




Research article

Coping with loss before or during the COVID-19 pandemic: A semantic analysis of bereaved people's narratives

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ABSTRACT

Little is known about whether experiencing the loss of a loved one before or during a pandemic influences the way bereaved individuals represent and cope with grief. This study aimed to explore the experiences of those who lost a loved one either before or during the COVID-19 pandemic. In-depth semi-structured interviews were conducted with 140 participants (63.6% women; mean age = 42.4 ± 14.89 years). The verbatim interview transcripts were subjected to an automatic, context-sensitive semantic analysis aimed at identifying the two main dimensions underlying (dis)similarities in the participants' narratives. The first dimension highlighted two aspects on which the interviewees' discourse focused, with the bereaved either trying to reconstruct the circumstances of their loss or searching for meaning. The second dimension revealed two different ways to represent the grieving process, which involved either support and sharing or internal processing. Searching for meaning and internal processing were found to characterise the narratives of the people who suffered a loss during the COVID-19 pandemic. On the other hand, those who were bereaved prior to the pandemic considered the support of their social network a key element in coping with grief. The findings will focus on how to offer more compassionate and effective support to grieving people, even during a health emergency.

1. Introduction

Grief does not cause pain; rather, it is grief without meaning that causes pain.

[1].

This study aimed to deeply explore the experience of grievers who suffered a major loss before or during the COVID-19 pandemic. An analysis was carried out in order to better understand whether and how social isolation, the inability to visit a dying loved one, and the denial of both a final farewell and traditional mourning rituals impact one's representation of loss, meaning-making process, and adjustment to bereavement.

Multiple complex and nuanced understandings of grief have been proposed [2–8]. In this paper, reference will be made to the Dual Process Model of Coping with Bereavement (DPM) [9–11] and meaning reconstruction theory [12–14], so as to conceptualise grief as a

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dynamic and intersubjective process situated in a given social, cultural, and historical context.

According to the DPM [10,11], grief can be conceived of as a continuous oscillation between two types of adjustment: loss-oriented (LO) coping, which involves actions connected with the loss of the attachment figure (e.g., crying, remembering), and the emotional process of grief; and the restoration-oriented (RO) coping, which refers to activities that help the bereaved adjust their life and identity to a new reality. This dual process allows individuals to balance emotional processing and practical adjustment. However, a number of determinants can cause an imbalance between LO and RO coping [15], which may result in complicated reactions to loss [11]. As it has been suggested by Stroebe and Schut [10,11], the main drive behind LO and RO coping is a search for meaning. Similarly, Thompson [16] pointed out that a major loss can produce a crisis of meaning, since it is related to the loss of *ontological security* in an individual's life and sense of identity.

Meaning reconstruction theory [13,14] posits that grief involves not only the loss of the deceased person but also the loss of a constellation of meanings associated with what the deceased represented to the bereaved. As such, it deeply and unavoidably challenges one's sense of self ("Who am I?") and the coherence of the personal narratives through which people make sense of their lives [17–19]. Neimeyer [20] has observed that, against the backdrop of a meaningless world, the search for meaning ranges from the practical ("How did my loved one die?") to the relational ("Who am I now?") and to the spiritual or existential level ("Why did God allow this to happen?"; "Where is the sense in life when things like this happen?"). Whether and how the bereaved manage – or are supported in – their search for meaning shapes the way they adjust to loss.

The process of meaning reconstruction unfolds both within and between people, as bereaved individuals often seek validation of their experiences through interactions with others. Sharing memories, expressing emotions, and searching for spiritual significance are all ways in which they attempt to make sense of their loss [19]. Communication and social connection play therefore a key role in coping with grief.

In the context of the COVID-19 health emergency, grieving people were confronted with numerous obstacles to representing, accepting, and making sense of loss, besides having to face challenges to restoration [21–23]. Studies carried out in Southern Europe have revealed that suffering the death of a loved one during the COVID-19 pandemic has made people vulnerable to intense and enduring psychological distress (frustration, helplessness, and disempowerment) [24], has caused increased ambiguity and feelings of unfairness, disbelief, and difficulty in accepting the reality of death [25–30], and has led to constant rumination on what went wrong, whether everything possible was done to save the loved one, and what they felt and thought while facing death alone [31]. Experiencing the loss of a loved one during the COVID-19 pandemic – regardless of the cause of death – resulted in the bereaved being more exposed to complicated grief reactions [32], which were reported also during previous pandemics [33]. While it should not be assumed that all COVID-19 bereaved people are bound to develop complicated grief reactions, it is important to understand how the extreme circumstances in which they experienced loss may impact their search for meaning.

