

# Making My Way Back: Early Coping of Bereaved Family Members During Pandemic

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## Abstract

The pandemic has brought us into a life of uncertainty and unexpected deaths in families. Filipinos are known to have close family ties which impacted their bereavement. Utilizing grounded theory, this qualitative research study aimed to propose a theory to describe the coping of the bereaved. Specifically, it explored (1) initial reaction and anticipatory grief; (2) compound difficulties; and (3) coping of the participants. Twenty young adults were recruited using purposive and snowball sampling. A semi-structured interview was carried out and the data were processed in cool and warm analysis. Four phases were identified: (1) the anguish phase which represents the negative and positive emotions felt by the participants. (2) Bethink phase which involves contemplation and reflection. (3) The laying ground phase mirrors the participants' discovery and engagement with their coping strategies. And (4) the existing phase where they show that they are still in the process of coping but denote meaning-making and acceptance of loss. The ABLE Theory, an acronym derived from the first letters of the four phases, is useful in understanding the experiences of the bereaved to better equip the community and mental help professionals in dealing with similar concerns of individuals during a public health crisis.

**Keywords:** Early Coping, Bereavement, Pandemic, Meaning-making

## Introduction

One of many people who lost both parents due to COVID-19 is Tracey Carlos. Tracey used different coping strategies in response with the overwhelming grief that she experienced during the pandemic. Carlos learned that her father was not in a good state and her mom had a fever during a phone call on March 14, 2020. Her parents both tested positive for COVID-19, and both had to be intubated in the intensive care unit (ICU) on March 20. Carlos' mother suffered from myelodysplastic syndrome (MDS). She knew that the chances of her mom recovering from COVID-19 was small. Carlos' mom died on March 25 at age 73. Her dad lasted 30 days in ICU, and they had high hopes of him recovering from the virus. Carlos' father, on the other hand, had chronic obstructive pulmonary disease (COPD) but practically forgot that he had it because it wasn't a significant part of his life. Yet, her dad died on April 24 at age 75. With this experience Tracey is considered to be in a concurrent crisis that can lead to grief overload due to the loss of her both parents. Grief overload is a high-risk factor for having complications with mourning (Cassata, 2021).

According to Shear (2012), the loss of a loved one is a natural life event that is universally experienced and, at the same time, is one of life's biggest challenges. Individuals are expected to react strongly to bereavement and engage in practices and human behaviors. Yet, despite the shared experience and strong emotional support provided by family and

friends, most bereaved individuals, than at any time in their lives, feel more alone during this event. Because of the isolation and unfamiliar grief experiences, an intense emotional and disturbing phase is often followed by the loss of a loved one, eventually declining as reality of the death is contemplated and accepted and its consequences relished. The changed circumstances and defining features relating to COVID-19 bereavement include the events where funerals/burials are likely to be prevented, postponed or held remotely (and with very few individuals present). Sometimes there is little opportunity to say goodbye in the usual way, or to observe cultural or religious practices in mourning; there may be remorse or anger about the possible avoidance of death (Stroebe & Schut, 2021).

Many individuals have been through this kind of experience since this pandemic has given rise to a social situation plaguing the world with a lot of uncertainty due to the rapid spread of infection and high level of mortality. Individuals, especially those who had lost a parent due to COVID-19, were most likely to experience a change in the level of grief rather than in natural bereavement. Some essential characteristics of families in the Philippines are being family-centered, child-centric, close ties, and large family size (Medina, 2001). And in a traditional Filipino wake, people are expected to come together when grieving and prefer group gatherings to pay respects to the deceased rather than doing so privately (Sabanpan-Yu, 2009). A Filipino wake is not designed to be short or quick. Seeking comfort in the arms of an

immediate family member or a friend is a common impulse in the depths of grief that was made impossible by the COVID-19. In order to avoid contagion, lockdown measures have been set to strictly prohibit the holding of wakes for the deceased, especially those due to COVID-19.

As stated by Gibson et al. (2020), the pandemic disrupted common grief experiences and changing strategies to support grief is needed. There are different resources on how an individual can cope with the death of a parent, specifically due to COVID-19. And meaning-making of an individual during times of increased social distancing can help make their way back or make an effort to slowly accept the loss and then work on going back on track in their life.

In this study, the researcher aims to contribute to Psychology and Education by developing a theory of coping of the bereaved family members during pandemic.

### Research Questions

The main purpose of this study is to formulate a theory describing the process of early coping of individuals who lost a loved one because of COVID-19. Specifically, this study sought to answer the following questions:

1. What are the initial reactions and anticipatory grief of the bereaved upon knowing the situation of their immediate family member?
2. What are the compound difficulties encountered during the wake and funeral of their parents?
3. What are the coping strategies developed by the bereaved?

## Literature Review

### COVID-19 Impact Tracker

Coronavirus first emerged in China and it is now considered one of the major global health threats (Gao et al., 2020). In a span of a month, the virus had expanded to 147 countries, with 7800 mortality, and afflicted hundreds of thousands of people in a short time (Gostin et al., 2020). In the Philippines, the first confirmed case happened last year on the 30th of January, when a 38-year-old woman arrived from Wuhan, and then two days later the Philippines recorded the first death due to Covid outside China. As claimed by the World Health Organization (WHO, 2021), in November there were 259,502,031

confirmed cases of COVID-19, including 5,183,003 deaths. And in the Philippines, there were 2,829,618 confirmed cases of COVID-19 with 47,875 deaths, and of these deaths, 60 percent were male aged over 70 (34.7%) followed by 60-69 years (27.3%).

As shown on the latest data by the WHO (2020), 50 percent of cases are among those aged 20 to 39 years, while 60% of deaths are among those aged 60 years and up. Community transmission exists in all regions of the country, with three regions showing higher transmission intensity: National Capital Region, Region 3, and Region 4A.

As mentioned in the Public Information Office page of Pampanga (PIO) as of November 30, 2021 there are 4 new reported cases creating a total of 267 active cases and a total number of 2,584 mortalities. Cities in Pampanga that host the number of cases are the following: Angeles City, having the highest number at 137 active cases; followed by City of San Fernando, 21, and the towns of Mexico and Floridablanca, 19. The total number of cases since the pandemic started has reached 48,303 as of November 30, 2021.

Centers for Disease and Control Prevention (CDC, 2021) mentioned that as you get older, your risk of being hospitalized for COVID-19 increases, since eight out of ten of COVID-19 deaths reported have been in adults. As they said, older individuals are at greater risk of being hospitalized or dying when diagnosed with COVID-19, since their immune system weakens and they are likely to have comorbidity, which makes them more vulnerable to COVID-19. That is also the reason why older individuals are not allowed to go out since age is one factor that makes it easier for them to catch the virus. To support this, as studied by Daw et al. (2020), knowing (or being conscious of) the age of people in the process of bereavement due to COVID-19 will clarify broader challenges. The older adults may experience twice the normal difficulty and carry double the burden of COVID-19. With their age, they are very vulnerable to catching the virus. Second, they are at high risk of losing someone important to them. At the same time, other individuals are also at high risk of losing an older adult family member (parent and grandparents; it is the subset of the population with the highest COVID-19 fatality rates). Knowing age differences will illuminate some of the broader challenges to and experiences in their grief.

### Language of Grief and Bereavement

The term grief relates to the emotional reaction to such

a personal loss. Grief is caused by a loss that is commonly linked with the death of a loved one or bereavement (Gorospe, 2017). Granek (2010) stated that grief is the feeling of losing someone they love. On the other hand, bereavement is intense grief and the adjustment to life without the deceased. According to Morgan et al. (2016), the knowledge of grief as a subject of psychological interest arose in the early 20th century, Freud became one of the proponent writers devoted to exploring the phenomenon of grief, publishing his influential essay on mourning and melancholia in 1917. Granek (2010) also stated that Freud's idea of "grief work" was examined. Researchers claimed that within the psychological domain of the study, grief is a pathology that should be included, insisting on the need for psychological intervention for people to heal as quickly as possible and writings on bereavement have largely emphasized chronic or pathological reactions as a result of a loss.

Shear (2012) claimed that bereavement is a severe stressor which typically inflicts painful and debilitating symptoms of acute grief that commonly progresses to restoration of a satisfactory, if changed, life. Clinical interventions are normally not needed for grief. However, sometimes acute grief can get a grip and become a chronic debilitating condition associated with complex or complicated grief. Furthermore, stress triggered by mourning (like other stressors) can increase the probability of the onset or development of other physical or mental illnesses. The continued connection to the deceased has sometimes been viewed as a form of unresolved grief. With this perspective, the possibility of maintaining contact with the deceased loved one reveals an effort to preserve the relationship by resisting the fact that the person is dead. In this case, the task of "grief work" is to break the bond between the living and dead by reviewing the thoughts, memories, and emotions associated with the loss (Stroebe and Schut, 1991).

And as stated by Gibson and his colleagues (2020), the pandemic disrupted usual experiences of grief and the modification of approaches to support grief is needed. Grief covers many emotional, cognitive, physical and behavioral responses that are common reactions after a loss. Many individuals experience loss of physical and mental health care. Although they know their loved one is infected with the virus and there is a high probability that it will end in death, they still experience the overwhelming effects of grief because it is impossible for the bereaved individuals to physically embrace or say a proper goodbye to their loved one.

## Anticipatory Grieving

According to Yap et al. (2021), (I removed - it shows that) death and burial practices are considered important in understanding the meaning and acceptance of the unfortunate death of a family member affected by COVID19. Understanding these, in turn, increases the need to address the anticipatory process of family grief. It is in these practices that the bereaved family experiences grief. Grief is an emotional reaction felt when a loved one has passed away. Often, this disease can be overwhelming, and the individual may experience difficult emotions, especially during the pandemic, where loved ones are separated and quarantined. Patients were isolated and some died in the hospital and were immediately cremated as called for by the protocols. The immediate sequence of events leaves people with little time to process their emotions and grieve properly. Lack of time to say goodbye and provide closure to their loved ones is a recurring situation for bereaved family members.

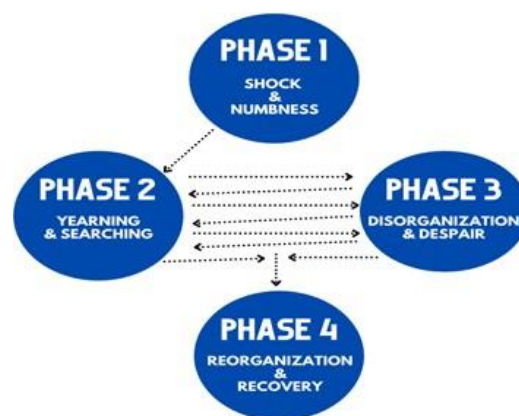
A typical response to anticipation of loss is what we call anticipatory grief. Processing the idea that the patient will die is an opportunity for family members to experience anticipatory grief and it is significant that they progress through the grieving process, both before and after bereavement (Parkes, 1976).

As eloquently stated by Duke (1998), anticipatory grief has various aspects and occurs in several stages. Specifically, anticipatory grief is followed by the general process of experiencing shock about the impending loss, denial of the reality of loss, and eventually accepting it. In other words, anticipatory grief appears to shift over a period of time. Nevertheless, anticipatory grief should be viewed as a mental process for coping or dealing with the patient's illness or death. As such, it is not merely a reaction to the prospect of the patient's death arising over time (Rando, 2000).

There is a need to be acquainted with past experiences of young adults who have lost a parent to help in identifying those aspects which may assist the grieving process. This is significant in anticipatory grief which may transpire in serious illnesses. As indicated by Robinson and Smith (2021), it doesn't matter how much pain you're in at the moment; it is important to know that there are healthy ways to cope with the anguish.

## Bowlby and Parkes' Four Stages of Grief

Parkes (1998) analyzed that grieving the loss of a loved one is agonizing and is a normal part of the experiences of humans. The Five Stages of Grief by Elisabeth Kübler-Ross is often cited as a common way to comprehend the stages that occurs after losing a loved one. Kübler-Ross was direct in saying that her stages were only applicable to those who come to accept their own imminent passing. Another model that may be more relevant for apprehending the grief process when we have lost a loved one is proposed by British psychiatrists John Bowlby and Colin Murray Parkes' Four Phases of Grief. An illustration of the phases may be viewed below this paragraph. Identified as the first phase that promptly follows a loss to death is shock and numbness. In being able to emotionally survive the initial shock of the loss, the mourning individual feels numb and closed out. Yearning and searching are the second phase where it is specified by an array of feelings, including sadness, anger, anxiety, and confusion. The grieving individual is coming across as longing for the demised person and wanting them to go back to fill the void created by their demise. In the third phase, disorganization and despair are distinct by initial acceptance of the reality of the loss. The grieving individual may experience feelings of apathy, anger, pain, and hopelessness. The individual frequently wants to pull back and disengage from others and the activities that they usually enjoy. Reorganization and recovery is the final phase in which the grieving individual starts to return to a new state of 'normal.' Intense emotions such as sadness, anger, and despair start to decrease as more positive memories of the deceased person increase. The bereaved individual may experience regular energy levels, and weight will equilibrate (if it changes during other phases). As reported by Dr. Parkes (1998), in this theory, the phases should not be viewed as an unvarying sequence that is traversed only once. The bereaved individual must pass back and forth between searching and despair on many occasions before coming to the final phase of reorganization and recovery.



### Factors that Affect an Individual's Grief During Pandemic

The distress that occurs in witnessing the parents' situation is caused by profound sadness and anxiety over the survival of self and family. Also, there is the sentiment of being unable to accept the reality that happened, forcing themselves not to look sad (Fikry, 2018). According to Menzies (2012), a compelling sense of fear or meaninglessness is propagated in awareness of death. Hope is especially important in despairing and overwhelming times since it fuels energies and efforts to cope and rebuild lives. In the midst of adversity, we cling to hope (Weingarten, 2010).

Individuals experienced a sort of incomplete grieving during this time of pandemic since the bereaved who follow health safety protocols are dispossessed of performing traditional rites that are usually performed after the loss and they do not get the chance to appreciate the presence of others to relieve the grief caused by the loss. (Farahmandnia et al., 2020). Inclusion to the burden of death in families is that grieving normally is not allowed, likewise, expressing their emotions and conveying anguish. Anyhow, they are also isolated for a long time after the passing of their loved ones and could not be with relatives and friends (Abdollahimohammad et al., 2016).

As stated by Carr et al. (2020), death caused by COVID19 is commonly accompanied by much pain and difficulty. It usually transpires, for the patient, in the hospital away from the family. In contrast, other members of the family are not there to be with their loved one at their final moments of life and are not given the opportunity to bid their goodbyes to the deceased. Grief caused by such death, or often indicated as "bad death", is where in fact, grief can be



especially doubled for the late parent's family members who may experience a lack of emotional and social support, financial problems, concerns for their own health, quarantine, and failure to hold the traditional funeral rites.

Christ (2002) proposed that culture and religious traditions affect the responses to bereavement. In some populations, such as the Hispanic, Christ reported a case of the teenager who took care of the parent at the active dying state; such an experience can provide a sense of gratification that prevents feelings of guilt that may arise following the passing of a parent. According to Stroebe et al. (2014), guilt in the context of bereavement has been interpreted as "a remorseful emotional reaction in bereavement, with apprehension of having to unsuccessfully live up to one's own internal expectations concerning the deceased."

### Absence of Support System

According to Brown (2012), the understanding of grief and loss in a family system is important to view each individual's experience of loss in the context of intra and intergenerational relationship patterns. As Barnhill (2011) mentioned, system theorists contributed an extensive understanding of the systemic nature of the impact of death on the family unit and its principal relevance in understanding bereavement as a disruption to relationships within the family through the years.

There are changes in circumstances in COVID-19 deaths such as isolation or quarantine for the family members or close contact, leaving them without the presence of other people. Self-quarantine brings difficulties such as lack of support from close relationships and it can exacerbate the feeling of grief that is part of any death experience. Added to this are various changes in living circumstances during lockdowns and quarantine and, for some, these measures impose a sense of lack of autonomy, a feeling of freedom lost and gone, which is hard to bear (Stroebe & Schut, 2021).

### COVID19 Policies

In Pampanga, Governor Dennis Pineda implemented age (eighteen to sixty) restrictions, business establishments guidelines, strict health protocol implementation, curfew, liquor ban, public market rules, and mandatory checkpoints of barangay officials. Equally important is that the officials are responsible for ensuring the safety and dignified burials of individuals who lost their battle with

COVID-19. They made policies regarding the new normal but, in the process, authorities considered public health issues, forensic guidelines and also religious burial traditions and customs (International Committee of Red Cross [ICRC], 2020). The policy is a big shift from traditional funeral rites since it has been observed that, when Filipinos grieve for the loss of their loved ones, the role of other family members, as well as the community, is given importance in helping the bereaved cope with the loss. The act of saying goodbye to a passed-away relative often begins at funerals or burials (Cormier, 2020). Accoroni et al. (2020) mentioned that funeral rites are known to be present in the state of mourning to recognize the value and importance of those who have passed away. It must also consider that traditional funeral rites are important for psychological growth; it helps the bereaved family members accept the loss and face the grieving process, allowing their grief to be expressed. Also, as Moran (2011) stated, one of the most common treatment options for bereavement is the use of support groups. Which is found to be useful for individuals going through the process of grieving, or those who hold the resources necessary to naturally predict grief processes.

