feel I cannot accept the death of the person who died." Shear (2015) points out that complicated grief is more frequent in women of low socioeconomic status aged over 60 years. However, the present study was unable to confirm

this. As Stroebe and Schut (2021) highlight, COVID-19 pandemic-imposed restrictions and distancing could have further intensified the feelings of loneliness, which are an integral part of the experience of grief. Grieving persons, whether family members or friends, are deeply affected by the experience of grief and its consequences. The impact of COVID-19 on grieving persons can cause an increase in extreme emotional reactions, such as anger, shame, fear, depression, and loneliness, as well as the possibility of suffering from persistent grief disorder (Stroebe & Schut, 2021). An aspect also validated by the present study.

Regarding the second research question, "Do coping strategies predict the occurrence of complicated grief?" the present study demonstrates that participants mostly used task-oriented coping strategies. There is also a positive correlation between avoidance coping strategies and complicated grief. Participants frequently used strategies such as "Take some time off and get away from the situation" and "Treat myself to a favorite food or snack." These strategies demonstrate the wish to escape the current problem or stressful situation. On the other hand, some studies show that people who use avoidance or ruminative coping strategies are more likely to experience complicated grief (Marques, 2020).

Individuals who use emotion-oriented coping strategies more regularly may also have an increased probability of experiencing complicated grief. The Emotion-oriented coping dimension is also positively correlated with the Denial and anger and the Depressive dimensions. In the ICG, participants frequently scored items such as "I feel I cannot accept the death of the person who died" and "I feel that it is unfair that I should live when this person died." This is mainly because emotion-oriented coping strategies focus on eliminating the negative emotional response to the problem or cause of the stress (Dias et al., 2019). Participants also scored higher on items such as "I blame myself for being so emotionally affected by the situation.", "I want to change what happened and the way I feel." and "I feel anxious about not being able to cope with the situation." They appeared to have difficulties coping with the stress-generating situation, re-signifying the event, and moving on with their lives. In general, the present study's sample used task-oriented coping strategies to solve stressful or problematic situations.

The present study's results should be interpreted considering some limitations. The first limitation is the type of non-probability sample, which does not allow for generalizations about the subject under study. The second limitation is the sample's small size, motivated by the sensitive nature of the inclusion criteria that led many people to refuse participation. This seriously limited the statistical tests the study intended to apply. Nevertheless, despite the limitations, the study strived to ensure the sample's clinical robustness and the analysis of a wide range of variables sensitive to the phenomenon and guarantee that the conducted research was methodologically rigorous.

Conclusion

Most participants did not visit their family members during the period of illness. This fact does not influence the coping strategies or the associated grieving process. The present study also observed that task-oriented coping was the most commonly adopted strategy and that there was a high probability of difficulties in managing grief and the experience of complicated grief.

The participants considered that looking at their loved one's body, or part of it, after death is an essential form of farewell ritual, helping to mitigate the grieving process and alleviating its difficulties.

Regarding the implications for practice, this study's results demonstrate the pandemic's negative impact on people's mental health and the need for behavioral changes in healthcare institutions, namely through adopting different procedures for identifying and preparing the deceased, facilitating family visits during hospitalizations, and allowing the establishment of a support network for grieving persons and follow-up by specialized teams.

As further recommendations, this study considers it relevant to continue research on the experience of grief to suggest practice guidelines for healthcare institutions, the implementation of support and intervention programs, and changes in healthcare policies. Health professionals should know the importance of early screening programs for grief-associated symptoms.

As implications for research, the present study wishes to highlight the relevance of replicating its research in a larger sample. It is essential to study the prevalence of complicated grief in subgroups, particularly older adults, because, due to their specific characteristics, they constitute a high-risk group and are the most affected by COVID-19 mortality.

Author contributions

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Conflict of interest

The authors declare that the present study is part of a larger research project entitled "Luto Pós-SARSCoV-2: Evidências" and that the article discloses the results obtained within the scope of the research component developed at the Higher School of Health of the Polytechnic Institute of Viseu.

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