2. Background

Previous studies have shown that being engaged in a search for meaning is associated with increased distress for the bereaved. This becomes particularly evident for parents [34] and people who suddenly and/or unexpectedly [35] lost a loved one to a range of violent events – including accidents, suicide, and homicide – and disasters such as typhoons, landslides, earthquakes, and wars. In all these circumstances, the bereaved are unable to explain the cause of or reason for their loved one's death. "Why did this occur?", "Why did it happen to me?", and "Where is the sense in life when things like this happen?" are all questions they ask themselves, with their ability to make sense of loss and integrate it into autobiographical memory being seriously compromised [36,37].

With reference to the COVID-19 pandemic, Torrens-Burton and colleagues [38] analysed qualitative data from two independent UK-wide online surveys aimed at describing the experiences of 881 people who were bereaved during the pandemic. Their study revealed that the sharp reduction in support networks during periods of isolation, as well as fear and self-imposed distancing in response to the ongoing threat of the virus, led to fewer opportunities for social interaction, coping, and recreational activities. As a result, people were not only denied the emotional support needed to cope with grief but also deprived of moments of relief from their suffering and of opportunities to find meaning and purpose in their situation. Cipolletta and colleagues [25] conducted research during the first wave of COVID-19 in Italy and interviewed twenty individuals who had been bereaved in that period. Their analysis highlighted that the sudden death of a loved one and the lack of a final farewell prevented participants from understanding loss and undertaking a meaning-making process, with acceptance occurring only when a way to share one's grief was found. In another Italian study [29], an analysis was carried out of (i) written reports of the calls with relatives of 246 hospitalised patients who died of COVID-19, (ii) qualitative semi-structured interviews with 5 psychologists involved in such telephone calls, and (iii) peer group discussion between 4 psychologists. It was found that, during such telephone calls, family members primarily sought to give meaning and voice to a range of emotions that could help them to cope with their challenging experience of loss, while they also tried to find symbolic ways to say the last goodbye to their loved ones, to remember, and to address practical matters.

However, few studies have qualitatively examined the experiences of those who suffered a loss during the pandemic and – to the best of our knowledge – no studies have compared the narratives of people who were bereaved before the pandemic to those of individuals who experienced loss during the pandemic. Furthermore, no studies have been carried out to understand whether narratives and coping strategies change based on the phase of the pandemic in which the loss of a loved one occurred. For example, it may be assumed that in the acute phase of the pandemic, when lockdown measures were introduced in numerous countries, bereaved people had fewer opportunities to share their grief with others; this, in turn, may have impacted their lived experience and their way of dealing with grief.

An in-depth exploration of the specific challenges faced by the bereaved in their search for meaning is crucial to understanding their

needs and how more effective and meaningful support can be provided in both ordinary and extraordinary circumstances such as those of a pandemic. This kind of knowledge may guide the development of future training programs for professionals and non-specialist individuals, to enhance their competence in handling grief and offering effective supportive care. This was a specific goal of the “AURORA@COVID19-EU: Articulating a Unified Response to the COVID-19 Outbreak. Reconstruction after Loss in Europe” project (Erasmus + Agency – reference number: 2021-1-PT01-KA220-VET-000033092), which led to this study.

3. Aims and context of the study

This study aimed to deeply explore the experience of those who were confronted with the death of a loved one, in order to understand whether and how the accounts of grief and coping strategies of people who suffered a loss before the COVID-19 pandemic differ from those of individuals who were bereaved during the pandemic, either when lockdown measures were in place or in other phases of the pandemic itself.

The study was conducted in Italy, the first European country – and the second in the world, after China – to be hit by the COVID-19 pandemic. In response to the first wave of the pandemic, a national lockdown, which meant a stay-at-home order and closure of all nonessential businesses, was issued by the Italian government on March 11, 2020 and eased after 4 May of the same year [39]. During the lockdown, family visits to hospitalised patients and funeral attendance were not allowed. Although after the end of the first lockdown social distancing measures were reduced and people could reunite with family and friends, access to hospitals and nursing homes, as well as funeral attendance, was still restricted. Family members were allowed to visit their relatives for just a few minutes and/or a few days a week, while funeral attendance was limited to a few close relatives. Such measures remained in place during the second wave of the COVID-19 pandemic in Italy, which began in September 2020. As the situation worsened, at the beginning of November 2020, the government introduced a set of physical distancing measures in the form of tiered restrictions to be imposed on a regional basis according to epidemiological risk assessments. This resulted in a progressive increase in the amount of time people spent at home, despite that being lower than that recorded during the national lockdown imposed to counter the first wave of the pandemic [40]. The closure of the state of emergency was ordered by the Council of Ministers by March 31, 2022 (Decree-Law No. 24 of March 24, 2022).

Being denied the possibility to visit a dying loved one was among the most distressing circumstances for family members [23,41]. As this measure remained in place throughout the entire pandemic period, it was hypothesised that experiencing a loss during the pandemic – regardless of the specific phase in which it occurred – made it more difficult for the bereaved to represent and find meaning in their experience of loss. It was further supposed that the specific phase of the pandemic in which the loss occurred impacted the use of social support as a coping strategy, given that its availability may have been reduced during the lockdown.