As stated by Clark (1998), the most common death ritual among Filipinos is the Novena, in which prayers are said for nine (9) consecutive nights following a death. During this time, it is customary for family members to take turns watching over the body. If the deceased was a husband, his widow could not go out unaccompanied during this time. On the ninth night, a feast ("pasiyam") is prepared. Family and friends come to the house and eat the favorite foods of the deceased. It is believed that a place at the table should be set for the dead so he or she can also eat.

In many cases, personal belongings are buried with the dead so the deceased will not return and ask for those items (razors, soap, glasses, and such). When a child dies, any white clothing is worn to the funeral because children are angels and they do not wear black-colored clothes. After 40 days of the burial, there will be a memorial service. Moreover, graves are often visited during All Souls Day (November 1), All Saints Day (November 2), and birth and death anniversaries (Goldade, 2017).

Because of this, traditional funeral rites that are essential in expressing and sharing your loss and even receiving social support were averted, which has affected their grieving and hindered the process of accepting the reality after the death of parent or close kin. Which affected their grief, and due to this

experience, another factor that arose was stigma and social discrimination due to the presence of the virus.

### Stigma and Social Discrimination

During the virus outbreak, the family and close contact of a person who has died of COVID-19 is likely to experience stigma and social discrimination, by avoidance or abandonment. Some people avoid contact with them because they somehow bear the stigma attached to the virus, thinking that close contact with the bereaved could lead to getting infected as well (Benerjee et al., 2020; Centers for Disease Control and Prevention [CDC], 2020).

### Early Coping

Grieving is a distinctly individual experience. Your grief depends on many aspects that may consist of your approach and life experience. Certainly, the grieving process takes time. Little by little, healing falls into place. In a few weeks or months, some people start to feel better. The sadness typically decreases in severity as time goes by. Nonetheless, grieving is an important process to get the better of these feelings and pursue finding ways as you move forward, to incorporate in your life the experienced loss (Smith et al., 2021). According to Shear (2016), when someone dies, individuals usually experience a strong acute grief reaction and concurrently, they begin the gradual process of adapting to the loss. As you develop coping mechanisms, you have to understand your feelings as they occur and accept these emotions. At the range of six months to two years many individuals work through their grief and recover.

In grieving, there is no specific time when to move forward or cope with the loss. What's important is for the bereaved to allow themselves to process grief naturally. Some bereaved family members start to feel better in weeks (six to eight) or months, but it is measured in years for others. You may begin to feel better in small ways. It will begin to get slightly easier to wake up in the morning and maybe even have more energy. This is the moment when you will start to reconstruct your life around the lost loved one. In this course of time, it may seem like you are going through a series of ups and downs. You may feel better at one time but worse the next. This is normal. Over time, you will start to perceive interest in other people and activities again. To support the claim of early coping, a study was conducted last 2010 with bereaved women who lost their partner in the span of two to six months to assess their experiences and early coping with the

dual-process model (Caserta et al., 2010; Melinda, 2021; Staff, 2020).

And the findings have shown that the dual-process model of coping is a significant model of grief that reflects the transition that occurs in typical grief. In the day-to-day basis while grieving, a healthy person moves between focusing on stresses associated with loss (such as the pain of living without the individual) and stressors related to recovery (engaging in recovery: new role and identity due to loss), and at other times what they encounter in everyday life experiences (O'Connor, 2019).

According to Bonanno et al. (2015), study shows that the functioning of an individual prior to the death event is also an important aspect of their way towards coping. Individuals who are depressed before the occurring death may require various interventions from those developed only after the traumatic experience.

### The Six Months of Bereavement

Researchers are trying to analyze the relationship between life events that require an ongoing adjustment and the time of disease onset. O'Connor (2019) mentioned that insight from this work showed that most individuals are resilient (approximately 60%). After six months, the resilient group showed no increase or indicators of despair or impairment. But this does not imply that they do not experience severe short-term pain from their grief, rather, these trembling feelings do not lead to functional impairment. A known model of grief or the dual process coping model was reflected to the uncertainty of typical grief. As indicated by Bonanno et al. (2015), in day-to-day life during bereavement, healthy people went back and forth between focusing on loss-related stressors (the pain of living without the person) and restoration-related stressors (engaging in new roles and identities as a result of the experienced loss), and at other times are simply engaged in everyday life experience.

According to Dutton and Zisook (2006), adapting to bereavement requires accepting changes due to the loss. And within a few months of the loss of the bereaved, growth occurs to the bereaved family members and they may experience a positive self-view, a sense of direction, and hope

### Coping to Manage

Coping refers to managing internal and external stressful events, or the capacity to respond and recover from a stressful event. Coping minimizes distress

associated with negative life events (Algorani & Gupta, 2020; WHO, 1999). And as indicated in the American Psychological Association dictionary, the use of cognitive and behavioral techniques to handle situations that demand to reduce negative emotions caused by stress is what we call coping. A coping behavior is distinctive and it is often an involuntary action or set of actions in dealing with stressful situations. It can be positive (adaptive), for example, taking time to meditate or exercise in the middle of a busy day; or negative (maladaptive), for example, not consulting a doctor when symptoms of serious illness appear. Coping mechanisms are any conscious or unconscious adaptations that decrease anxieties in a stressful situation. Modifying the dysfunctional coping mechanisms is often the focus of psychological interventions. On the other hand, coping strategies are actions or processes used to modify one's reaction to such stressful or unpleasant situations; it involves a conscious and direct approach to problems. Coping is a response to psychological stress, e.g., coping with loss/bereavement which is made even harder in the COVID era.

According to Dinglasa et al. (2020), the Philippines is a country that is prone to disasters that is why resilience is a very known trait among Filipinos, resilience refers to going back to the stability of the situation. And as stated by Estanislao (2001), "The Philippines has a cultural tendency to endure and put up with the existence of depression." Despite such vulnerability, which appears to predispose a Filipino to self-annihilation and other negative behaviors, the perception remains that Filipinos are among the happiest people in the world (Tiangco, 2005). With that, Filipinos have learned how to properly pack their burdens to carry them lightly (Bankoff & Dorothea, 2009). Filipinos have learned to develop their coping mechanisms to survive. Coping is the process of actively managing the community's demands that are appraised as highly stressful, as in exceeding their personal and community resources or burdening their capacities (Igancio, 2010).

### **Coping with Bereavement**

According to Stroebe and Schut (2010), coping with bereavement involves the processes and strategies on managing the situation in which the individual is placed. It was also stated by the WHO (1999), that a vulnerable individual has less capacity to cope but this individual tends to adapt coping mechanisms. Most especially in extreme circumstances (e.g. bereavement, disasters), ordinary coping becomes less effective (Florian et al., 1995). To recover from the stressful

event, one must intrapsychically reconcile their preexisting worldviews and goals with their experience of something unusual and horrific (Park, 2010).

After the death of a parent, children and adolescents need to be taken care of and assisted by their parents who are still living. A steady environment, a similar routine to the one before the parent died, and open communication and support from the surviving parent can allow the child to grieve in a healthy way (Bugge et al., 2014; LaFreniere & Cain, 2015; Saldinger et al., 2004).

The coping style of bereaved individuals is affected by their well-being and how they can adapt to the passing of their parents (Howell et al., 2015). Three coping styles are active/approach (acknowledges the death and manages ways in dealing with the bereavement), support seeking (reaches out for support and comfort), and avoidant (does not acknowledge the death, avoids thinking about it, and focuses on positive things) (Glyshaw et al., 1989). Bereaved adolescents who used the active and support-seeking style of coping were found to experience fewer depressive symptoms than adolescents who used other types of coping strategies (Herman-Stahl et al., 1995). Non-acknowledgment of the death may lead to psychological distress later in life (Kaplow et al., 2013). Therefore, approach and support seeking are associated with positive outcomes for the bereaved where the process of meaning-making is very relevant.

As stated by Punziano (2014), in facilitating the ability to express feelings of sadness, fear, and anger, a positive and unbiased attitude has helped show the expression of emotions. Physical activity has apportioned an opportunity to channel negative emotions in a cathartic way, providing them with a sense of freedom and control.

An aspect that emerges is the need to engage in sports or creative activities. According to Christ (2002), this is the need of young adults to express and communicate their feelings to others by not talking about them precisely. Garber (2000) recognizes it as an opportunity to convey a talent, showing themselves to friends and other people as an individual that is remarkably competent in something, and also in a way as fulfilling the dreams of the deceased parent. As stated by Hurd (2004), engagement in various activities is reported to be a way of distracting oneself from thinking of the late parent. While in Brewer and Sparkers (2011), it may be a way of transmitting negative feelings and promoting resiliency. In avoiding thinking about death, taking part in activities

is a means to redirect thoughts, and also a means to express distinctly strong emotions such as aggressiveness, anger and anxiety. Some activities, such as poetry, painting, music, may mirror an opportunity for the bereaved to put forth feelings that cannot be expressed (Brewer & Sparkes, 2011; Christ et al., 2002; Garber, 2000; Hurd, 2004).

In the study of Dehlin and Martensson (2009), the relationship with the school is mentioned wherein adolescents that have been interviewed have reported that during the course of illness of their parents, school was for them a place where they could be free from the burden of household responsibility placed on their shoulders, and be able to defer thoughts of death, restoring a sense of continuity with the world outside.

Following the parent's death, another feature that has arisen from the analysis of this experience relates to acquiring new responsibilities. In Garber (2000), this is described as the need for the individual to be responsible for other family members. As explained by Patterson and Ranganathan (2010), there is a high involvement in household activities. In the study of Dehlin and Martensson, young adults find themselves being required to provide greater contribution to their families in the care of a dying parent and in managing the activities on a day-to-day basis in the aftermath of the parent's loss.

Study participants referred to being able to reach out to close family members concerning the death of their parents and how it helped them in various ways. Here they viewed social relationships as a resource that accommodates them in sorrow; how it aids in recovering lost tranquillity, provides a sense of relief and helps them to briefly dismiss the burden of death from their mind, thus, regaining a sense of normality.

Individuals who assert stronger spiritual beliefs appear to resolve their grief more swiftly and thoroughly after the passing of a close person than individuals with no belief in spirituality (Walsh et al., 2002).

According to Kessler (2021), when a parent of an adult dies, there's almost an unstated assumption that it will not hit you head on. An adult is supposed to accept death as a part of life and to deal with all sudden losses in a mature manner.

Punziano (2014) stated that young adults have also mentioned the significance of having a "passion" in their life that provides a beneficial aid in coping with the loss of a parent. An activity with a goal to be attained, an opportunity for growth, and the probability of uncovering talent, such as in the athletic field,

music, or studies. Considering that there is something beyond death, the hope of grasping their parents once more, even in another life, aids in making sense of loss and viewing the future in a more positive standpoint.

### The Meaning-Making Model

The process of meaning-making involves efforts to assimilate a traumatic event by reframing the preexisting global meaning systems or by changing one's global meaning. The meaning-making coping helps restore congruency between global meaning and appraisals of traumatic events (Folkman, 1997; Park, 2010; Park et al., 2012).

According to Neimeyer (2016), meaning-making means "an attempt to reaffirm or reconstruct a world that has been challenged by loss". Previous research emphasizes the role of sense-making in facilitating meaning-making. Meanwhile, sense-making refers to understanding death or loss by the bereaved which will benefit him by finding valued life lessons in experience or reorganized life priorities. But research generally supports the role of meaning-making in adaptation, with studies indicating that grief-stricken people who can reconstruct meaning in their experience have better outcomes than those who grieve and struggle to make sense of the loss.

Another theory to support this is the meaning reconstruction theory by Neimeyer (2002) which explore how to adjust and find oneself in a world they created when someone died. It is known that in the bereavement process it is difficult to find meaning in the world. This theory helps in meaning-making through assimilation (adjusting to a loss) and accommodating. In other words, it is accepting one's changed world with the loss of their loved one.

There is a framework that proposes the factor of coping in bereavement. The integrative risk factor framework stated that the type of stressor will predict the outcome and coping is the mediator between the outcome and stressor (Stroebe et al., 2006). The integrative risk factor framework enhances understanding of individual differences in adjustment on bereavement. It encourages more systematic analysis of factors contributing to bereavement outcome (e.g., examining interactions between variables and establishing pathways in the adaptation process).

Also, the bereaved explore for possible reasons on why the death had occurred and take a look at the loss' general effect in their lives and their identity. They may come across the unsought advantage or the life



lessons acquired with the experience challenged by loss, pursuing personal growth which leads to a "reordering of life priorities" in view of the loss. (Gillies & Neimeyer, 2006).

Nevertheless, with all the studies above said, the researchers found out that there are no research studies in the Philippines that tackle the early coping of the bereaved family members in time of the pandemic, something which is deemed relevant and necessary due to the surfacing of unexpected difficulties.

## Methodology

This qualitative study utilized a grounded theory. Grounded theory is a type of qualitative research where data are collected and analyzed for the purpose of developing a model or another theory that will help in explaining the general themes of the issue being explored (Bryant, 2002; Glaser & Strauss, 1967). It goes beyond phenomenology because gathered explanations will contribute new knowledge that may be used to develop theories that are relatively new in the discipline.

Through Grounded Theory, the study aimed to identify the early coping process of the bereaved family members of the deceased due to COVID-19. Specifically, it explored the participants' context of bereavement before, during, and after the death of the loved one.

## Participants

Twenty Filipino participants residing in the country or abroad were recruited to take part in this study. Eighteen participants came from Central Luzon while two participants reside abroad. The researchers employed a purposive sampling technique in which criteria are set for the selection with a combination of snowball sampling wherein the researchers will begin with a small population of known individuals and expand the sample by asking those initial participants to identify others that may participate in the study. Suggestions and recommendations of potential participants from contact tracers, health care workers, research adviser and research professor were also sought in locating participants that are willing to partake in this research.

The inclusion criteria for the samples include (a) an individual who lost a parent due to COVID-19, (b) the parent (mother/father) died six months and below at the time of the interview, (c) a young adult (20-40

years old) man or woman, and (d) the individual should have score of 14.81 (medium to high resilient coping where individuals show less distress during the process of bereavement) at resilience scale.

For the exclusion criteria, those with (a) debilitating medical conditions as voluntarily revealed such as impaired thinking, strength, or ability, progressing to such an extent that one or more major life activities are substantially limited, (b) scored 14.80 or lower in the resilience scale, and (c) ages 17 and below.

## Instruments of the Study

A robotfoto was utilized to provide information about the participants. Robotfoto is a Dutch term meaning facial composite (Kelchtermans & Ballet, 2002) sought for demographic sketches of respondents such as the age of the participant, sex, civil status, occupation, relationship with the deceased and span of time from when the loss occurred.

For screening, the Brief Resilient Coping Scale (BRCS) by Sinclair and Wallston (2004) was utilized to measure resilient coping. The BRCS is a 4-item scale designed to capture the tendencies on coping with stress in a highly adaptive manner. Participants were asked to consider how well the statements included in the 4-item scale describe their behavior and actions to rate it using numeric rating scale that attribute (1) Does not describe me at all; (2) Does not describe me; (3) Neutral; (4) Describes me and (5) Describes me very well. Upon evaluating the answers, the numbers used in rating the statements are added. Total sum scores range from 4 to 20 where scores of 4-13 indicate low resilient coping, 14-16 as medium resilient coping, and 17-20 as high resilient coping. Statements given as sample items from the scale are, "I look for creative ways to alter difficult situations." and "Regardless of what happens to me, I believe I can control my reaction to it. For the interpretation of the participants' answers, scale item in which the scores of the 4 Likert items are then summed and interpreted whether it belongs to high (17-20), medium (14-16), or low (4-13) resilient coping. As the authors stated, those with medium to high resilience traits show less distress compared to those with low resilient coping abilities. That is why the researcher screened the participants to see if they scored with medium or high resilient coping. The BRCS has adequate internal consistency ( $\alpha=.76$ ) and test-retest reliability ( $r=.71$ ). The BRCS is readily available for students who are conducting a research study.

Before conducting the actual interview, the guide

questions that were used for data gathering were validated by three (3) research consultants to ensure the effectiveness of the research questions that will allow the researchers to produce an analysis of the subject matter. These were developed by the researchers for data collection, in accordance with research objectives.

Consequently, the researchers performed a pilot interview to ensure the adequacy of the research, followed by a cognitive interview to make sure that the guide questions are appropriate and will be easily understood by the participants. Approval to use the guide questions in the conduct of the pilot interview was obtained through the researchers' research adviser. The result for the pilot interview shows that there is slight acceptance to loss on the part of the bereaved and formation of early coping strategies are apparent. Upon the completion of the pilot interview, the researchers have found reason to include supplementary follow-up questions in order to elaborate more about the experiences shared by the participants.