4. Materials and method

A qualitative approach was employed to explore the experience of grief from the subjective perspective of an individual who experienced a significant loss. In-depth semi-structured interviews were used to collect narrative data. According to social constructionist epistemology [42–44], the importance of narratives does not lie in their providing an accurate picture of what actually happened but rather arises from their showing how people understand and live what they experienced [45]. Interviews were instrumental in exploring the subjects’ perspective on their experience without using a priori categories [46].

4.1. Tools and procedures

The interview used was initially piloted with a small group of participants in order to establish its validity and ensure that questions were phrased in an appealing, engaging, and sensitive manner that could result in deep and detailed answers.

The interviews were conducted by four psychologists involved in the project (three women and one man; mean age: 26) who are experts in conducting qualitative interviews. The interviewers received prior training in interview administration, as it was essential to ensure a clear understanding of the objectives, themes, and procedures [47–49]. Particular emphasis was placed on fostering a comfortable atmosphere, probing each response in depth, and avoiding assumptions about the participants’ intended meanings. Before conducting the interviews, the interviewers were also supported in exploring their own feelings about loss and sharing their experiences of grief, since their own experiences might have made it difficult for them to talk effectively about loss and grief with the participants in the study.

Before the beginning of each interview, its general objective of exploring experiences of loss and grief was reiterated to the participants, the importance of collecting data on their experience was stressed, the voluntary nature of the participation and the anonymity of the responses were underlined, questions were encouraged in order to dispel any doubt and provide clarifications, and, finally, consent to audio-recording was obtained.

Some initial questions were asked to contextualise the interviewee’s experience of loss.

When did the loss happen (before or during the pandemic, before or during the lockdown)?

What kind of relationship did you have with the deceased?

How old were you?”

What was the cause of death? Was it unexpected?”

Participants were then invited to share their personal experience of bereavement and explain whether they had received any support and – if any – of what kind, and whether they had considered it effective.

1. “How did you feel and react to your loss? Can you try to tell me about your emotions, thoughts, questions, and reflections?”
 2. “Did you receive any form of help/support in that circumstance? And if so, by whom?”
 3. “What kind of help/support was provided to you? Do you remember what they did, broadly speaking, to help you?”
 4. “Did the support you received help you?”
 5. “Why? How?”
 6. “Is there anything you would like to add – something that is important for you and that we have not discussed?”
- When bereavement was experienced in the context of a health emergency, the following question was also asked:
7. “From your point of view, has the context of the health emergency influenced – and, if so, how – the helping relationship, in terms of the support provided and received?”.

Although the interview followed a predefined list of topics and questions [50], the interviewer was instructed to use active listening in order to rephrase the questions based on the interviewee ‘s responses [51].

At the end of the interview, participants were asked about their experience of the interview itself, with questions such as “How do you feel at the end of this interview?”. If the participant appeared emotionally exhausted, the interviewer could suggest scheduling a follow-up support session with one of the psychologists involved in the project. It should be noted that this situation never occurred. On the contrary, a number of interviewees reported that the interview had been a meaningful opportunity to talk about their experience, highlighting the importance of sharing it within a protected space.

The interviews were carried out in person or via an online platform. Studies have confirmed the authenticity of Skype/Meet/Zoom interviews, which are considered an extension of face-to-face interviews [52]. The interviews lasted approximately 20 to 40 min, with extra time devoted to establishing rapport with participants before the actual interview started and to conducting a debriefing at the end of the interview itself.

4.2. Recruitment procedure

Recruitment took place between 29 May and August 13, 2022, using a purposive sampling strategy combined with snowball sampling [53,54]. Each interviewer was asked to identify potential participants who met the inclusion criteria, namely individuals who had lost a significant other – a family member or friend – either before or during the first wave of the COVID-19 pandemic. If the person identified made themselves available for interview, their contact details were passed on to another interviewer who was not related to or friends with the person identified. This was to avoid common-knowledge bias. For instance, the interviewee could have omitted aspects of the experience they shared with the interviewer or avoided openly expressing their feelings and emotions to protect them. Similarly, the interviewer might have failed to investigate aspects that deserved to be explored in depth, taking their knowledge or understanding of one’s experience for granted. The identified bereaved individuals were subsequently asked whether they knew others who had experienced a significant loss and might be willing to take part in the study (snowball sampling).

Inclusion criteria were limited to (a) having experienced the loss of a loved one before or during the COVID-19 pandemic and (b) being older than 18 years old. No incentives were provided to the participants.

Telephone contact was made with participants who agreed to be interviewed in order to schedule a meeting and to facilitate the delivery of the information sheet and consent form via email or a messaging platform.