### Procedures

Prior to the actual session, an orientation was carried out with the participants. After this, an informed consent form was sent by the researchers through email (if the participants could not present an email address, an informed consent form was forwarded through messenger) so the participants would be properly oriented about the research study. The email was sent to the participants prior to the interview as a reminder on the conditions that must be met by the participants during the interview such as (1) be present in the session, (2) the participants are encouraged to turn on their camera during the session, but consideration was given to those who were not capable of it, and (3) answer the questions truthfully.

The researchers proposed an option for an online platform (google meet or messenger) to be used a week before the actual interview session. An online application was used for the convenience of the participants and for safety measures. Right then, the researchers conducted a one-on-one interview using the guide questions. The researchers gave their best efforts to develop good rapport with the participants to help them familiarize with the topic. During the interview, the researchers employed the basic principles recommended by the Sikolohiyang Pilipino to Filipino researchers. The paramount concern of the researchers is the welfare of the participants so that from time to time, the researchers asked the

participants about their comfort. Interviews were recorded through a screen recorder with the prior permission of the participants. Also, the participants were assured that the data would not be used other than for academic purposes and that their information will be kept in private and subjected to utmost confidentiality and the participants were then debriefed and informed on how to contact the researchers regarding the results of the study or for any purpose that necessitated the same. Lastly, the researchers prepared the transcript of the interview. The researchers intended to organize a webinar after the completion of the study where a guidance counselor will converse with the participants and this will serve as a culminating activity with them, the purpose of the webinar is to enlighten the participants regarding the bereavement context and early coping process that was uncovered from the research conducted.

### Ethical Considerations

The researchers made sure that the present research study did not violate any of the ethical standards set and acknowledged the rights of all participants involved. Before the interview was conducted, participants were given an informed consent form which outlined the purpose of the study, stated that the interview will be recorded, and that the participants were free to withdraw anytime. The consent of the participants was given of their own will and were not subjected to undue influence or pressure. The researchers did not use any form of deception to prevent future harm and reduce possible risks to the participants. Before the interview proper, participants' permission was sought. Also, the participants were assured that the data would not be used other than for academic purposes and their information will be kept in private and will be subjected to the utmost confidentiality. Participants are not personally identified in any report for this survey. After the session, participants were debriefed and were provided with ways to contact the researchers about the results.

### Mode of Analysis

The cool and warm analysis were used as the method of choice in sorting out similar responses or perceptions from the selected participants and for the research to come up with its general theme. The cool analysis of data occurred first by reading the transcript multiple times to ensure validity and accuracy; then similar responses were sorted out and terms were categorized. In performing warm analysis, categories were thematized in a table that will represent the commonality of participants' responses. After

analyzing the responses, the researchers utilized critical friend technique wherein, they invited experts to validate their findings. As stated by McNiff (2002), critical friend is a colleague that can give you an advice and work with you (teacher-researcher) during the research study. Once this is done a theory was developed for the early coping process of the bereaved family members.

## Result

Findings were obtained from the robotfoto of the participants which includes their age, gender, civil status, occupation, relationship with the deceased, and span of time from when the loss occurred. For this research, participants who took part in this study have lost one of their parents in the last six months. Presented also in the findings are the results of the participants' brief resilient coping scale and the data gathered from the conducted semi-structured interview.

### Participants' Demographic Profile

Table 1.1 presents the demographic profile of the participants in the study. The participants' ages ranged from 20 to 40 years old they were referred to in this study as young adults. Out of the twenty (20) participants who took part in this research, eleven (11) are female and nine (9) are male. In terms of religion, 19 are Roman Catholic while the remaining one is a Born-Again Christian. Fourteen (14) participants are single, five (5) are married and one (1) participant is separated. As regards their employment status, ten (10) are tenured, one on (1) probation, one (1) freelance, and one (1) contractual. In addition to this, two (2) participants are self-employed while the rest of the five (5) participants are college students. Fifteen (15) participants are still living with their parents at the time of their (parents') death while five (5) of the participants are living separately from their parents. This table also shows that eleven (11) participants lost their fathers while the remaining nine (9) participants lost their mothers. Lastly, all of the participants lost one of their parents (mother/father) six or fewer months ago due to COVID-19.

Table 1.1 *Participants' Demographic Profile*

<i>Participant</i>	<i>Score</i>	<i>Verbal Interpretation</i>
1	18	HRCL
2	15	MRCL
3	16	MRCL
4	16	MRCL
5	17	HRCL
6	16	MRCL
7	16	MRCL
8	17	HRCL
9	17	HRCL
10	15	MRCL
11	19	HRCL
12	15	MRCL
13	15	MRCL
14	15	MRCL
15	17	HRCL
16	15	MRCL
17	16	MRCL
18	15	MRCL
19	14	MRCL
20	16	MRCL

### Participants' Coping

Table 1.2 presents the scores of the participants in the Brief Resilient Coping Scale with scores of 14-16 indicating medium resilient coping, and 17-20 for high resilient coping. Participants were asked to consider how well the statements included in the 4-item scale describe their behavior and actions to rate it using a numeric rating scale that attribute (1) "Does not describe me at all"; (2) "Does not describe me"; (3) "Neutral"; (4) "Describes me" and (5) "Describes me very well". Upon evaluating the answers, the numbers used in rating the statements are added. Total sum scores range from 4 to 20 where scores of 4-13 indicate low resilient coping, 14-16 as medium resilient coping, and 17-20 as high resilient coping. Out of the 20 participants, fourteen (14) scored medium resilience coping level (MRCL) while the rest of the six (6) participants scored high resilience coping level (HRCL).

Table 1.2 *Participants' Coping*

<i>Themes</i>	<i>Subthemes</i>	<i>Verbal No. of responses</i>
Negative emotions	Shock & denial	13
	Fear	12
	Sadness	10
	Guilt & regret	7
Positive emotions	Optimism and hope	12

## Initial Reaction and Anticipatory Grief

Table 2 shows the initial reaction and anticipatory grief of the participants. Anticipatory grief is a normal response due to anticipation of loss. Experiencing anticipatory grief is very important for the bereaved to progress through the grieving process, both before and after bereavement. It is perceived as the opportunity for family members to process the idea that the patient will die. For the participants' initial reaction, both positive and negative emotional reactions were felt after discovering that one of their parents tested positive for COVID19.

Table 2. Initial Reaction and Anticipatory Grief

Themes	Subthemes	Verbal No. of responses
Negative emotions	Shock & denial	13
	Fear	12
	Sadness	10
	Guilt & regret	7
Positive emotions	Optimism and hope	12

**Negative Emotions.** Participants felt shocked after discovering that their parents tested positive for COVID19. Initially, several participants were in denial. They found it hard to accept the news that their parents, already aging and with comorbidities, were infected with the virus. Feelings of being scared, guilty and sad were also expressed by the participants. And these negative emotions are known as common reactions to a loss.

**Shock and denial.** It was mentioned by some of the participants' that they could not believe that their parents were COVID19 positive. Initially, feelings of shock were expressed by the participants knowing that their parents needed to be brought to the hospitals to receive proper health care services. Everything was unexpected. As expressed by the participants:

*"Nung una, hindi ko alam kung ano yung ire-react ko kase parang hindi nagsi-sink in. Tapos mga ilang minuto siguro? alam mo 'yung gusto mong umiyak pero hindi ka makaiyak."* [At first, I didn't know how to react since it hadn't sunk in. Minutes later, you want to cry but you just couldn't.] (P2)

*"The death of my dad, that was five days after dinala namin siya to the hospital. That was the shocking time for us. Kumbaga it's the most unexpected na result."* [The death of my dad, that was five days after we brought him to the hospital. That was a shocking time for us. That is to say the most unexpected result.] (P7)

*"Sobrang bigat na sa feeling yun bang naghahanap ka ng hospital na tatanggap sa mother ko, sa emergency gano'n. Sobrang bigat at the same time aah yung feeling na parang hopeless lalo na we're in a pandemic maraming hospitals na hindi tumatanggap... Di na daw nila marevive, so yun sobrang di ko na maexpress yung sarili ko kung ano feeling mo that time; actually, di ako naniniwala, sobrang tulala ako for like 5 hours. Actually, di pa nga ako umiiyak na ano kase eh hagulgo, di pa nag sink in kumbaga na yun nga yung balita tas yon sobrang sakit, sobrang actually sakit talaga di ko maexperience paano ba yung feeling na paano ba yung maano yon. Di ko masabi paano kasakit yung feeling na yon kasi lalo na mother pa eh di ba, sobrang close ko pa naman sa mother ko. So yun actually talagang sobrang sakit"*

[As we tried to look for hospitals that would admit my mother in the emergency, the feeling was really heavy. It was heavy and at the same time we felt hopeless, knowing that we're in a pandemic and a lot of hospitals could not accommodate more patients... They could no longer revive her and I just couldn't express what I felt at that time. Actually, I was still in denial, I was staring blankly for like five hours and I wasn't able to cry since it hasn't sunk in yet. Being told that news was really painful. It's painful and I didn't know what to feel in that experience. I can't express the pain especially since it was my mom and I was very close to her... It's really painful.] (P11)

*"Parang naba-blank ka eh. Yung feeling na ayaw mo pa siyang bumitaw kasi siyempre gusto pa namin siyang makasama."* [It's like you're going blank. The feeling is that you don't want him to let go because we in the family still want him with us.] (P12)

*"So iba. Iba yung pakiramdam nung moment na yun na ngayon ko lang yun naramdaman. Siguro unexplainable feeling. Iba iba. Kasi yung ano ko lang don, yung focus ko lang don is not on myself but on my mom... Yung personality ko, Im strong sa mga problem na to pero that moment, manghihina ka kasi yung uhm sabi ko nga unexplainable yung feelings na nandon ka sa moment na yun na wala kang magagawa."* [It's different. The feeling in that moment is different and that's the only time that I got to feel it. The feeling is unexplainable. And also, my sole focus then was on my mom and not on myself... I have a strong personality, I'm strong when it comes to such problems but in that moment, you'll lose strength and as I said the feelings at that moment were really unexplainable, you feel so helpless.] (P14)



**Fear.** Most of the participants got scared about the health of the parents given that many of the COVID19 positive among the elders were not able to recover. Some of the parents of the participants had medical conditions which made the treatment complicated and highly risky.

*“Natakot ako at first kasi alam ko na maraming namamatay, alam ko din na mayroon siyang medical conditions, underlying conditions, so natakot ako for her baka kasi hindi makayanan ng body niya.”* [I was scared at first since I know that a lot were dying, I also know that she has underlying medical conditions so I was scared for her for the reason that her body might not be able to take it.] (P1)

*“Lahat kami sobrang natatakot talaga, kinabahan while nasa hospital yung father ko.”* [All of us were really scared and nervous while my father was at the hospital.] (P4)

*“Natakot ako, I was scared sa nalaman namin non na nagkasakit nga siya, na infect siya. Yung takot nga na pwedeng may mangyari na di maganda and then nung nalaman namin na he passed away it's very devastating.”* [I was scared when I learned that he got infected. Scared that he could possibly die and then we were told that he had passed away... It's very devastating.] (P9)

*“Natakot at saka sobrang nag aalala po nung mga panahon na 'yon kasi mahirap po sa'min na nag positive po siya kasi hindi naman po siya palalabas talaga eh.”* [Scared and at the same time we found it hard to accept that he tested positive even though he hardly ever got out.] (P10)

*“Parang hinihintay mo na lang na mawala na lang po siyempre po may gano'n parang ayaw mo matulog kasi nga baka pag gising mo gano'n yung malalaman mo gano'n parang ikaw na lang sa sarili mo na hinihintay mo na lang gano'n na mawala na lang, yung gano'n.”* [It's like you were just waiting for her passing so that you don't want to go to sleep fearing that you might wake up to the news that he/she is already gone.] (P17)

**Guilt and regret.** Seven participants conveyed a sense of regret and feelings of remorse for not being able to be physically present with their dying parents in the hospitals due to strict health protocols. Being unable to provide the traditional mourning and funeral rites for their parents added to their feelings of guilt.

*“Yung maraming what ifs, gano'n. After niyang mawala, yung pinsan ko, ang lambing niyang magsalita sa tatay ko. Tapos yun, parang nagsisi ako na, “dapat ganun na lang ba yung ginawa ko?”.”* [There are a lot of what if's. After he passed away, I realized that a cousin of mine had always talked to my dad in an affectionate way... And right then I felt regretful and thought “Should I have done the same thing as my cousin did?”.] (P2)

*“Wala talaga kaming magawa, sa bahay lang kami, helpless. Parang sayang gano'n parang di mo man nakasama sa huling oras gano'n. Di mo man nakausap, di ka man nakapag paalam ng maayos.”* [We were helpless, stuck in the house and unable to do anything. It's a shame that we didn't get the chance to be there during his last moments. Not able to talk to him and say our final goodbyes.] (P4)

*“Yung isa ko rin na regret kasi mag-isa lang siya sa America which is kasi dapat pupunta ako don. Yung plano namin talaga hindi nasunod actually na yun nga, alagaan siya. Hindi na namin nagawa yung part na dapat talaga nagawa.”* [One of my regrets was that he was alone there in America. I had planned to go there to care for him and keep him company but that did not materialize. We weren't able to execute that plan.] (P5)

*“Continue with your parents show them what you feel kase at the end magsisisi ka talaga lalo na kung nawala yan biglaan di mo man masabi yung gusto mo sabihin ganun or what hindi man kayo nakapag deep talks kumbaga yon kumbaga walang closure ang hirap kase ng ganun.”* [Continue to show your parents that you love them because in the end, you'll regret it if you aren't able to express what you really feel and have deep/serious talks with them. As a result, there will be no closure and that's really hard.] (P11)

□□ *“Nawala na yung mom namin tapos hindi pa namin siya masamahan, di pa namin mabigay yung dapat naming ibigay sa kanya.”* [Our mom already passed away but we can't even get to be with her, we weren't able to give her what we intended to give her.] (P14)

**Sadness.** Feelings of sadness were deeply felt by participants from the time that their parents tested positive until their deaths. It was very sad to know that hospitals at that time were in full capacity making it more difficult for their families to manage the health needs of their parents. Seeing their parents struggling

with their illness and feelings of helplessness due to the very weak health conditions of their loved ones made them sad, too. As mentioned by the participants:

*“Sobrang lungkot pero acceptance since nahihirapan na siya eh, she was in the ICU. Sad pero I felt acceptance.”* [It was saddening but there was a feeling of acceptance since you could see that she was suffering inside the ICU. It was sad but I felt I had to accept it.] (P1)

*“Sobrang lungkot sa part namin pero siyempre kailangan pa rin namin tanggapin na, kailangan na rin magpahinga ng father ko.”* [It was really sad on our part but we had to accept it, our father needed his rest from the suffering he had undergone.] (P6)

*“Nung dinala siya sa hospital dinala na siya sa ICU dun nako nagopen sa mga possibilities nung dalhin na siya sa ICU and then I went to the chapel and asked counseling from the priest dahil talagang sobrang lungkot ko sa nangyari”* [When he was admitted to the hospital and was brought to the ICU, that was the moment when I opened myself to possibilities. I went to the chapel and asked the priests for counsel that time because I was really sad at that time] (P15)

*“When we were at the emergency room, we were told that she needed to be intubated. From there, we already started to prepare ourselves for what may happen next. Being a professional in a medical field, I myself knew and my sister who happened to be a nurse also knew that the worst thing may happen then. We were both sad.”* (P18)

*“Kasi sobra na rin yung hira eh kasi lahat nasaksihan ko yung paghihirap niya so parang sabi ko sige tama na siguro kasi nakita ko naman na lumaban na si mama yun nga lang hindi na talaga kinaya... At saka wala na rin akong nakikitang changes ‘tsaka improvement, so parang yun na siguro yung sign na mag let go na siguro rin kami.”* [I was able to witness all of her sufferings and so I said okay, that’s enough, I can confirm that my mother really fought hard, it’s just that she wasn’t able to make it anymore... Also, I wasn’t able to see any changes or improvement and so I think that was the sign for us to let go already. We were both sad.] (P19)

**Positive Emotions.** Some of the participants elicited positive emotions such as feelings of being hopeful and maintaining a positive attitude despite the negative emotions gained from difficulties faced while in a

pandemic and the critical health condition of their parents.

**Optimism and hope.** Eight of the participants remained positive and hopeful that their parents would survive the COVID19 virus because improvements on their parent’s health conditions were observed during the course of the treatment

*“In-assume namin na gagaling na siya, mag rer-ecover siya fully, kaso yun nga aah parang yung kahit hopeful ka ba na gagaling siya... Aah actually aah emotionally di ako prepared at that time kase nga hopeful pa ako nun na makakarecover siya.”* [We assumed that he’d be able to survive and fully recover. Aah actually aah emotionally I wasn’t prepared and at that time I was still hopeful that he would recover.] (P5)

*“Nasa isip ko parang hindi totoo, kasi ang lakas palang niya kagabi tapos bigla wala na siya ngayon, di ko alam yung term pero parang ano yung naniniwala kami na makakasurvive siya gano’n.”* [In my mind it seems untrue, because he was still strong last night and suddenly, he was gone; I don’t know the term for it but we believed that he would survive.] (P7)

*“Hanggang yung time na ang sabi nung doctor na nagi-improve siya, nagiging okay siya. So nag-expect kami na ilang days then pauwiin siya... Talagang kahit na alam ko na pwedeng mangyari sa kanya ‘yon, tinanggal ko sa isip ko. Sinabi ko na kakayanin niya ‘yon kasi noong 2015, nag start siya ng dialysis, 2018 na bypass siya. So sabi ko nung na bypass siya talagang nasa critical state siya. Kinaya niya. So sabi ko makakaya niya rin itong covid. Kakayanin niya.”* [The doctor said that she was improving. So, we expected that in a few days she could go home... Even though I knew that my mom was in a critical condition, I remained positive. I told myself that she can handle it because she has survived dialysis treatment since 2015. In 2018, she likewise underwent a bypass operation. I told myself that she is a survivor despite the very complicated health conditions she had before. I was very positive that she will survive the COVID19 too.] (P8)

*“Opo, yung nagtitiwala po. Meron po akong tiwala na masusurvive niya kasi bago po namin siya dinala sa hospital sabi ko po lumaban siya kasi yung mga pangarap niya po para sa’min malapit na naming makuha.”* [Yes, I had hopes. I was confident he would survive. Before we took him to the hospital, I told him to fight, we were about to fulfill his dreams for us and

he should be around to see and enjoy them.] (P10)

*“Actually, ang laki ng hope namin nga dahil nga sa akala makakauwi siya someday after ilang days kasi getting better, getting normal na.”* [Actually, we had high hopes that he could go home after a few days because he was getting better, getting normal.] (P11)

### Compound Difficulties Faced by the Participants

Table 3 shows compound difficulties faced by the participants. In the context of bereavement, participants had experienced varied difficulties since most of them were restricted and asked to abide by the home, hospital, and funeral protocols that were regulated to prevent health risk. Many of the participants were also able to encounter psychological factors, for instance, social discrimination and stigma due to a family member testing positive for the virus. To add to that, participants have perceived that there will be an additional responsibility weighed on their shoulders as well as the additional expenses for their parents' hospitalization and for the household cost living as well.

Table 3. *Compound Difficulties Faced by the Participants*

Themes	Subthemes	Verbal No. of responses
Health Risks	Home quarantine protocols	11
	Hospital safety protocols	11
	Funeral guidelines and protocols	22
Psychological Risks	Discrimination & stigma	12
	Added roles & responsibilities	5
Financial Risks	Medical & other expenses	5

**Health risks.** Participants faced additional impediments due to the restrictions and protocols that had to be followed especially for families who lost their loved ones due to COVID19. Protocols were implemented to prevent health risks for the family members and for other people around them. The implementation of the home, hospital, and funeral protocols have added to the adversity of grieving in this time of pandemic, specifically self-isolation, lack of intended physical/in person care for their dying parent, and the surfacing feelings of shame and guilt due to suppressed funeral rites.

**Home quarantine protocols.** Eleven (11) participants underwent home quarantine after their parents were brought to the hospitals. Family members were prohibited from going out to make sure that they had not been infected with COVID19 and to prevent the spread of the virus and this has caused feelings of shame and guilt in the participants as they were not

able to stand by their parents' side and take care of them while they were confined at the hospital for treatment.

*“while nasa hospital yung ano yung father ko. Siyempre yun well hopeless din kami kasi wala kaming magawa di naman mapuntahan nakaquarantine rin kami aah... sa bahay lang kami naka quarantine.”* [While my dad was at the hospital, of course we felt hopeless since we couldn't do anything or even visit him because we had to be quarantined too ahh.. We stayed at the house to be quarantined.] (P4)

*“sinundo na ako ng ambulansya ng LGU simula sa hospital hanggang sa bahay and kina quarantine na ako and then inasikaso nila yung mga kapatid ko.”* [The ambulance from LGU picked me up from the hospital and dropped me off at my house to be quarantined and then they also supervised my siblings.] (P6)

*“Uhm nag quarantine lang po kami. Pero nung nasa hospital pa po si mama, pina swab test po kaming tatlo ng kapatid ko and lahat naman po negative. Pero nasabi po nung sa munisipyo na ituloy pa rin po namin ‘yung quarantine namin.’”* [Uhm we were quarantined. But when my mother was still at the hospital, us three siblings were able to be swabbed and the test turned out negative. However, the municipality advised that we should still continue our quarantine period.] (P10)

*“kasi nga diba nag quarantine kami hinintay pa namin yung days namin.”* [It's because we were quarantined, that's why we had to wait for days.] (P11)

*“Tapos nung pinositive nga siya, nag quarantine yung mama ko pati na rin yung tito ko. Tapos kami di kami makapasok. Nasa labas lang kami.”* [When he was tested positive, my mother as well as my uncle had to be quarantined. For us, we weren't allowed to go inside (their house). We were only outside.] (P13)

**Hospital safety protocols.** Family members were not allowed to visit the hospitals much less look after and stay with the patient which made the participants' situation very difficult. After the passing of their parents, participants were not given the chance to see and to be in close contact with the remains of their parents. Cremation was immediately supervised leaving the participants with a limited period of time in bidding their final goodbye to their parents' bodies.

*“Mahirap kasi hindi ko man lang siya napuntahan sa*

*hospital kasi nga bawal.” [It was hard because I wasn’t able to visit her at the hospital since it’s restricted.] (P1)*

*“ako yung kasama niya sa hospital eh. Hindi kase pwedeng magsama ng iba na minor or mas matanda na may sakit.” [I accompanied him to the hospital. It was prohibited to bring a minor or an ill elderly.] (P3)*

*“nung nalaman namin aah... restricted na kaming pumunta sa hospital siyempre.” [When we knew about it (that my father was tested positive) aah.. we were already restricted to going to the hospital by then.] (P4)*

*“Once naconfine ka doon sa hospital ang policy nila isa lang bantay and then ikaw na rin makakasama niya hanggang sa makalabas siya or something na kung ano yung gagawin sa hospital ikaw lang, since day one hanggang sa huli ako lang din yung kasama niya doon.” [Once you are confined at the hospital their policy is that only one can look after the patient and will also be the one to be with him upon checking out or if there’s something that needs to be done at the hospital, since day one up to his last day I was the one he was with.] (P6)*

*“Sobrang sakit lang sa feeling talaga na aah yung mother mo nasa icu, you’re not with her by her side diba parang gano’n tapos update lang namin through phone once a day lang.” [It really hurts my feelings that aah your mother is at the ICU and you’re not with her by her side things like that and then our update for once a day is through phone only.] (P11)*

*“Di mo naman makakasama yung parent mo po gano’n nakakausap lang po namin sila sa through phone, sa video call gano’n, mahirap po para sa amin yung gano’n bagay.” [You really can’t be with your parents, we were able to talk to them only through phone, via video call, and those things were really hard for us.] (P16)*

**Funeral guidelines and protocols.** Twenty (20) participants noted that several restrictions were implemented given the tendency of the virus to spread. Many of the participants were not given the chance to pay respects to their deceased parents and provide a traditional wake since traditional funeral rites and family gatherings were not allowed. Participants expressed how the protocols felt like they were being stripped of the rights to stay in the moment of grieving since cremation was directed immediately as well. Both feelings of shame and guilt were evident as

participants expressed how they wanted to be able to pay respects to their parents by giving them the burial that they had intended to offer.

*“Mahirap kasi hindi ko man lang siya napuntahan sa hospital kasi nga bawal... It is just one day para lang siyang viewing, kasi cremated na after, agad agad, after kinuha ng mortuary, kasi nga COVID so advisable na cremation. So hindi talaga siya wake, more like viewing.” “Mahirap kasi yung funeral is through zoom hindi in person, may nagpunta pero sobrang limited lang.” [It’s hard because I didn’t even go to the hospital because it’s forbidden... It is just one day for viewing, because he was cremated after, immediately, after being taken by the mortuary, because COVID deaths are immediately up for cremation. So it is not really a wake, more like viewing... It is difficult because the funeral is through zoom not in person; there were also limited people allowed to during the viewing.] (P1)*

*“... Ako yung kasama niya sa hospital eh. Hindi kase pwedeng magsama ng iba na minor or mas matanda na may sakit.. Nung ano kaseng yon hindi na kami nagkaroon ng chance na iburol siya dahil nga ano yun eh may quarantine rin nung time na yon. Basta somewhat strict nung protocols nung time na yon. That’s why bawal ang mga gatherings.” [I was the one with him at the hospital. It is not possible to include others who are minors or older and sick ones... At that time, we didn’t have a chance to hold a wake for him because that’s how it was; there was also enforced quarantine at that time. Protocols were somewhat strict at that time. That’s why gatherings were forbidden] (P3)*

*“While nasa hospital yung ano yung father ko. Siyempre yun well hopeless din kami kasi wala kaming magawa di naman mapuntahan nakaquarantine rin kami aah... sa bahay lang kami naka quarantine... Siyempre kapag covid patient cremate agad di ba tapos di mo na makikita yung family member. Mahirap din kasi siyempre maraming bawal kung бага. Maraming health protocols at saka yung ano yun ang dapat sundin.” [While my father was in the hospital. Of course, we’re also hopeless because we can’t do anything, we can’t go, we’re also quarantined aah... we’re just quarantined at home... Of course, a covid patient is automatically cremated after death, then the family members won’t be able to see him. It is also difficult because of course there are many taboos. There are many health protocols that we have to follow.] (P4)*



*“Yung pakiramdam non para kaming inalisan ng right ganon, ang bilis ng pangyayari as in wala man embalsamo, hindi talaga hahawakan yon since sabi ko nga cremation yon agad, so ayon nga, ni hindi namin din siya nakita, tapos gabi yon nung na settle tas kinabukasan ng umaga ililibing na.”* [The feeling is like our rights were taken away from us, things happened so quickly, as in no embalming, prohibited to touch the body, cremation right away. So that's right, we didn't even see him, then that night when things got settled, we buried him the next morning.] (P7)

*“Malungkot yung karanasan and then yung emotion din pero nahandle ko naman and then pinakamasakit pa don nung nandito na sa bahay si papa required kami 14 days quarantine total lockdown yung bahay namin walang pwedeng lumabas sa'min so yung mga ginagawa ng mga kamag anak namin nagbibigay sila ng pagkain sa gate namin. Yun yung emotional na masakit yung nakikita mo yung mga kamag anak mo - tito ko, di nila kami malapitan” ... may burol naman si papa, one week actually, kaso konti lang naman yung pumupunta and nakalimit talaga yung mga tao. Actually mga priests and seminarians, tapos yung mga neighbor sumama na lang sila nung libing. Konti, konti lang talaga yung mga pumupunta, dalawa tatlo ganun lang, di sabay sabay.”* [The experience was sad and then the emotion too but I handled it and then it was even more painful when papa's remains were here at home, we were required 14 days quarantine - our house was in total lockdown - no one could go out so our relatives just dropped food for us by our gate. It was painful to see our relatives - my uncle, his children - they couldn't approach us” ... Papa had a one-week wake, but there were only a few people who came and they were mostly priests and seminarians. The neighbors just came during the funeral. There were really very few people coming, two or three, just like that, and not at the same time.] (P15)

*“Kapag yun yung reason of death niya hindi kasi pwedeng iano eh anong tawag dun di pwedeng magkaroon ng wake so diretso siya aah... pagkalabas ng hospital aah... 10 hours, 12 hours lang ata yung binigay sa amin na oras para ayusin yung mga papeles yung mga kailangan, yung paglilibingan ni mama tapos diretso na. So pagkalabas ng hospital aah... Diretso libing na siya”* [If that's the reason for her death, it's not possible, eh, what do you call it, directly... after leaving the hospital ... for 10 hours, we were only given 12 hours to fix the paperwork and

the things we needed for mama's funeral. So, after leaving the hospital aah... She was buried straight away.] (P19)

**Psychological risks.** Participants experienced the surfacing of social discrimination and stigma as other people came to know of their parents testing positive for COVID19) and this further heightened their distress.

**Discrimination and stigma.** Nine (9) participants experienced social discrimination and stigma which started when their parents tested positive and even after their death. Several of their neighbors in the community got scared and they (the participants and their families) became the talk of the town. Their neighbors made them feel sad, disappointed, and disgusted because of their lack of support and understanding about their situation.

*“Maraming judgments. Lalong lalo na sa contact tracing. Dun talaga ako nababad trip sa mga taong ang tingin sa'min sobrang dumi, ganyan. You need to be a little more patient pagdating sa mga ganon.”* [There are a lot of judgments. Especially in contact tracing. There I had an unpleasant experience with people who would look at us as if we had something infectious. One needs to be a little more patient when it comes to this kind of person.] (P3)

*“Mas mahirap din kasi parang yung parang medyo discriminated kasi nga namatay dahil sa covid ganon. Iniisip nila pati yung family ganon.”* [It's harder because people who contract covid, including their families, are discriminated against.] (P4)

*“Pinandidirihan kami gano'n. Naawa rin kami sa employee pati sila nadamay, alam mo yung mga tao non gano'n eh, yung mga Filipino inisip nila agad nakakadiri kapag nagka covid, sobrang babaw ng definition for covid ganon. Na discriminate kami tapos parang pinapamukha na pabaya kami ganon.”* [They treated us like we were dirty. We also felt sorry for the employee as well as they were affected. Some Filipinos immediately turn away from families of covid patients. They seem to have a very shallow view of covid. They discriminate against us and regard us as if we had been so careless and negligent against the infection.] (P7)

*“Na nakakalungkot on our part. Na may pumunta pero hindi ganon karami kasi yung perception ng mga tao, covid yan tapos covid din yung mga anak pero ano.. I mean naiintindihan naman namin pero yung ganon na*

*scenario, it's parang ano uhm dumadagdag sa mga nararamdaman nung mga family... But in our case kasi hindi natin maiiwasan dito sa Pilipinas yung stigma 'no. Meron kasing stigma pag lalo na positive yung patient kahit pa cremated na siya, still covid positive pa rin siya. And then yung mga anak niya, kami yun...*" [That is sad on our part. There are some who came to the viewing but not that many because of the people's perception about covid -someone who died from covid must have his family infected with the virus, too. We understand that but that kind of scenario uhm adds to the painful feelings of the families... But in our case, because we can't avoid the stigma here in the Philippines. There is such a stigma when the patient is positive even though he has been cremated, he is still covid positive in their eyes. And then his children, us... could infect them, too.] (P14)

*"Yung experience ko siyempre hindi maiiwasan na mabalita na kapag covid positive... May covid positive sa family niyo hindi maiiwasan yung mga pag iwas ng tao sa inyo.. Parang nandidiri po ganoon..."* [My experience, of course, it is unavoidable that people talk about it. If someone in the family tests covid positive, people tend to avoid you... and look at you in disgust.] (P17)

**Added roles and responsibilities.** Five (5) participants recognized the responsibility that they had to carry as a result of the passing of their parents. Some of the participants mentioned their additional responsibilities at home, particularly in taking good care of their family members.

*"Unang sumagi sa isip ko, dahil panganay ako, parang sa'kin na yung responsibility. In between maiisip ko yung mga responsibility and pressure. Sina lolo at lola ko, kailangan na rin ng magbabantay. Pag may check up sila, o kaya errand dito sa bahay. Ako na yung may responsibilidad doon."* [The first thing that struck my mind, since I am the eldest, is the acknowledgement of responsibility. In between, all I can think of is responsibility and pressure. Also, my grandparents badly need someone to look after them. When they are scheduled for a checkup or just to do an errand for the house. From that day on, I knew it'll be my responsibility.] (P2)

*"Yung maging independent siyempre being the only son kasi siyempre mas feel mo yung responsibility."* [Of course, to be independent and being the only son, you'll get to feel the weight of responsibility.] (P4)

*"Parang yung kumbaga yung dating talagang wala ka responsibilities ngayon buhat mo na lahat."* [It's like back then, you didn't have any responsibilities, but now, you're carrying it all.] (P5)

*"Maghapon kang gumagalaw kahit na pagod ka na. Pero hindi pwede, hindi ka pwedeng mapagod. Pa'no yung mga nakasandal sa'yo. Umaasa sa'yo."* [You're working all day even if you're tired. But you can't afford to slow down. What will happen to those leaning/depending on you? To those who are counting on you?] (P8)

*"Parang yung dating diretso naging two-way parang nagkaroon ng dalawang possibilities na itutuloy ko pa ba ang pag papari ko o lalabas ako para tulungan yung mga kapatid ko."* [What seemed to be a straight path back then became a two-way road. Two possibilities arise, if I should continue and be a priest or go out from the seminary to help my siblings.] (P15)

**Financial risks.** Amplifying the struggles of the bereaved are the medical expenses and other bills that came as a result of the passing of their parents.

**Medical and other expenses.** Five (5) participants expressed their struggle with the additional expenses including the payment of their parents' hospital bills which was on the expensive side along with the need to take care of the cost of the household living of their family.