Owing to the schedule of the AURORA@COVID-19 project, which led to this study, the recruitment of participants and the conduct of interviews took place over a period of two and a half months. Throughout this period, the interviewers and the authors held meetings every 10 days to evaluate interview quality, monitor potential interviewer bias, and address emerging topics. By the end of recruitment, both authors and interviewers concurred that no additional themes were arising, and that data saturation had been achieved.

4.3. Participants

A total of 140 interviews were conducted (Women: 63.6%; Mean age: 42.41; SD: 14.89). 44 (31.4%) respondents had suffered the loss during the COVID-19 pandemic; of these, 18 (12.9%) during the lockdown; in 22 (15.7%) cases, the loss occurred before age 18; in 76 (55.1%) cases, the death was unexpected. The deceased person was a relative in 115 cases (82.1%) and a friend in 25 cases (17.9%). The loss occurred 6 months before participating in this study in 13 cases (9.3%); between 6 months and 1 year in 9 cases (6.4%), more than one year but less than two years before in 22 cases (9.3%) and more than two years earlier but less than five in 105 cases (75%). People who were confronted with loss during the COVID-19 pandemic were those whose experience of grief was more recent, which may have affected the way they felt their experience of loss at the time of the interview. For instance, it is conceivable that their reactions were stronger and their emotions more intense than those of someone who had suffered a loss several years earlier. This, in turn, may have affected the way they recounted their experience of loss. Such an aspect was analysed, by exploring whether significant differences were found in the number of years elapsed since the loss of a loved one, rather than just in the (pandemic) period in which it occurred (see data analysis).

Table 1 shows the socio-demographic characteristics of the participants.

5. Data analysis

Verbatim transcripts were analysed using a qualitative computational method designed to identify the latent *dimensions of meaning* underlying the narratives, allowing for the detection of both shared and divergent perspectives among participants. Each meaning dimension can be understood as a broad interpretative component that captures both how interviewees describe their experiences of grief and the diversity of perspectives they express. For instance, when participants discussed the difficulties posed by their loss, various views could emerge—such as emphasis on changes in personal relationships or shifts in life plans. Meaning mapping extends beyond a purely descriptive content analysis, uncovering the underlying meanings that account for variation in the narratives (for a similar approach: [55,56]).

To this end, Automatic Co-occurrence Analysis for Semantic Mapping (ACASM) [57,58] was applied to the full corpus of textual data by means of T-LAB software, version T-LAB Plus 2020 [59]. ACASM, which is part of a broader set of semantic analysis methods (e. g., ALCESTE, [60]; latent semantic analysis [61]), focuses on measurable data – i.e. the co-occurrence of lexical units – and work through invariant, ostensible, yet context-sensitive procedures, defined in terms of computational algorithms. Unlike other methods, ACASM considers a single sentence or a short sequence of sentences as its contextual unit, within which word co-occurrences are analysed. This choice enables the method to capture the context-dependent character of linguistic meaning [62], operating under the broad premise that meaning does not reside in individual words but emerges from the ways in which words interact within the fluid dynamics of discourse [57]. By employing this approach, ACASM attains greater specificity compared to conventional semantic analysis techniques. Previous research [57,58] as demonstrated that, despite being automated, ACASM functions in a manner comparable to human semantic categorization. Unlike a “human-led” qualitative approach, this method helps researchers to better analyse large datasets, as it was necessary in this case.

The ACASM procedure involved three steps. First, the narrative corpus was divided into Elementary Context Units (ECUs), serving as units for analysis. In the second step, the lexical forms contained within each ECU were identified and grouped according to their corresponding lemma, the base form of a word listed as the headword in dictionaries: for instance, both “loss” and “losses” are grouped under “loss”. Finally, lemma co-occurrences were analysed through statistical measures, such as the V-Test [59], adopting a significance threshold of $p < .05$. Rare events and conjunctions occurring fewer than five times were excluded to minimize noise and increase the reliability of the analysis. Results were processed within a digital matrix, where rows represented ECUs, columns denoted lemmas, and binary values (1 = presence; 0 = absence) indicated lemma occurrence in each unit. Table 2 provides an overview of the dataset's characteristics.

To analyse the digital matrix, Lexical Correspondence Analysis (LCA) was applied. Designed for nominal data [63], LCA allows to retrieve dimensions related to lemmas with high co-occurrence rates. Each factorial dimension captures the contrast between two sets of strongly associated lemmas. Based on the analytical framework [58], this juxtaposition can be interpreted as an indicator of an underlying latent dimension of meaning, highlighting similarities and differences across participants' narratives.

Dimensions are interpreted in terms of inferential reconstruction of the global meaning carried by co-occurring lemma sets associated with each pole, based on the abductive logic of interpretation of the relationship between single contents/lemmas [64]. An example of the output of this procedure is provided by a study aimed at exploring how Italian people represented the pandemic and its meaning in their life. Using ACASM to analyse a series of texts written to respond to the “Living in the time of COVID-19” open stimulus [65], it was found that words such as *virus*, *nurses*, *death*, *dying*, and *closure* were positioned at a pole of one of the dimensions identified, thus emphasising the representation of the pandemic as a health emergency. At the opposite pole, words such as *discovery*, *meaning*, *life*, *future*, *reflection*, and *values* co-occurred, which conveyed a representation of the pandemic as a turning point leading one to reflect on what actually matters.

It is possible to represent each dimension geometrically as a vector axis extending along a continuum, with zero at its midpoint, negative values at one pole (conventionally marked with a “-” sign), and positive values at the opposite pole (marked with a “+” sign). Lemmas strongly associated with one pole (as indicated by their test values) stand in contrast to those associated with the opposite

Table 1
Sociodemographic characteristics of the participants.

Variables		Total (N = 140)
Sex	Man	51 (36.4%)
	Woman	89 (63.6%)
Range of age	18-25	25 (17.9%)
	26-35	27 (19.2%)
	36-45	30 (21.4%)
	46-55	25 (17.9%)
	56-65	25 (17.9%)
	Over 65	8 (5.7%)
Educational Status	Middle	7 (5%)
	High	50 (35.7%)
	Degree	71 (50.7%)
	Post	12 (8.6%)
Religious orientation	Catholic	112 (80%)
	Agnostic	7 (5%)
	None	21 (15%)

Table 2
Dataset.

	N
Texts in the corpus	140
Elementary Context Units (ECUs)	1039
Types	5503
Lemmas	871
Occurrences (Tokens)	50793
Threshold of lemma selection	6
Lemmas analysed	461

Note – *Texts in the corpus*: number of answers to the open-ended questions (corresponding to the number of participants) inserted in the text analysis; *Elementary Context Units*: sections of text (e.g., sentences, paragraphs, or short texts) characterised by the same keyword patterns; *Types*: total number of words (i.e., including all linguistic forms) contained in the general corpus; *Lemmas*: words transformed into headwords; *Occurrences (Tokens)*: recurrence of a single lexical unit; *Threshold of lemma selection*: value selected to include the lemma in the analysis; *Lemmas analysed*: number of headwords included in the analysis.

pole.

The first two dimensions extracted from LCA were selected as those accounting for the broader part of the data matrix's inertia. Three of the authors, all familiar with the ACASM procedure, independently assigned a label to each of the four poles (i.e., two poles for each extracted factorial dimension), based on the distribution of associated lemmas and representative interview excerpts corresponding to each polarity. To assess consistency in the semantic interpretation of the labels, each of the four poles was classified by all

Table 3
LCA output. First dimension.

FOCUS OF THE DISCOURSE			
Retelling the loss (–)		Searching for meaning (+)	
Lemmas	Test value ^a	Lemmas	Test value ^a
Hospital	–9.72	To happen	7.06
Mother	–9.25	To understand	6.92
Night	–8.16	Person	5.89
Brother-in-law	–8.08	Face	5.29
Father-in-law	–7.91	To go ahead	5.17
Brother	–7.86	Delete	5.02
Uncle	–7.79	To cry	4.88
Sister	–7.71	Need	4.83
Home	–7.58	Right	4.71
To remember	–7.15	Value	4.71
To sleep	–6.77	Crying	4.65
To go down	–6.75	Word	4.53
Roma	–6.63	Emotion	4.43
To involve	–6.63	To comprehend	4.40
Commitment	–6.35	To try	4.35
Concern	–6.29	To listen	4.24
Dad	–6.22	Vent	4.21
Son	–6.17	Situation	4.18
Sunday	–6.15	Help	4.10
To carry	–6.12	To think	3.94
Morning	–5.96	Idea	3.87
To return	–5.78	Problem	3.77
Lunch	–5.61	Mourning	3.73
Sentence	–5.54	Own	3.72
Particular	–4.91	Trust	3.66
COVID-19	–4.90	Moment	3.66
Task	–4.84	Pain	3.63
Doctor	–4.]	Exceed	3.63
Die	–4.54	To mean	3.48
Husband	–4.53	Serve	3.33
Lament	–4.49	To fall	3.32
Child	–4.37	To accept	3.28
News	–4.33	To tend	3.28

^a Highest level of association standard scores (V-Test).

three coders using a shared set of semantic similarity categories: semantically overlapping, similar, or different. These classifications were then used to construct a coding matrix (4 items × 3 categories) indicating, for each pole, how many coders assigned each semantic code. Inter-rater reliability was assessed using Fleiss' kappa coefficient, which yielded a value of .78, indicating substantial agreement among coders. Final labels were then determined through a consensus-based discussion among the authors [66].