*"Tapos ayun tinry namin yung mag business ganyan. Kaya yung pressure, feeling ko nasa akin, ganyan. Kasi siyempre ako gusto ko maging successful para yung nanay namin makapag stay nalang."* [Then we tried to build a business. Which is why the pressure is on me. Of course, I want to be successful so that my mother could stay here (in the Philippines).] (P2)

*"Dahil nag positive si daddy kailangan na siyang ilipat sa covid facility, ang unang inoffer nila is meron silang facility pero sa labas ng hospital naka bukod yung mga aah... covid positive and then yun nga nabanggit nila yung regarding sa billings na sobrang expensive talagang nabigla kami."* [Since my dad was tested positive, he needed to be transferred to a covid facility, the first option that the hospital offered was a separate facility aah... For covid positive (patients) and then they mentioned the billings with regards to it and it was really expensive and it really caught us by surprise.] (P6)

*“Pag kasi COVID, yun nga walang pumupuntang tao tapos wala ring nagbibigay ng abuloy. Compared dun sa normal natin dati na kapag namatay ka, marami yung pumapasok na pera. Hindi katulad ngayon kapag na-cremate ka na, gumastos ka, tapos binurol mo siya sa bahay, wala talagang pumapasok na pera kasi sobrang hirap ng buhay ngayon.”* [When it's COVID, there's no one who wants to attend and therefore, there's no contribution for the deceased. Compared back then when things were normal, if you died, there is a lot of money that comes in. Unlike now, you paid for the cremation, you spent a lot, then you will hold a wake at your house, there's no money that comes in especially now that life is tougher.] (P12)

*“Ako as a single parent umh... dependent din ako kay mama aah... sa kanila ni papa masasabi ko na kahit papaano malaking bagay na nandyan talaga sila na sumusuporta sa akin, sa amin na magkakapatid na kahit na may sarili na kaming pamilya aah... suportado pa rin kami ng parents namin. So ngayon na wala na si mama aah... nabawasan na yung ano yung maasahan namin parang gano'n.”* [For me, as a single parent umh... I was dependent on my mother aah... On both of them I can say that it is a huge factor to have them to support me, to support us their children even though we have our own families already aah... Our parents still support us. So, now that my mother is gone aah. we have fewer people to lean on.] (P19)

*“Financial kasi medyo mabigat siya compared dun sa unang na hospital si mother noon. Mas mabigat siya, triple siguro I can say. Iba yung gastos, iba yung hospitalization compared dati.”* [Financially because it is a bit heavier compared to when my mom was first hospitalized back then. It's heavier, maybe I can say that it was tripled. The expense is different, the hospitalization is different compared to the past.] (P20)

### Coping Strategies of the Participants

Table 4 shows the coping strategies of the participants. They were able to strengthen bonds and seek emotional support from family and friends, strengthen their spiritual aspect, find new activities, make use of work to be productive, reflect from their bereavement experience and form meaning from the occurrence that helps them in dealing with and giving credence to the experience challenged by the loss.

Table 4. *Coping Strategies of the Participants*

Themes	Subthemes	Verbal No. of responses
Physical	Engaging in new hobbies	13
	Working	10
Cognitive	Contemplating and reflecting	12
	Meaning-making	11
	Accepting loss	9
Social	Seeking emotional support	18
	Nurturing social relationships	9
Spiritual	Strengthening spirituality	7

**Physical coping.** The bereaved participants engaged in physical activities and were able to discover new hobbies to redirect their thoughts, kept themselves busy by working and since most of the participants have their own businesses, they utilized this to focus more on being productive which allowed them to divert their attention from thinking about the passing of their parents.

**Engaging in new hobbies.** Thirteen (13) participants were able to form new activities/hobbies during their spare time as a way to redirect their thinking away from their painful loss. Most of the participants shared that they took up new activities/hobbies focusing on their physical health and how this helps them to avert their minds from thinking about the unfortunate event that had happened.

*“Nagkakape ako, kinakausap ko yung bestfriend ko, naglalaro ako, nagpopost ako lagi ng mga pictures namin. Talagang lahat ng pwedeng makatulong na bagay, yung tingin ko talagang effective sa'kin ginagawa ko.”* [I go out and have coffee, I talk to my best friend, I play games, I always post our pictures. Really, everything that can help, I do what I think is really effective for me.] (P3)

*“Nag aano ako ng ibang activities, kunwari exercise, biking gano'n. Para madivert yung ano mo yung loneliness, gano'n para emptiness mabawasan naman ma-convert into positivity.”* [I do other activities like exercise, biking, etc. to divert your loneliness, reduce emptiness, and convert it into positivity.] (P4)

*“Nag gym ako. Para libangin ko lang yung sarili ko. Kung minsan pupunta ako sa park isasama ko yung mga bata doon, yung tatakbo kami, makikipag laro ako sa kanila, yung ganon. Para lang at least kahit papaano gumaan yung pakiramdam ko. Bumili ako ng mga libro na pwede kong basahin. Nakikinig ako ng mga motivational videos.”* [I go to the gym. Just to lift myself up. Sometimes I go to the park, I'll take the kids there, we'll run, I'll play games with them, like that. It's just that, at least, that makes me feel better. I

bought books that I could read. I listen to motivational videos.] (P8)

*“Nag adopt kame ng isang cat and bumili ng isa pang cat. Nag alaga ako ng cat gano’n, ang saya lang parang stress reliever din somehow mga pets. Nag jump rope, naging expert sa jumping rope kaka youtube lang.... Pinagkakaabalahan ko jumping rope tapos yun yung ate ko aah I told her boyfriend na ilabas mo siya, umalis kayo parang gano’n ta’s yung tatay ko naman lagi sila umiinom dito with mga tropa niya.”* [We adopted one cat and bought another cat. It is fun taking care of a cat, it is a stress- reliever having pets. Jumping rope, just by watching youtube I became an expert in jumping rope... I do jump rope, then as for my sister... aah I told her boyfriend to take her out. My father drinks at home with his friends.] (P11)

*“Dati yung mga ano my list ko sa netflix di ko napapanood so ngayon, yun yung ano ko no umh watching netflix yun yung pinagkakalibangan ko; tapos yung pamangkin ko every weekend pumupunta siya dito so meron kaming libangan, pinagkakaabalahan. And then yun umh yun yung ano ko. And I will go back din to my routine dati na dahil nga nag pandemic, na stop yung ano ko sa yoga so i’ll go back to my yoga and exercise nyan.”* [Before, I couldn't watch what's on my netflix list, now that's what I enjoy and then my nephew come(s) here every weekend so we have fun with them, we have something to do. And then I will go back to my previous routine which had stopped because of the pandemic; so, I'll go back to my yoga and exercise.] (P14)

**Working.** Ten (10) participants made use of work as an instrument to divert their attention away from thinking about the tragedy. Most of the participants went back to work after the wake and burial of their parents to prevent themselves from dwelling on the unfortunate event and being caught up in the negative feelings and emotions. Participants stated how helpful work has been for them in redirecting their thoughts away from the loss.

*“Para hindi ako masyado dito lang sa bahay, magmukmok, so magwork na lang ako, parang pang redirect din siya sa mga iniisip ko.”* [Like I'm not too much here at home, sulking, so I just work, to redirect to my thoughts.] (P1)

*“So far ngayon, kasi since focused ako sa business, more on sa pag aasikaso dito umiikot yung everyday*

*ko. Iniisip ko na lang yung sa business, feel ko kasi kapag iniisip ko, yon yun yung nakakagaan.”* [So far now, since I am focusing on business, more on taking care of it, my everyday life revolves around it. I'm just thinking about the business, I feel that when I focus on my business, it makes things easier.] (P2)

*“Naging focus ko ngayon talaga ngayon is work lang dahil pandemic. Yun lang yung ano ko nagiging means ko ngayon para maka cope up kahit papano na madistract ka dun sa thought nga na hindi ka pa rin okay.”* [My focus right now is really just work because of the pandemic. That's all I'm using now to be able to cope somehow, to distract me from the thought that I'm still not okay.] (P5)

*“Yung ginawa ko after ng libing dahil nga ang daming kong naiwan na pending sa opisina no, kinabukasan non pumasok na ako. Talagang ginawa kong busy yung sarili ko para yung depression, malabanan ko at saka yung stress. Kasi di ba Thursday nilibing si tatay, so pagka Friday n'on pumasok na ako. Naging okay naman yung result ng pagtatrabaho ko dahil nga sobrang dami kong pending sa work, nagawa ko yun ng isang araw lang.”* [What I did after the funeral was I already went to work immediately because I had so much left pending in the office. I really made myself busy to fight depression and stress. My father was buried on Thursday, I went to work on Friday. I was so focused on my work because I had so much pending, I was able to complete all that in just one day.] (P12)

*“Ngayon nag open ng small business to make ourselves busy kaya minsan hindi na rin namin masyadong naiisip yung pagkawala ng nanay namin kasi nga may ibang pinagtutuunan ng attention.”* [Now we have opened a small business to make ourselves busy so we don't think too much about the loss of our mother, because there is something else that requires our attention.] (P17)

**Cognitive coping.** In managing their experiences as regards the loss, participants made use of their time by contemplating, reflecting and making sense of the passing of their parents which in a way enables them to understand and accept the fate of their parents.

**Contemplating and reflecting.** Ten (10) participants were able to look back and reflect correspondingly on their bereavement experiences. Most of the participants expressed how meditating over the unfortunate event brought to surface life lessons which may come in handy for the future. Participants were



also able to contemplate how important it is to spend time with family while people still have the chance to do so and treasure each moment spent with them since no one knows when death may come and snatch that opportunity.

*“Improved yung alone time ko kase nagrereflect ako sa mga bagay bagay. Kailangan din kaseng mag reflect at saka mag step back for a while para maunawaan natin na it's already done.”* [My alone time has improved because I reflect on things. We also need to reflect and step back for a while so that we understand that it's already done.] (P3)

*“Pwede mo siyang ireminisce ng ireminisce lahat ng ginagawa niyo nung tao na yun (na nawala) pero dadating ka dun sa point na, na magiging ka na lang na maiisip mo na kailangan na rin magstep forward.”* [You can reminisce about everything you did with the person when he had been around/alive, but it will come to the point where you will just wake up thinking that you also need to step forward.] (P9)

*“Maging mabuti sila sa mga magulang nila. Habang nandyan sila, ipakita na nila yung pagmamahal nila sa kanila at alagaan nila kung meron mang dinadamang yung mga magulang nila. Yung mga pamangkin ko nga dito sa 'min, sinasabihan ko sila na 'wag na silang magpasaway sa mga magulang nila, ganyan. Maging mabait na lang sila sa mga magulang nila kasi sobrang sakit kapag nawalan ka ng magulang, lalo na ngayon na nasa panahon ng pandemic. Mahalin nila hangga't nabubuhay pa. Alagaan. Wag na nilang bigyan ng sakit ng ulo.”* [Be good to their parents. While they are here, they should show their love and take care of them if their parents have health issues or are feeling unwell. I tell my nephews and nieces to be good to their parents, not antagonize them. Just be kind to their parents because it hurts a lot when you lose a parent, especially now that it's a pandemic. Love them as long as they live. Take care of them. Don't give them a headache anymore.] (P13)

*“Good question sa'kin yan sa reflection, siguro sa naging experience ko na ganito mas naging malapit ako sa tao; actually, di naman literal na malapit sa tao but the sense na mas naging mag kapwa kalooban. Sa karanasang ito pinaranas ng Diyos na tao ako at nakakaranas ako ng ganito and napatunayan na tao kase nagkaroon ako ng karanasan sa family ko na namatayan ako and isang tulong ito na lalo ako maging malapit sa tao di ba? Paano ka magiging*

*malapit sa tao? Through your experiences.”* [That's a good question for me because of my reflection, maybe in my experience like this I became closer to people, not literally close to people but in the sense that I became more like “magkapwa kalooban”. In this experience God made me feel like I'm a human, a person, because I had an experience where someone in my family died and it helped me to be even closer to people, right? How can you be close to the person? Through your experiences.] (P15)

*“Life is so unpredictable. It may sound so cliché but it's true. You may never know what will happen tomorrow. Just enjoy your life and spend quality time with your family. My sister and I did not have a hard time letting go of our mom, maybe because we spoiled her when she was still with us. And above all, with the help of the Lord, we have accepted it. Telling you again, it's His will not ours.”* (P18)

**Meaning-making.** Ten (10) participants were able to find valued life lessons and make meaning out of their experience challenged by loss. Little by little, participants are able to show indications of meaning-making in trying to understand the loss. They are able to share how they reorganize and reconstruct their thoughts and feelings regarding the traumatic event and how they search for meaning in continuing their life after losing their parents. As most of them stated, they plan to carry on with their lives keeping in mind the dreams that their parents wanted them to pursue and achieve.

*“Kung meron mang hindi makakatulong sa'kin dapat hindi ako yun. Dapat ako yung maging una kong uhm ... (maging) dependent ako sa sarili ko. You need to live your life na maayos, yung naaayon sa kung ano bang purpose mo ba't nabubuhay ka pa.”* [If there is someone who won't be able to help me, that shouldn't be me. I should be the first one to uhm I should be able to depend on myself. You need to live your life the right way according to your life's purpose.] (P3)

*“Nagfocus na lang din sa studies kasi yun yung gusto ng father ko na maggraduate ako, ganon, yung mataas na grades kaya yun ginagawa ko na lang siyang ano talaga inspiration para pagbutihin lalo.”* [I focused on my studies because my father wanted me to graduate and get high grades. That's why I used that as my inspiration to perform better in my studies.] (P4)

*“Kailangan na mag istart sa sarili mo - lahat ng bagay di gagalaw hindi siya mag go-grow kung di siya*

*something na kung di mag start sa sarili mo. Kailangan mong i-motivate yung sarili mo, kailangan na sabihin mo sa sarili mo na kaya mo 'to, malalagpasan ko 'to, isipin mo para sa family or kung sino, kung anong dahilan kung bakit ka nabubuhay, you need to keep going.*" [Things should start with yourself - things won't move and grow if you aren't able to start within yourself first. You need to motivate yourself, tell yourself that you can do this, you'll be able to overcome this, think of your family or whomever (you are doing it for), and as to what is your purpose and reason for living, you need to keep going.] (P6)

*"Darating at darating din yung oras na ikaw na makakarealize sa sarili mo na kailangan mo nang mag move on. Siguro mas magandang advice yung lahat ng memories good or bad make it like stepping stones para maisip mo na life goes on whatever happens, good or bad, kailangan i-push mo lang.*" [Time will come when you will realize that you need to move on. Maybe a good advice is to make all of your memories, whether good or bad, a stepping stone for you to see that life goes on; whatever happens, good or bad. You just need to push yourself.] (P9)

*"Makapag tapos po ako. Makapag tapos po yung mga kapatid ko. Maibigay po namin yung mga pangarap niya po para sa'min. Yun po yung pinaka main goal po talaga namin ngayon.*" [To finish my studies. For my siblings to finish their studies, too. For us to achieve what she wants for us. That is our main goal right now.] (P10)

**Accepting loss.** Nine (9) participants revealed evidence of acceptance after the passing of their parents. Some stated that they were able to prepare themselves for this moment seeing how their parents suffered from the virus. Also, participants decided to use the memory of their parents struggling for their lives as a sign to totally let them go and rest in peace. Moreover, participants were able to acknowledge the reality of their loss and the need to hold onto their faith, that the Lord has something in store for them and that He has His reasons as to why the unfortunate event happened.

*"If you don't acknowledge your emotions mas mahihirapan ka eh, kung magiging in denial ka. It's like you're preparing yourself for the worst-case scenario and then accepting the fact na may mawawala't mawawala."* [If you don't acknowledge your emotions, it will be more difficult for you if you

remain in a state of denial. It's like you're preparing yourself for the worst-case scenario and then accepting the fact that you are bound to lose someone again.] (P3)

*"Kailangan tanggapin mo ng buo talaga yung mga nangyari kailangan buong puso talaga eh kasi kapag di mo tinanggap ikaw rin yung mahihirapan."* [You really have to accept wholeheartedly what happened, because if you don't accept, you will also be the one that will suffer.] (P4)

*"Ang kailangan mo talaga is acceptance eh kasi once na di mo inaccept malulubog ka lang dun sa trahedyang nangyari."* [What you really need is acceptance, because if you don't accept, you'll just drown in the tragedy that happened.] (P6)

*"There's no other ano eh way but to move forward. Yung kailangan mo siyang tanggapin kasi wala ka ng ibang choice. Tanggap mo na lang siya kasi alam mong nasa better place na siya."* [There's no other way but to move forward. You need to accept it because there is no other choice. Just accept it because you know that he is in a better place now.] (P9)

*"In time maa-accept niyo pa rin yan. Pero it's good na kailangan ma-accept mo na kasi acceptance is the very first step para makapag let go rin yung...kung sino man yung nawala. Kasi mahirap yung hindi mo inaccept yung pagkawala na iniisip mo na nandyan lang sila pero sila mismo pala nahihirapan, hindi nila nakikita yung liwanag kung saan man sila patutungo."* [In time you will be able to accept that. But it is good that you accept early because acceptance is the very first step to being able to let go of what is lost. Whoever is lost. Because it is hard not to accept the loss, that you keep thinking that they are just there... but the lost loved ones are having a hard time, they can't see the light or reach wherever their final destination is.] (P14)

**Social coping.** Both seeking emotional support and strengthening relationships with other people were done by the participants as a way to relieve the agony of the passing of their parents.