LCA provides a measure of how strongly each interviewee is associated with each dimension, expressed as their position (coordinate) along the dimension. After determining each subject's coordinates, Student' s t-test [67] was conducted to assess (dis)similarities related to the timing of the loss (i.e., before or during the pandemic, during the lockdown or in another phase of the pandemic). Analysis of variance (ANOVA) was employed to investigate (dis)similarities related to the number of years elapsed since the loss of a loved one. To further assess whether the interviewees' position on the identified factorial dimensions might be influenced by the time elapsed since the loss, two ANCOVAs – one for each factorial dimension – were conducted, using a categorical variable indicating the time since bereavement [less than 6 months, 6 months to 1 year, more than 1 year, and more than 2 years] as a covariate.

6. Results

6.1. Main dimensions of meaning characterising the narratives collected

How did the interviewees represent their experience of loss and the events surrounding it?

Tables 3 and 4 show the two dimensions obtained from LCA, which highlight similarities and dissimilarities in the narratives collected. In the following paragraphs, each dimension will be described based on the lemmas with the highest level of association (V-Test) for each of the poles. Furthermore, excerpts from interviews that reflect the core meaning of each pole will be reported. Italicized lemmas in the text represent English translations from Italian, the interviewees' native language.

6.1.1. First dimension. FOCUS OF the discourse. Retelling the loss versus Searching for meaning

The first dimension reflects the tension between the two aspects on which the interviewees' discourse focused (see the horizontal x-axis in Fig. 1). Based on the lemmas characterising each pole, such aspects were labelled “Retelling the loss” and “Searching for

Table 4
LCA output. Second dimension.

REPRESENTATION OF THE GRIEVING PROCESS			
Sharing (-)		Internal Process (+)	
Lemmas	Test value ^a	Lemmas	Test value ^a
Scope	-8.31	Hope	10.54
Friend	-7.99	Live	8.59
Family	-7.24	Experienced	8.36
Support	-6.10	Peace	8.00
To receive	-5.80	Father-in-law	7.81
Close	-5.68	To die	7.66
To count	-5.26	Illness	6.94
Closeness	-5.14	Life	6.56
To suffice	-4.99	To go down	6.52
Relative	-4.94	Render	6.49
Colleague	-4.89	Love	6.21
Simple	-4.45	Age	6.09
Ratio	-4.36	Account	6.07
Possible	-4.27	Elderly	5.91
External	-4.26	Awareness	5.85
Work	-4.09	COVID-19	5.82
Tough	-4.09	To prepare	5.55
Direct	-4.08	Experience	5.43
To seek	-4.06	Sudden	5.32
To put	-4.02	Aware	5.25
Boyfriend	-4.00	Strange	5.14
To touch	-3.87	Faith	4.94
To pull	-3.80	Value	4.93
Mass	-3.78	Soon	4.82
Motive	-3.78	Sensation	4.78
Shoulder	-3.78	Funeral	4.69
Brother	-3.75	Reason	4.37
Group	-3.72	Door	4.35
Sea	-3.70	To happen	4.16
To share	-3.68	To understand	4.10
Friendship	-3.64	To remove	4.06
Sister	-3.61	To leave	4.00
Particular	-3.52	Incident	3.99

^a Highest level of association standard scores (V-Test).

meaning” (Table 3).

Retelling the loss (–). The lemmas found at the negative pole describe kinship relationships (*mother, dad, father-in-law, brother, sister, uncle, brother-in-law, son*), places (*hospital, home*), parts of the day or periods of time (*morning, night, lunch, Sunday, COVID-19*), and actions (*to go down, to carry, to return*) which seem to be related to the moment the bad news was received (*doctor, news, sentence, die*). The interviewees’ stories focused on the reconstruction of the event.

As the following fragments highlight, the account of the event tends to be descriptive, detailing, for example, the circumstances immediately preceding the decision to call emergency services, the cause of a loved one’s death, and the weekday on which it occurred.

“I remember that morning, I remember it all. From the moment she felt ill, my two brothers tried to help her. I immediately called 118, because she felt ill at home, until they told us the news of her death” (man, 47, unexpected loss of a parent, pre-pandemic).

“We went to the hospital, because grandmother had another embolism the next day and, after 24 hours, she died. So, this event I mentioned happened on a Saturday, grandmother died on a Sunday evening” (woman, 56, unexpected loss of a grandmother, pre-pandemic).

When the loss of a loved one occurred during the pandemic, the circumstances resulting from COVID-19 protection measures were also mentioned. These included being unaware of what was happening and being denied the chance to spend time with a dying family member or visit them in hospital due to isolation measures.

“That Saturday when we were supposed to pick her up, they called us and told us that she had had a seizure during the night and that they had taken her to hospital. We managed to get to the clinic before the ambulance, so I saw her when she got out of the ambulance, since due to COVID-19 they didn’t let me in. She was alone and I never saw her again. I brought her linen, whatever she needed” (woman, 65, loss of a daughter, pandemic, lockdown).