**Seeking emotional support.** Most of the participants were able to express how emotional support from their family, friends and relatives helped them in managing the pain that they were experiencing before, during and after the passing of their parents. Some of the participants mentioned that they did not have a hard time in reaching out for emotional support from their

family and friends since they offered it voluntarily. It was a relief to hear that they didn't have to ask for it, most especially while they were struggling from the loss.

*"Hindi naman ako nahirapan mag reach out sa kanila kase full support naman sila. Alam ko naman na matindi naman yung support system ko. Manageable naman siya kasi nga may napagkukwentuhan. Parang may napagbubuntungan ka ng questions mo, ng mga what ifs mo ganyan... when it comes to emotional support naman lagi nilang ina-acknowledge yung feelings ko. My feelings were valid naman."* [I didn't have a hard time reaching out to them because they were fully supportive. I know that my support system is strong. The pain from the loss is manageable because there are people to whom I can share my stories. It's like...you have someone to listen to your questions, to what if's, like that. ... When it comes to emotional support, they always acknowledged my feelings. That my feelings were valid.] (P3)

*"Marami yung mga relatives namin, then yung mga batchmate ko nung high school, college - yun halos sila minemessage nila ako yung sinasabi na kakayanin ko daw to. Buti may kaibigan na nandyan, family, mga relatives na nandyan para sumoporta sa'yo, para kausapin ka ganon para i-comfort ka ganon."* [Many of our relatives, then my batchmates in high school, college, always message me, saying that I can handle this. It is good to have friends, family, and relatives to support you, to talk to you, to comfort you.] (P6)

*"2 days na wake makita mo sino talaga yung pinaka sincere sa'yo, makikita mo talaga sino yung walang fear lapitan ka just to give you a hug, may mga close friends. aah of course, immediate family aah relatives sila lang talaga kumbaga sobrang intimate lang nung wake yung mga nag visit talaga, yon... Some other friends, college friends, high school friends bigla na lang ako pi-pick up in dito just to make sure na makakalabas kame makakapag hang out kahit konting oras lang - mag coffee, merienda lang, yon during those times din ano maa appreciate mo rin yung mga friends mo talaga. Sobra 'no from quarantine days nagpapadala sila ng food up until nailibing na, after 40 days. Ganun, makikita mo talaga kung sino yung sincere mong friend na ano pi-pick up in ka sa bahay ganun aah, just to make sure na para maiba lang attention mo from your house gano'n."* [2 days wake you can see who is really sincere to you, you can really see who have no fear to approach you, just to give you

hugs. There are close friends aah, of course, immediate family aah relatives - they were the ones present at the wake, just a small, intimate group - those who really visited... Some other friends, college friends, high school friends suddenly picked me up here just to make sure that we could go out and get to hang out. Even if it's just a little time for coffee, for a snack, during those times too, you really appreciate your friends, from quarantine days they would send food up until after burial, after 40 days. You can really see who your sincere friends are, like they will pick you up at home like that aah just to divert your attention from your house and other concerns, like that.] (P11)

*"So, it's very hard. On our part, we are so blessed kasi ang daming tumulong sa amin talaga and until now marami pa rin yung tumutulong emotionally naman."* [So, it's very hard. On our part, we are so blessed because many really helped us and until now they are still helping emotionally.] (P14)

*"Nashare ko rin sa mga nakasama ko na seminarians sa mga pari sa seminaryo yun malaking tulong yon yung habang may nakakausap ka di masyado mabigat yung burden mo."* [I also shared with the seminarians, with the priests in the seminary, that it was a big help that I had someone to talk with, it made the burden feel lighter.] (P15)

*"Parang narealize namin, ako narealize ko na marami palang nagmamahal kay mama, hindi lang pala kami ang... ang maggrigrieve griever sa pagkawala niya, pati mga kaibigan niya yung mga ibang nakakakilala sa kanya. Kahit nga hindi close sa kanya eh kung бага parang nagparating ng pakikiramay. Nakatulong din naman kahit papano, naibsan din naman "[We have realized that there are many who love mama, we are not the only ones who will grieve over her loss but her friends as well and the others who knew her. Even people who were not close to her sent their sympathy. It also helped, somehow it gave us relief.] (P19)*

**Nurturing social relationships.** Seven (7) participants felt that strengthening relationships with other people helped in alleviating the impact of the loss. Most of them decided to use the event to form a stronger bond with their family and friends. Some of the participants reached a decision to share their experiences not only with their family and acquaintances but also with strangers stating that it somehow made them feel relieved and helped them reach a better frame of mind.

*"Isang naging advantage na, since wala na masyadong kasama yung mga kids yung mga bata,*

*kaya more time.” ... “share it to other people na hindi mo talaga kilala, hindi lang sa friends, relatives, which is for me, is a good thing.”* [One of the advantages is that since the kids no longer have the lost loved ones to be with them, I got to spend more time (with the kids).” ... “share this with other people that you don’t really know, not just with your friends, relatives, or even with strangers, this, for me, is a good thing.] (P1)

*“Share your experience. Yung mga natutunan mo doon sa mga experiences na yon, makakatulong din kase sa iba eh. If ever na there would be a chance to help others na to share the experience, I would do so.”* [Share your experience. The things you learned from those experiences; it can also help others. If ever there would be a chance to help others to share the experience, I would do so.] (P3)

*“Kapag may kaibigan ako ang lagi ko lang... payo ko lang kung napapagod ka, nasasaktan ka, kailangan mong magpahinga. Just pause, breathe and keep going. Ayun lang kung бага, parang inapply ko sa sarili ko keep going kaya natin ‘to, kayanin ko ‘to para sa family.”* [The thing that I always advise my friends is that if you’re tired, in pain, or in need of rest, just pause, breathe and keep going, that’s all. That is the advice that I also apply to myself, to keep going, we can make it. I’ll be able to make it for my family.] (P6)

*“Nakikipag usap dito sa pamilya namin. Kasa-kasama ko lang yung nanay ko at saka yung mga kapatid ko, nagtatawanan.”* [Conversation within our family. I am always with my mom and my siblings, talking about things that are fun and make us laugh.] (P13)

*“Ginagawa po namin parang kami kami pong magkakapatid nagkakasama sama po kami lagi parang kumakain po ganun sa iisang bahay, gano’n. Sabay sabay po lahat kapag po umaalis naman po kasama ang kapatid po ng parent ko gano’n.”* [What we do is that we always gather for meals here in the house and eat together with our siblings. Whenever we go outside, my parent’s siblings accompany us.] (P16)

**Spiritual coping.** Participants were able to strengthen their spiritual aspect that in a way alleviated and helped them to overcome the emotional distress from the experience challenged by loss, making it more bearable.

**Strengthening spirituality.** Six (6) participants conveyed that strengthening the spiritual aspect has

precipitated hope and faith. Most of the participants are able to resort to strengthening their faith through prayers, sharing quotes about prayers, and reading the bible. Some of them expressed how prayers were able to help them in coping with the traumatic event and how they were enlightened on why the unfortunate event had happened.

*“Nagbabasa ako ng bible ngayon, nakakatulong siya, naiisip ko rin na ang lahat ng ‘to may reason, gagawa ng paraan si Lord sa buhay ko.”* [I’m reading the bible now, it helps; I also think that all of this had happened for a reason, the Lord will make a way in my life.] (P2)

*“We kept praying na lang talaga para to make things better na lang baka maanswer yung prayer naming gano’n kaya nag pray lang talaga kami ng nag prays gano’n.”* [We just kept praying to make things better so that our prayers might be answered like that, so we just really kept praying and praying.] (P4)

*“Talagang spiritually di niya kami pinabayaan as in kay Lord kahit na nung mamamatay na siya yun yung ininstill niya sa’kin.”* [He didn’t really leave us spiritually, the Lord, even when he (parent) was about to die, that’s what he instilled in me] (P5)

*“Magdasal, kailangan natin magdasal kailangan natin yan kasi kung wala kang spiritual life.”* [Pray, we need to pray, we need that because if you don’t have a spiritual life.] (P6)

*“I mean, that time, nung nag positive pa lang yung mama ko, yung kinakapitan ko lang non ay si Lord. Walang iba... I’m proud to say na uhm siguro yung situation na yon uhm binigay siya sa amin kasi parang uhm may reason si Lord. Hindi naman Niya ibibigay kung hindi natin kaya. Pero sabi ko nga it’s good na nararanasan natin yung pain na ganyan kasi kapag wala na tayong nararamdaman it means na patay na tayo.”* [I mean that time, when my mother was tested positive, the only one I clung to was the Lord, no other... I’m proud to say that uhm maybe that situation uhm... He allowed it to happen to us because it seems uhm the Lord has a reason. He will not give us a problem we cannot handle. But I said it’s good that we experience pain like that because when we don’t feel anything it means we are dead.] (P14)

*“Coping kasi number one is yung prayer ko ‘no. I believe na lahat tayo mapupunta dun sa uhm kukunin tayo hindi lang natin alam kung kailan kaya dapat i-*



*enjoy natin yung kung anong meron tayo hangga't nabubuhay pa tayo. Dapat pagkagising and bago matulog, magpapasalamat na buhay pa tayo. So ako mas lumalim yung faith ko 'no, kay Lord and then uhm yung ano kasi eh mas ano uhm yung sa social media ngayon kasi yung prayer ano don, nagshe-share ako na about yung sa mga quotes about prayer."* [Coping, because number one is that I pray. I believe that we will all go there (death), in the end uhm we will be taken we just don't know when so we should enjoy what we have as long as we are alive. We must say our thanks when we wake up and before we go to sleep, thanks that we are still alive. So, I deepened my faith in the Lord and then uhm what's more uhm, on social media now there are prayers, and I'm sharing quotes about prayers.] (P14)

### **Theory of Anguish, Bethink, Laying ground, and Existing (ABLE theory)**

Upon determining the participants' context of bereavement and difficulties experienced before, during, and after the passing of their parents, researchers were able to come up with four possible phases describing what the bereaved has gone through this experience that was challenged by loss. In the anguish phase, anticipatory grief and initial reaction of the participants were revealed with regard to discovering that one of their parents was tested positive for the virus. The process of contemplation and reflection that allowed the participants in processing their mental and emotional battles were displayed in the bethink phase. Compound difficulties were also faced during this phase due to strict protocol measures that needed to be followed and which have increased the toll for their grieving. Consequently, the laying ground phase conveys the part where different strategies were discovered and undertaken by the participants in coping with the loss. Lastly, the participants unveiled that they are currently still in the process of coping, healing, and surviving. Regardless, they have been able to find new activities, actions, and meaning which help them in dealing with the experience challenged by loss. Most especially, participants in the surviving phase were able to accept the loss and were able to rebuild meaning from the demise of their parents.

#### **Anguish Phase**

The anguish phase presents the anticipatory and initial reaction of the participants upon discovering that one of their parents tested positive for COVID19 which eventually have caused their passing. Here, the

participants stated that they were shocked and in denial as attested by the participants' response:

"The death of my dad, that was five days after we brought him to the hospital. That was a shocking time for us. That is to say the most unexpected result" (P7)

They also struggled in looking for hospitals since a lot of hospitals could not accommodate incoming loads of patients and with this, the participants feared for their parent's survival with them being in a life and death situation

"As we tried to look for hospitals that would admit my mother in the emergency, the feeling was really heavy. It was heavy and at the same time we felt hopeless, knowing that we're in a pandemic and a lot of hospitals could not accommodate more patients... They could no longer revive her and I just couldn't express what I felt at that time. Actually, I was still in denial, I was staring blankly for like five hours and I wasn't able to cry since it hasn't sunk in yet. Being told that news was really painful. It's painful and I didn't know what to feel in that experience. I can't express the pain especially since it was my mom and I was very close to her... It's really painful." (P11) "I was scared when I learned that he got infected. Scared that he could possibly die and then we were told that he had passed away... It's very devastating." (P9)

Some participants also stated that they had regrets and felt the guilt for not being able to take good care of their parents.

"We were helpless, stuck in the house and unable to do anything. It's a shame that we didn't get the chance to be there during his last moments. Not able to talk to him and say our final goodbyes." (P4)

Despite that, participants experienced anticipatory grief and the process of acceptance at the end of the first phase.

"It was saddening but there was a feeling of acceptance since you could see that she was suffering inside the ICU. It was sad but I felt I had to accept it." (P1)

#### **Bethink Phase**

The bethink phase describes how the process of contemplation and reflection allowed the participants to process their mental and emotional battles. At this point, participants started to ponder deeply on how to help themselves and their family members in managing their struggles and difficulties during the

bereavement.

“The first thing that struck my mind, since I am the eldest, is the acknowledgement of responsibility. In between, all I can think of is responsibility and pressure. Also, my grandparents badly need someone to look after them. When they are scheduled for a check-up or just to do an errand for the house. From that day on, I knew it’ll be my responsibility.” (P2)

Additional roles and responsibilities were also evident in this phase as they needed to be strong and to move towards their present life since most of the participants are the eldest among their siblings. They had to be optimistic and hopeful about their present situation considering that their family members are leaning on them, most especially, as a source of emotional strength

“So more likely, think of a way of how you are going to divert your attention instead of grieving. Okay lang mag-grieve. Okay lang mag luksa, okay lang yun kasi tao tayo pero do not take that chance na hindi ka mag function ng mabuti.” (P3) “Just be strong because you don't know if your family or relatives are depending on you, you're the only one they cling to, you're the one who gives them strength because you don't notice you're weakening, so they'll be weakened as well.” (P5)

Adding on to this factor is the participants' need to go back on track after the loss, since in reality, they have to face their responsibility of supporting their family in terms of finances as well

“You're working all day even if you're tired. It's that you can't slow down and get tired. What will happen to those leaning on you? To those who are counting on you.” (P8)

At this stage, they are aware of the fact that they have to move forward.

“You can reminisce about everything you spend time with, but it will come to the point where you will just wake up thinking that you also need to step forward.” (P9)

### Laying ground Phase

In the laying ground phase, different strategies are undertaken by the participants in coping with the loss. First, participants were able to seek emotional support to manage the loss considering that there are people whom they can share their problems with.

“I didn't have a hard time reaching out to them because they were fully supportive. I know that my support system is strong. The pain from the loss is manageable because there are people to whom I can share my stories. It's like...you have someone to listen to your questions, to what ifs, like that. ... When it comes to emotional support, they always acknowledge my feelings. That my feelings were valid.” (P3)

They were able to engage in new hobbies and make themselves productive to divert their attention to other important and useful matters.

“I do other activities like exercise, biking, etc. to divert your loneliness, reduce emptiness, and convert it into positivity. (P4)” “Now we have opened a small business to make ourselves busy so we don't think too much about the loss of our mother, because there is something else that requires our attention.” (P17)

Since most of the participants are already young adults, they promptly made themselves productive by going back to their work.

“What I did after the funeral was, I already went to work immediately because I had so much left pending in the office. I really made myself busy to fight depression and stress. My father was buried on Thursday, I went to work on Friday. I was so focused on my work because I had so much pending, I was able to complete all that in just one day.” (P12)

During this phase, a lot of participants wanted to share their experiences, were able to enact self-care and give importance to self-love.

“Share your experience. The things you learned from those experiences; it can also help others. If ever there would be a chance to help others to share the experience, I would do so.” (P3) “The thing that I always advise my friends is that if you're tired, in pain, or in need of rest, just pause, breathe and keep going, that's all. That is the advice that I also apply to myself, to keep going, we can make it. I'll be able to make it for my family.” (P6)

Participants also stated that they are certain of the power of holding on to their faith.

“I mean that time, when my mother was tested positive, the only one I clung to was the Lord, no other... I'm proud to say that uhm maybe that situation uhm... He allowed it to happen to us because it seems uhm the Lord has a reason. He will not give us a problem we cannot handle. But I said it's good that we experience pain like that because when we don't feel

anything it means we are dead.” (P14)

### Existing Phase

The existing phase shows that they are still in the process of coping, healing, and surviving but in spite of that, participants were able to find strategies and meaning with the experienced loss. In other phases, it was revealed from the narrative of the participants that for them to be able to cope with the experience of losing their parents, they started contemplating within themselves. They realized that being stuck in the stage of grieving will not change things and so they looked for strategies that will help them cope with their current situation. This helped them to gradually accept their painful experiences.

“You really have to accept wholeheartedly what happened, because if you don't accept, you will also be the one that will suffer.” (P4) “In time you will be able to accept that. But it is good that you accept early because acceptance is the very first step to being able to let go of what is lost. Whoever is lost. Because it is hard not to accept the loss, that you keep thinking that they are just there... but the lost loved ones are having a hard time, they can't see the light or reach wherever their final destination is.” (P14)

Most of the participants used their parents' dreams for them as an inspiration to move forward. They also considered and thought about their family who are still here with them physically and how they are counting on them. And as time passes by, they realize that they need to make their way back to their present life, rather than staying stuck in grieving, for their own good.

“I focused on my studies because my father wanted me to graduate and get high grades. That's why I used that as my inspiration to perform better in my studies. (P4) “things should start with yourself - things won't move and grow if you aren't able to start within yourself first. You need to motivate yourself, tell yourself that you can do this, you'll be able to overcome this, think of your family or whomever (you are doing it for), and as to what is your purpose and reason for living, you need to keep going.” (P6) “Time will come when you will realize that you need to move on. Maybe a good advice is to make all of your memories, whether good or bad, a stepping stone for you to see that life goes on; whatever happens, good or bad. You just need to push yourself.” (P9)

### Discussion

The aim of this study is to develop a theory describing the process of early coping of individuals who lost a loved one because of COVID-19. Specifically, it explored the participants' context of bereavement before, during, and after.

The coronavirus disease 19 (COVID-19) is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Shereen et al., 2020). As mentioned by Centers for Disease and Control Prevention (CDC, 2021), “as you get older, your risk of being hospitalized for COVID-19 increases”, since eight out of ten of COVID-19 deaths have been reported in adults. As they said, older individuals are at greater risk of being hospitalized or dying when diagnosed with COVID-19, since their immune system weakens and the presence of comorbidity makes them more vulnerable to COVID-19.

Due to this experience, a lot of young adults lost a parent due to the rapid spread of infection and high level of mortality. The patient's family members go through vague and chaotic conditions. Young adults experience a change in the level of grief rather than in natural bereavement. As stated by Gibson et al. (2020), the pandemic disrupted usual experiences of grief and modification of approaches to support grief are needed.

At the outset, participants looked back and reminisced their experience at the time when one of their parents had symptoms of COVID19. They were able to share and narrate what their parents normally do in their daily life. Some are working while some of them are at the comforts of their home taking good care of their grandchildren. These recollections of experiences came flooding in when they rushed one of their parents in hospitals and at this point, participants revealed both negative and positive emotions as their initial reactions and anticipatory grief. At first, negative emotions were felt by the bereaved individuals. Initially, feelings of shock were expressed by the participants upon knowing that their parents needed to be brought to the hospitals to receive proper health care services in treating their infection with the virus. Everything happened so suddenly that participants were still in the state of denial. According to Duke (1998), anticipatory grief is followed by the general process of having shock about the impending loss, denial of the reality of loss, and eventually accepting it. In other words, anticipatory grief appears to shift over a period of

time. Nevertheless, it should be viewed as a mental process for coping or dealing with the patient's illness or death.

They also happened to experience fear for their parents' condition and the thought of them not being able to survive since a lot of elders were not able to recover. According to Menzies (2012), a compelling sense of fear or meaninglessness is propagated in awareness of death.

Seeing their parents struggle due to their fragile state as most of them have underlying conditions and some are even currently receiving dialysis treatment gave rise to feelings of sadness and helplessness for the participants. The distress that occurs in witnessing the situation of the parents is caused by profound sadness and anxiety over the survival of self and family. Also, the sentiment of being unable to accept the reality that happened, forcing themselves not to look sad (Fikry, 2018).

While their parents were being treated, participants conveyed a sense of guilt and regret for not being able to be physically present with their dying parents in the hospital due to strict health protocols. Christ (2002) proposes that culture and religious traditions affect the responses to bereavement. In some populations, such as the hispanic, where in his case-report of the teenager belongs, taking care of the parent who is at the active dying state can provide a sense of gratification that prevents feelings of guilt that may arise following the passing of a parent. According to Stroebe et al. (2020), guilt in the context of bereavement has been interpreted as "a remorseful emotional reaction in bereavement, with apprehension of having to unsuccessfully live up to one's own internal expectations in relation to the deceased".

Amidst these negative emotions, positive feelings of optimism and hope came to surface since participants were able to notice improvements in their parents' health condition during the course of treatment. According to Weingarten (2010), hope is especially important in times of despair and overwhelm, since it fuels energies and efforts to cope and rebuild lives. In the springing of adversity, we cling to hope. Nevertheless, their condition eventually led to the death of their parents despite the observed improvements.

While in the context of bereavement, participants have experienced varied difficulties regarding health risks, psychological factors and financial risk. Specifically, most of them were restricted and asked to abide by the home, hospital, and funeral protocols that were

regulated to prevent health risk. Most of the participants underwent home quarantine which has caused feelings of shame and guilt to arise. Inclusion to the burden of death in families is that they do not allow for grieving normally, expressing their emotions and conveying anguish. Anyhow, they are also isolated for a long time after the passing of their loved ones and could not be able to be with relatives and friends (Abdollahimohammad et al., 2016).

Family members were also not allowed to visit hospitals and cremation was immediately supervised leaving the participants with a limited period of time in bidding their final goodbye to their parents. According to Carr et al. (2020), death caused by COVID19 is commonly accompanied by much pain and difficulty. It transpires usually away from the family in the hospital while other members of the family are not there to be with their loved one at their final moments of life and are not given the opportunity to bid their goodbyes to the deceased. Grief caused by such death or often indicated as "bad death" is when in fact grief can be especially doubled for the family members of the late parent, who may experience lack of social and emotional support, financial problems, concerns for their own health, quarantine, and failure to hold the traditional funeral rites.

Participants have also noted that several restrictions were imposed and with that they were not given the chance to pay respects and provide a traditional wake. Individuals experienced a sort of incomplete grieving during this time of pandemic due to having to follow health safety protocols which had dispossessed them of performing the usual traditional rites after the loss. (Farahmandnia et al., 2020). For the psychological factors, participants have determined the surfacing of social discrimination and stigma as people started to know about the COVID condition of their parents.

This heightened their distress from the loss of their parents as their neighbors made them feel sad, disappointed, and disgusted because of their lack of support and understanding about their situation. Some people avoid contact with them because they somehow bear the stigma attached to the virus, thinking that close contact with the bereaved could lead to getting infected as well (Benerjee et al., 2020; Centers for Disease Control and Prevention [CDC], 2020).

Also, additional roles and responsibilities were perceived after the passing of their parents. Following the parent's death, another feature which has arisen from the analysis of this experience relates to acquiring new responsibilities. Garber (2000)



described this as the need for the individual to be responsible for other family members. As explained by Patterson and Ranganathan (2010), there is a heightened involvement in household activities. In Dehlin & Martensson (2009), young adults refer to greater involvement of relatives in the care of a dying parent and in managing the activities on a day-to-day basis in the aftermath of the parent's loss.

Aside from health and psychological risks, financial risks have also amplified their struggles regarding the medical expenses and other bills that piled up after the death of their parents. Participants revealed their struggles with the additional expenses including the payment of their parents' hospital bills which was on the expensive side along with the need to take care of the cost of the household living of their family.

According to Dinglasa et al. (2020), the Philippines is a country that is prone to disasters that is why resilience is a very known trait among Filipinos which refers to going back to the stability of the situation. As stated by Estanislao (2001), "the Philippines has a cultural tendency to endure and put up with the existence of depression". Despite such vulnerability which appears to predispose a Filipino to self-annihilation and other destructive behaviors, the perception remains that Filipinos are among the happiest people in the world (Tiangco, 2005). With that, Filipinos have learned how to properly pack their burdens to carry them lightly (Bankoff & Dorothea, 2009). Filipinos have learned to develop their coping mechanisms to survive. Coping is the process of actively managing the community's demands that are appraised as highly stressful, as in exceeding their personal and community resources or burdening their capacities (Igancio, 2010).

□□The participants' answers from the Brief Resilient Coping Scale (BRCS) revealed that all of them attained a score between 14-16 which represents medium resilient coping and a score of 17-20 which indicates high resilient coping. As the authors stated, those with medium to high resilience traits show less distress than those with low resilient coping abilities. That is why the researchers screened the participants to see if they scored with medium or high resilient coping which makes them as individuals who are more likely to form their founded coping strategies. According to Wu et al. (2020), higher psychological resilience is associated with a better positive coping style.

In line with the study's findings here are the coping strategies of the bereaved in the world where their loved one is no longer physically available.

Participants were able to undertake physical, cognitive, social, and spiritual coping to manage their grief and bereavement. For physical coping a lot of participants were able to engage in new hobbies during their spare time as a way to redirect their thinking away from their loss. An aspect that emerges is the need to engage in sports or creative activities. According to Christ (2002), this is the need of young adults to express and communicate their feelings to others by not talking about them precisely. Garber (2002), recognizes it as an opportunity to convey a talent, showing themselves to friends and other people as an individual that is particularly competent in something, and also in a way as fulfilling the dreams of the deceased parent. As stated by Hurd (2004), engagement in a variety of activities is reported to be a way of distracting oneself from thinking of the late parent. Brewer and Sparkes (2011) stated that it may be a way of transmitting negative feelings and promoting resiliency. In avoiding thinking about death, taking part in activities is a means to redirect thoughts, and also a means to express distinctly strong emotions such as aggressiveness, anger, and anxiety. Some activities, such as poetry, painting, music, may mirror an opportunity for the bereaved to express feelings that cannot be expressed. (Brewer & Sparkes, 2011; Christ et al., 2002; Garber, 2000; Hurd, 2004).

And most of the participants make use of work to be productive or an instrument to divert their attention from thinking about the event, participants stated that work can be very helpful for them in redirecting their thoughts. As stated by Punziano (2014), in facilitating the ability to express feelings of sadness, fear, and anger, a positive and unbiased attitude has helped in showing the expression of emotions. Physical activity has apportioned an opportunity to channel negative emotions in a cathartic way, providing them with both a sense of freedom and control. In the study of Dehlin & Martensson (2009), the relationship with the school is mentioned wherein adolescents that have been interviewed have reported that during the course of illness of their parents, school was for them a place where they could be free from the burden of household responsibility placed on their shoulders, and be able to defer thoughts of death, restoring a sense of continuity with the world outside.

A lot of participants strengthened their social coping skills by seeking emotional support and nurturing social relationships. After death, due to the impossibility of physical interaction, and holding the usual funeral rites, emotional support is needed by the bereaved to share the loss. A lot of participants were able to express how emotional support from their

family, friends, and relatives helped them to manage the pain from the experience before, during, and after the passing of their parents. Looking into the psychosocial needs of young adults who lost a parent, many aspects have surfaced: the need for information, mostly in the moment before the passing of the parent, so as to be prepared for their death; the need to share the experience with the family recollecting together the memories spent with their parent who passed away (Brewer & Sparkes, 2011; Hurd, 2004). Young adults who communicate the need to receive greater support from family and friends, in assisting to manage intense feelings of grief and anger, being able to share the experience to those who may have lived the same experience may lessen the feeling of aloneness, taking interval and thinking about unconnected things, and being guided in managing new responsibilities.

Participants also felt that nurturing relationships with other people helped them to alleviate the impact of loss; they decided to build stronger bonds with their family and friends while some participants also decided to share their experiences with strangers stating that it somehow made them feel relieved and helped them reach a better frame of mind. According to the study of Patterson and Ranganathan (2010), participants mentioned being able to reach out to a close family member concerning the death of their parent and of their feelings; they view social relationships as a resource that accommodates them in sorrow, aids in recovering lost tranquility, provides a sense of relief and aids them in briefly dismissing the burden of death from their mind, thus regaining a sense of balance.

A lot of participants stated that strengthening their spirituality has precipitated hope and faith. Some of them expressed how prayers were able to help them in coping with the traumatic event and how they were enlightened on why the unfortunate event had happened. Walsh et al. (2002), stated that individuals who assert stronger spiritual beliefs appear to resolve their grief more swiftly and thoroughly after the passing of a close person than individuals with no belief in spirituality.

Lastly, for their cognitive coping, most of the participants were able to contemplate and reflect on their present situation, they expressed how meditating over the unfortunate event brought to surface life lessons which may come in handy for the future. They also had realizations of how important it is to spend time with your family while you still have the opportunity to do so. According to the study of

Patterson and Ranganathan (2010), participants mentioned being able to reach out to a close family member concerning the death of their parent and of their feelings; they view social relationships as a resource that accommodates them in sorrow, aids in recovering lost tranquility, provides sense of relief and aids them in briefly dismissing the burden of death from their mind, thus regaining a sense of balance. Participants revealed evidence of acceptance after losing one of their parents. In addition, participants were able to acknowledge the reality of their loss and were able to find valued life lessons and make meaning out of their experience challenged by loss. That is why little by little they were able to find valued life lessons and meaning out of their loss. As most of them stated, they plan to carry on with their lives keeping in mind the dreams that their parents wanted them to pursue and achieve. Also, the bereaved explore for possible reasons on why the death has occurred and take a look at the loss' general effect in their lives as well as on their identity. They may come across the unsought advantage or the life lessons acquired with the experience challenged by loss, pursuing personal growth which leads to a "reordering of life priorities" in view of the loss. (Gillies & Neimeyer, 2006).

By utilizing the grounded theory approach, this study successfully surfaced four distinct phases, embodied by the A.B.L.E Theory on early coping of the bereaved, which describes the different phases of their coping strategies towards their bereavement.

The *anguish phase* shows the initial reaction of the bereaved individuals after discovering that one of their parents tested positive for COVID-19. Here, participants said they were shocked and in denial, they also had difficulty finding hospitals and were scared for their parent's health and survival from the virus. Some participants also expressed guilt and regret for not being able to take good care of their parents. Despite this, participants experienced anticipatory grief and the acceptance process at the end of the first phase. According to Robinson & Smith (2021), it doesn't matter how much pain you are in at the moment, it is important to know that there are healthy ways to cope with the anguish.

Although there is anticipatory grief and acceptance in the first process, it does not mean that it was easy to fully understand and accept their situation. Because of this, they still took time to process their traumatic experience, and with this the *bethink phase* emerged. It describes how the process of contemplation and reflection enabled participants to process their mental

and emotional battles. Here, the participants began to ponder how to help themselves and their family members manage their current struggles and difficulties. Additional responsibilities are also evident at this phase, which came to the realization that they need to be resilient and move towards their present situation. According to Kessler (2021), when a parent of an adult dies, there is almost an unstated assumption that it will not hit you head on. An adult is supposed to accept death as a part of life and to deal with all sudden losses in a mature manner.

After the contemplation and reflection of their loss they moved forward trying different strategies to cope with their present situation. This explains the next phase which is the *laying ground* phase. This phase includes coping strategies of the participants to deal with their loss. They first seek emotional support as the participants said they were able to manage the loss because there are people whom they can share their problems with. They were able to discover new hobbies that make them self-productive and divert their attention. They were able to adapt to self-love by sharing it to other people and doing it for themselves, too, such as employing breathing techniques. And lastly, of course, they trusted the power of faith in our Lord. Individuals who assert stronger spiritual beliefs appear to resolve their grief more swiftly and thoroughly after the passing of a close person than individuals with no belief in spirituality (Walsh et al., 2002).

The participants started contemplating within themselves and realized that accepting the new reality and meaning-making towards their loss would be the strategy to finally move forward, which would define the last process faced by the bereaved individuals, or the *existing phase*. It was revealed that the participants are currently still in the process of coping, healing, and surviving. But despite that, they were able to find new activities, actions, and meaning which help them deal with experienced challenges caused by the loss. They realized that being stuck in the stage of anguish will not change things. They considered and thought about their family who are still here with them physically and how they are counting on them. And as time goes by, the participants realize that for their own good, they need to make their way back to their present life rather than staying stuck in grieving. Most especially, the participants were able to accept the loss and were able to rebuild meaning from the loss they experienced. Young adults have also mentioned the significance of having a “passion” in their life that provides a beneficial aid in coping with the loss of a parent. An activity with a goal to be attained, an

opportunity for growth, probability of uncovering talent, such as in the athletic field, music or in academics. Considering that there is something beyond death, the hope of grasping their parents once more, even in another life, aids in making sense of loss and viewing the future in a more positive standpoint.

The results of the study are partly congruent with those of Alimohammadi et al. (2021) who did a somewhat similar study about mourning in Corona; it states that the need for observing health protocols changed the experience of the loss and the grieving process during this pandemic. During COVID-19 pandemic, due to the inability to hold the usual ceremonies for mourning and to receive the social support needed in this period, the relatives of the deceased encounter various conditions that disrupt the grieving process and may lead to the spread of unresolved grief in future. Feelings of ambiguity and desperation were felt by the participants due to rapid onset and spread of the virus and uncertainty about the effectiveness of therapeutic interventions. As a result, the relatives of the patient experienced lack of control over the conditions and felt helpless and desperate. Feelings of hope and despair fluctuate before the death of the patient. Additionally, due to the need to follow restrictions and protocols, there is an impossibility of visiting the patient, funeral ceremonies are held not according to customs and rituals which make the death of the deceased somehow unbelievable. This also relates to the small attendance in the wake and funeral, adding to the mixed feelings of fear and dismay on the part of the families whose parents died. And similar to the research results of Punziano (2014), are the coping strategies of the bereaved individuals who lost a parent, it was identified as keeping themselves busy, spending more time with the family, remembering the moments spent with the parent, making plans for the future and assuming new and greater responsibilities within the family.