Searching for meaning (+). The lemmas found at the positive pole describe the expression of emotion (*crying, emotion, word, vent, pain*) and the importance of a relationship of trust in which one can feel heard, with their feelings being acknowledged (*trust, to listen, to help, right, need*). Such lemmas co-occur with lemmas that refer to both dealing with mourning (*to try, to face, mourning, to go ahead*) and giving meaning to, and accepting, what happened (*to understand, to comprehend, to mean, to happen, situation, to accept*). For instance, in the following interview excerpts, two bereaved women stressed the importance of therapy, which enabled them to give meaning to their emotions and make sense of things that had happened before their loss, in their relationship with the deceased.

“My personal therapy was very helpful in exploring the emotions I was feeling at the time, the experience of anger as well, because I forgot to mention anger. I was angry at the fact that it was an injustice, but clearly it was not anger directed at anyone, it was very general, and so that helped me a lot” (woman, 32, unexpected loss of a friend, pre-pandemic).

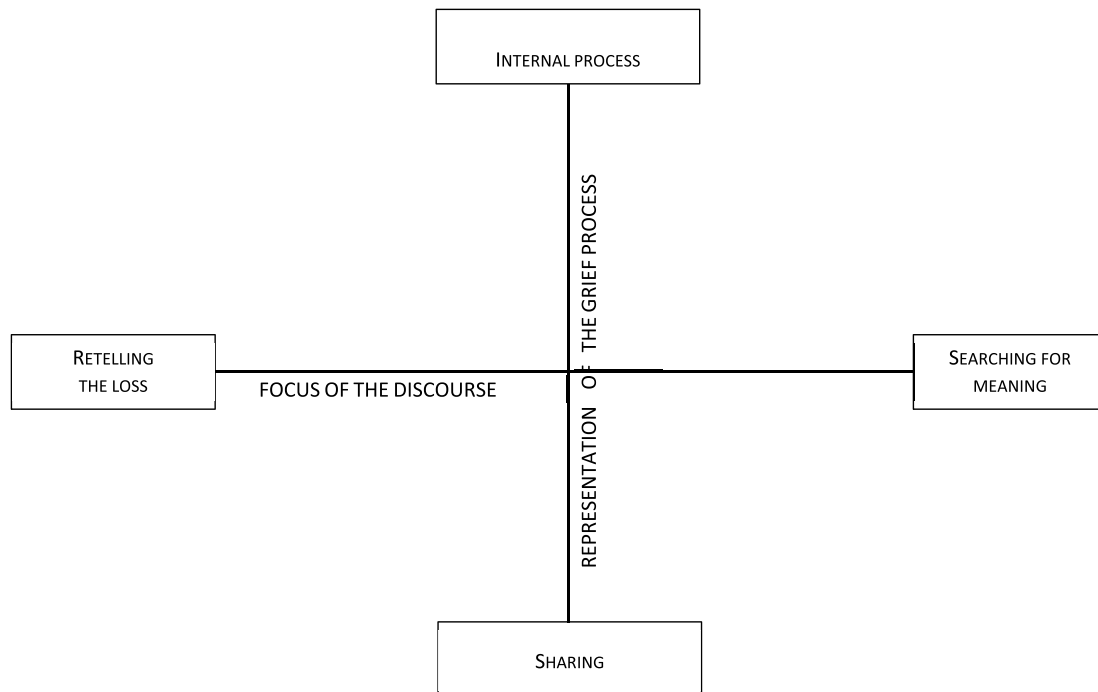


Fig. 1. The space delimited by the two dimensions of meanings.

“Soon, situations arose in which, rather than saying, ‘Look, I feel bad for my father’, I started saying, ‘Look, I feel bad because my father did this, I feel bad because my brother did that’. These situations soon came up. (...) I needed a psychotherapist, I didn’t need friends, to tell you the truth. More specifically, I needed a psychotherapist not so much to grieve, but to process what came out of grieving” (woman, 22, unexpected loss of a parent, pandemic, no lockdown).

As the interview excerpts below show, other interviewees dealing with loss during the pandemic focused on the difficulty to give meaning to what had happened, mentioning how hard it was to be given answers to questions such as “How did they take care of my loved one in hospital?” and “What did they die of?”.

“I wonder if they were patient with these sick people, if they were careful, if they looked after him as a daughter can” (woman, 59, unexpected loss of a parent, pandemic, lockdown).

“We were just talking about this, in case she was also a victim of the COVID. As the disease manifested itself, it was a sudden death. It was about this, so, as I must tell you, it was more of a mixture of strange feelings. This death, though, was not of old age – a death maybe of something else” (woman, 44, unexpected loss of an aunt, pandemic, no lockdown).