## Conclusion

This study explored the participants’ context of bereavement specifically the before, during, and after phases. With the use of grounded theory, the researchers were able to identify the early coping process of bereaved family members into four phases which are the *Anguish*, *Bethink*, *Laying ground*, and *Exist* or the *A.B.L.E theory*. The *anguish phase* presented the anticipatory and initial reaction of the participants upon discovering that one of their parents tested positive for COVID19 which unfortunately had

caused their passing. The *bethink phase* described how the process of contemplation and reflection allowed the participants to process their mental and emotional battles. In the *laying ground phase*, different strategies were undertaken by the participants in coping with the loss. And lastly, the existing phase showed that they are still in the process of coping, healing, and surviving but in spite of that, participants were able to find strategies and meaning with the experienced loss. Therefore, the researchers conclude that in grieving there is really no specific time when to move forward; it is in the hands of the bereaved to allow themselves to process grief naturally. The results showed that the bereaved family members started to accept the situation in the span of a month, despite the compounded difficulties brought about by their experience challenged by loss in this time of pandemic there is an evident feature of coping strategies for the bereaved participants who lost a parent due to COVID19 in less than six months of bereavement.

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### References

- Abdollahimohammad, A., Firouzkouhi, M., Amrollahimishvan, F., & Alimohammadi, N. (2016). Nurses versus physicians' knowledge, attitude, and performance on care for the family members of dying patients. *Korean Journal of Medical Education*, 28(1), 79–85.
- Accoroni, A., Cordoso, E., Da Saliva, B., Dos Santos, J., Dos Santos, M., & Loterio L. (2020). The effect of suppressing funeral rituals during the COVID-19 pandemic on bereaved families. *Revista Latino-Americana de Enfermagem*, 28. DOI: 10.1590/1518-8345.4519.3361
- Algorani, E., & Gupta, V. (2020). Coping Mechanisms. *Stat Pearls*. <https://www.ncbi.nlm.nih.gov/books/NBK559031/>
- Alimohammadi, A., Mortazavi, S., Shahbazi, N., & Taban, M. (2021). Mourning during corona: a phenomenological study of grief experience among close relatives during COVID-19 Pandemics. *OMEGA Journal of Death & Dying*, <https://doi.org/10.1177/00302228211032736>
- Bankoff, G., & Dorothea H. (2009). *The politics of risk in the philippines: comparing filipino cultural traits. Cultural heritage and temporary change series: Values in philippine culture and education*. Retrieved from <https://www.bulsu.edu.ph/resources/research/publications/perception-resiliency-and-coping-strategies-of-filipinos-amidst-disasters.pdf>
- Barnhill, J. J., (2011). Giving meaning to grief: The role of rituals and stories in coping with sudden family loss. *Graduate School Theses and Dissertations*. Retrieved from <http://scholarcommons.usf.edu/etd/2996>
- Benerjee, D., Bhattacharya, P., & Rao, TS. (2020). The “untold” side of covid-19: Social stigma and its consequences in india. *Indian Journal of Psychological Medicine*, 42( 4), 382-386. <https://doi.org/10.1177%2F0253717620935578>
- Bonanno, G., Galatzer-Levy, I., & Maccallum, F. (2015). Trajectories of depression following spousal and child bereavement: A comparison of the heterogeneity in outcomes. *Journal of psychiatric research*. <https://doi.org/10.1016/j.jpsychires.2015.07.017>
- Brewer, J. & Sparkes, A. (2011). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Soc Sci Med*, 72(2):283-90. doi: 10.1016/j.socscimed.2010.10.032.
- Brown, J. (2012). *Loss and recovery: responding to grief with the compassion of Christ and the skills of all God's people*. Retrieved from [https://www.thefsi.com.au/wp-content/uploads/2014/01/Bowen-Family-Systems-and-Grief\\_Jenny-Brown.pdf](https://www.thefsi.com.au/wp-content/uploads/2014/01/Bowen-Family-Systems-and-Grief_Jenny-Brown.pdf)
- Bryant, A. (2002). Re-grounding grounded theory. *Journal of Information Technology Theory and Application*, 4(1), 7. ISSN: 1532-4516
- Bugge, K., Darbyshire, P., Rokholt, E. G., Haugstvedt, K. T., & Helseth, S. (2014). Young children's grief: Parents' understanding and coping. *Death Studies*, 38(1), 36–43. doi:10.1080/07481187.2012.718037
- Carr, D., Boerner, K., & Moorman, S. (2020). Bereavement in the time of coronavirus: Unprecedented challenges demand novel



- interventions. *Journal of Aging & Social Policy*, 32(4-5), 425-431. <https://doi.org/10.1080/08959420.2020.1764320>
- Caserta, M., de Vries, B., Lund, D. & Utz, R. (2010). Experiences and early coping of bereaved spouses/partners in an intervention based on the Dual Process Model (DPM). *OMEGA - Journal of Death and Dying*, 61(4), 291-313. <https://doi.org/10.2190/om.61.4.c>
- Cassata. (2021). *She lost her mom to COVID-19, then her dad, here's now how she's coping*. Retrieved from <https://www.healthline.com/health-news/she-lost-her-mom-to-covid-19-then-her-dad-heres-how-shes-coping>
- Centers for Disease Control and Prevention. (2020). *Grief and loss*. Retrieved from <https://www.cdc.gov/mentalhealth/stress-coping/grief-loss/index.html>
- Centers for Disease Control and Prevention. (2021). *Older adults and covid-19*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Cepeda, M. (2020). *Hospitals, LGUs told: Stick to 12-hour rule in cremating patients who die of coronavirus*. Retrieved from <https://www.rappler.com/nation/hospitals-lgus-stick-rule-cremation-patients-die-coronavirus>
- Christ, G. H., Siegel, K., & Christ, A. E. (2002). Adolescent grief: "It never really hit me...until it actually happened". *JAMA*, 288(10), 1269-1278. <https://doi.org/10.1001/jama.288.10.1269>
- Clark, S. (1998). Death and loss in the Philippines [Online course notes]. Retrieved from <http://www.indiana.edu/~famlygrf/culture/clark.html>
- Cormier, S. (2020). *Rowman & little field, finding enduring wholeness after loss and grief*. Retrieved from <https://rowman.com/ISBN/9781538114179/Sweet-Sorrow-Finding-Enduring-Wholeness-after-Loss-and-Grief>
- Daw, J., Margolis, R., Smith-Greenaway, E., & Verdery, A. (2020). Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the United States. *Proceedings of the National Academy of Sciences of the United States of America*, 117(30), 17695-17701. <https://doi.org/10.1073/pnas.2007476117>
- Dehlin, L. & Reg, L. (2009) Adolescents' experiences of a parent's serious illness and death. *Palliat Support Care*, 7(1):13-25
- Dinglasa, J., Gamad, M., Manas, J., Nicomendes, C. & Patricio, L. (2020). An exploration of filipino resilience of young adults in the 21st century. Retrieved from [https://www.researchgate.net/publication/345757270\\_An\\_Exploration\\_of\\_Filipino\\_Resilience\\_of\\_Young\\_Adults\\_in\\_the\\_21st\\_Century](https://www.researchgate.net/publication/345757270_An_Exploration_of_Filipino_Resilience_of_Young_Adults_in_the_21st_Century)
- Duke, S. (1998). An exploration of anticipatory grief: The lived experience of people during their spouses' terminal illness and in bereavement. *Journal of Advanced Nursing*, 28(4), 829 - 839. <https://doi.org/10.1046/j.1365-2648.1998.00742.x>
- Dutton, Y. & Zisook, S. (2006). Adaptation to Bereavement. *Death studies*, 29, 877-903. DOI: 10.1080/07481180500298826.
- Estanislao, S. (2001). Development of a tool to access suicide among filipino youth. *Philippine Journal of Psychology*, 34.
- Farahmandnia, B., Hamdanieh, L., & Aghababaeian, H. (2020). COVID-19 and unfinished mourning. *Prehospital and Disaster Medicine*, 35(4), 464-464. <https://doi.org/10.1017/S1049023X20000631>
- Fikry, Z. (2018). The impact of coping strategies on parental death among young people. *IcomethNCP*. 163-171. <https://doi.org/10.32698/25273>
- Florian, V., Mikulincer, M., & Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of personality and social psychology*, 68(4), 687. DOI: 10.1037//0022-3514.68.4.687
- Gao, G. F., Hayden, F. G., Horby, P. W., & Wang, C. (2020). A novel coronavirus outbreak of global health concern. *The Lancet*, 395, 470-473. [https://doi.org/10.1016/S0140-6736\(20\)30185-9](https://doi.org/10.1016/S0140-6736(20)30185-9)
- Garber, B.. (2000). Adolescent mourning: A paradigmatic case report. *Adolescent Psychiatry*, 25, 101-117.
- Gibson, A., Wallace, C. L., Wladkowski, S. P., & White, P. (2020). Grief During the COVID-19 Pandemic: Considerations for Palliative Care Providers. *Journal of pain and symptom management*, 60(1), e70-e76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Gillies, J., & Neimeyer, R. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, 19(1), 31-65. <https://doi.org/10.1080/10720530500311182>
- Glaser, B. & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. New York: Aldine
- Glyshaw, K., Cohen, L., & Towbes, L. (1989). Coping strategies and psychological distress: Prospective analyses of early and middle adolescents. *American Journal of Community Psychology*, 17(5), 607-623. doi:10.1007/BF00922638
- Goldade, J., (2017). Cultural Spotlight: Filipino Funeral Traditions. Retrieved from <https://www.frazierconsultants.com/2017/05/cultural-spotlight-filipino-o-funeral-traditions/>
- Gorospe, B. A. (2017). The perspective of bereaved Filipino families on continuing bonds. *UNP Research Journal*, 26. ISSN 0119-3058
- Gostin, L. O., Hodge, J. G., & Wiley, L. F. (2020). Presidential powers and response to COVID-19. *Jama*, 323(16), 1547-1548. doi:10.1001/jama.2020.4335
- Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology*, 13, 46-73. doi:10.1037/a0016991
- Herman-Stahl, M., Stemmler, M., & Petersen, A. (1995). Approach and avoidant coping: Implications for adolescent mental health. *Journal of Youth and Adolescence*, 24( 6). <https://doi.org/10.1007/BF01536949>
- Howell, K., Shapiro, D., Layne, C., & Kaplow, J. (2015). Individual and Psychosocial Mechanisms of Adaptive Functioning in Parentally Bereaved Children. *Death studies*. 10.1080/07481187.2014.951497
- Hurd, R.C. (2004). A teenager revisits her father's death during childhood: a study in resilience and healthy mourning. *Adolescence*, 39 154, 337-54. ISSN-0001-8449
- Ignacio, L. (2011). Ginhawa: Wellbeing in the aftermath of disasters. *Philippine Psychiatrists Association, Inc*. Retrieved from

- [https://www.researchgate.net/publication/269694757\\_Book-\\_Title\\_Ginhawa\\_Well-being\\_in\\_the\\_Aftermath\\_of\\_Disasters\\_edited\\_by\\_Lourdes\\_L\\_Ignacio\\_MD\\_chapter\\_7\\_Transforming\\_Lives\\_Through\\_Integral\\_Community\\_Mobilisation\\_and\\_Organization\\_Published\\_by\\_the\\_Philippines\\_Red\\_Cross](https://www.researchgate.net/publication/269694757_Book-_Title_Ginhawa_Well-being_in_the_Aftermath_of_Disasters_edited_by_Lourdes_L_Ignacio_MD_chapter_7_Transforming_Lives_Through_Integral_Community_Mobilisation_and_Organization_Published_by_the_Philippines_Red_Cross)
- International Committee of Red Cross. (2020). *Philippines: Guidelines for management of the dead during COVID-19 for those of Christian faith*. Retrieved from <https://www.icrc.org/en/document/guidelines-management-dead-covid-19-christian-faith>
- Kaplow, J. B., Gipson, P. Y., Horwitz, A. G., Burch, B. N., & King, C. A. (2013). Emotional suppression mediates the relation between adverse life events and adolescent suicide: Implications for prevention. *Prevention Science* 15 (2), 177–185 . doi:10.1007/s11211-013-0367-9
- Kelchtermans, G. & Ballet, K. (2002). The micropolitics of teacher induction a narrative bibliographical study on teacher socialization. *Teaching and Teacher Education*, 18(1), 105-120
- Kessler, D. (2021). *When a parent dies: Dealing with the loss of your mother or father* . Retrieved from <https://www.dignitymemorial.com/support-friends-and-family/grief-library/when-a-parent-dies-dealing-with-the-loss-of-your-mother-or-father>
- LaFreniere, L. & Cain, A. (2015). Parentally bereaved children and adolescents: The question of peer support. *Journal of Death and Dying*, 71(3). 245–271. doi:10.1177/0030222815575503
- McNiff, J. (2002). *Action research for professional development*. Retrieved from <https://www.scribd.com/document/137210859/McNiff-J-2002-Action-Research-for-Professional-Development>
- Medina, B. (2001). *The Filipino family*. 2nd ed. Diliman, Quezon City: University of the Philippines Press
- Melinda. (2021). *Coping with grief and loss*. HelpGuide.org. Retrieved from <https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>.
- Menzies, R. G. (2012). The Dread of Death and its Role in Psychopathology. Paper presented at the 35th National Conference of the Australian Association for Cognitive and Behaviour Therapy, Queensland.
- Moran, R. (2011). Losing a loved one: A literature review of bereavement and resilience.
- Morgan, J., Thomas, A., & Roberts, J. (2016). Grief, bereavement and positive psychology. *Journal of Counseling and Psychology*, 1(1), 3. <https://digitalcommons.gardner-webb.edu/jcp/vol1/iss1/3>
- Mortazavi, S. S., Shahbazi, N., Taban, M., Alimohammadi, A., & Shati, M. (2021). Mourning During Corona: A Phenomenological Study of Grief Experience Among Close Relatives During COVID-19 Pandemics. *OMEGA - Journal of Death and Dying*. <https://doi.org/10.1177/00302228211032736>
- Neimeyer, R. (2002). Meaning reconstruction theory. *Loss and grief*, 45-64. DOI:10.1007/978-1-4039-1404-0\_4
- Neimeyer, R. (2016). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behaviour Change*, 1-15
- O'Connor, M. F. (2019). Grief: A Brief History of Research on How Body, Mind, and Brain Adapt. *Psychosomatic medicine*, 81(8), 731–738. <https://doi.org/10.1097/PSY.0000000000000717>
- Park, C. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136, 257–301, DOI: 10.1037/a0018301
- Park, C., Riley, K., & Snyder, L. (2012): Meaning making coping, making sense, and post-traumatic growth following the 9/11 terrorist attacks, *The Journal of Positive Psychology*, 7(3), 198-207, <https://doi.org/10.1080/17439760.2012.671347>
- Parkes C. M. (1976). Determinants of outcome following bereavement. *OMEGA-Journal of Death and Dying*, 6, 303–323. <https://doi.org/10.2190/PR0R-GLPD-5FPB-422L>
- Parkes, C.M. (1998). Bereavement in adult life. *BMJ*, 316(7134), 856-859, <https://doi.org/10.1136/bmj.316.7134.856>Patterson, P., & Ranganathan, A. (2010). Losing a parent to cancer: a preliminary investigation into the needs of adolescents and young adults. *Palliative & supportive care* , 8 (3), 255–265. <https://doi.org/10.1017/S1478951510000052>
- Punziano, A. (2014). Losing a parent: Analysis of the literature on the experiences and needs of adolescents dealing with grief. *Journal of Hospice and Palliative Nursing*, 16 (6), 362-373. <http://dx.doi.org/10.1097/NJH.0000000000000079>
- Rando, T. A. (2000). Clinical dimension of anticipatory mourning: Theory and practice in working with the dying, their loved ones, and their caregivers, *Champaign, IL: Research Press*, 15(4), <https://doi.org/10.1080/0742-969X.2000.11882962>
- Robinson & Smith (2021). Bereavement: Grieving the Loss of a Loved One. Retrieved from <https://www.helpguide.org/articles/grief/bereavement-grieving-the-death-of-a-loved-one.htm>
- Robinson, Smith, & Segal. (2021). *Coping with Grief and Loss*. Retrieved from <https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- Sabanpan-Yu, H. (2009). The practice of waking the dead in the Philippines. *Philippine Quarterly of Culture and Society*, 37(4), 231-238. <http://www.jstor.org/stable/29792686>
- Saldinger, A., Porterfield, K., & Cain, A. C. (2004). Meeting the needs of parentally bereaved children: A framework for child-centered parenting. *Psychiatry*, 67, 331–352. doi:10.1521/psyc.67.4.331.56562
- Shear, M. K. (2012). Grief and mourning gone awry: pathway and course of complicated grief. *Dialogues in clinical neuroscience*, 14(2), 119–128. <https://doi.org/10.31887/DCNS.2012.14.2/mshear>
- Sinclair, V. G. & Wallston, K. A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment*, 11(1), 94-101. DOI: 10.1177/1073191103258144
- Staff, F. E. (2020, May 28). *Grieving: Facing illness, death, and other losses* . familydoctor.org. Retrieved from <https://familydoctor.org/grieving-facing-illness-death-and-other-loss>