“They admitted him at night, he died in the morning. So, in the hospital, I don’t think he even went into the emergency room; I think he died in the ambulance because there were kilometre-long queues, and rightly so, they must have given priority to those who were younger. I think that was the case, I could be wrong (...)” (woman, 56, unexpected loss of a father-in-law, pandemic, no lockdown).

In the fragment below, another interviewee talks about two different bereavement experiences, one of which occurred during the pandemic. She pointed out that being prevented from attending the funeral of her loved one due to COVID-19 protection measures made it more difficult for her to realise that her loved one had actually passed away.

“The ritual of the funeral is something I had probably always taken a bit lightly, partly because I had had more predictable bereavements. I had lost my grandparents, that is, people who I knew were going to die before me, clearly, or in any case not very long afterwards. The ritual of the funeral and of the burial afterwards, in my opinion, had a certain weight for the grieving process, also because it happened to me that I could not attend, for instance, my grandmother’s funeral. I could not go because of COVID, and I was left with that feeling, as if I could see my grandmother again, that is, I had to remember that she had died. Instead, with him [my friend] I did not. That is the point of all that ritual, it was very useful to the processing of death” (woman, 32, unexpected loss of a friend, pre-pandemic).

6.1.2. Second dimension. Representation of the grieving process: sharing versus Internal process

The second dimension reflects the tension between two different ways of representing the grieving process (see the vertical y-axis in Fig. 1), which were labelled “Sharing” and “Internal process”, based on the lemmas characterising each pole (Table 4).

Sharing (–). The lemmas found at the negative pole refer to the support received from one’s reference network (*to receive*, support, family, friend, relative, friendship, colleague, boyfriend, direct). Such support seems to be shown or recognised in terms of both simple gestures of closeness (*to seek*, simple, close, closeness, to touch) and pain being shared (*group*, to share).

In the interview fragments below, the importance of closeness and support from family and friends is emphasized.

“We were lucky enough to be a united family, yes, with my dad, with my brothers, we have always been close. So, as we could already count on a united family, mum’s death has almost cemented even more the relationship between us, and this has diluted the pain. No, that was enough for me. Also, because, thank God, I didn’t need anything. Support from a family that loves you is the fundamental one, the essential one” (man, 70, loss of a parent, pre-pandemic).

“I had a family behind me, and I had my friends standing by me. Essentially (they supported me) with human and physical warmth, talking face-to-face does so much” (woman, 63, unexpected loss of a parent, pandemic, no lockdown).

“For me, on the other hand, the experience of death is a very strong test to understand who the people who are in your heart really are” (man, 44, loss of a parent, pre-pandemic).

As the interviews show, support is often recognised in the other’s ability to “stand by”, to be available in case of need. Emphasis is placed on the capacity to show closeness through simple gestures, such as hugging, but also on the importance of legitimising, normalising, and allowing the expression of pain, by keeping quiet and welcoming sadness without hiding it behind “too many” words.

“The support I got, oh well, was my husband’s closeness, even though in a silent way. I’m someone who doesn’t talk that much. In the silence, the person closest to you recognises a little sadness, even bitterness in your gaze. My husband, we were engaged then, but besides him, let’s say that I have been more supportive to other people who have suffered the lack of this person” (woman, 42, unexpected loss of a grandfather, pre-pandemic).

“I believe that in these cases it is very important to reassure the person of your presence, to show them you are going to be there, even just to share a task, to show them they can always count on you in any situation and for anything they may need” (woman, 61, unexpected loss of a student, pre-pandemic).

“He came in without saying anything, he didn’t offer his condolences or anything; I just stood there, walked over to open the door for him and he held me in a hug without saying anything. Much more. Everything was in that embrace. He had lost his father three or four years earlier in a car accident. He understood my state of mind at that moment. We comforted each other. At that moment, I cried my eyes out

and he told me not to worry and to let everything out, not to always be strong for others and to let off steam” (woman, 51, loss of a parent, pre-pandemic).

“I’m a bit shy. Hugging, however, has always made me happy, being hugged and having a shoulder to cry on. In an embrace, you let yourself go. But you always do that with the closest people, that’s for sure. Then, of course, I’m grateful when strangers offer their condolences. But you let yourself go with your relatives” (woman, 49, unexpected loss of a parent, pre-pandemic).

“I think that talking or at least expressing one’s opinion and not keeping things inside or even remembering that person, on a positive or negative level, and saying what one thought, the most interesting or most worrying moments even of personal experiences ... was the most important thing” (man, 22, loss of a friend, pre-pandemic).

“I was surrounded by people who had had the same experience as me. This helped me. They made me realise that it was normal to cry, it was normal to be sad, it was normal to be nervous and then to be confronted with the same emotion” (woman, 40, unexpected loss of a parent, pre-pandemic).

“They allowed me to cry. I never cry, I don’t, but my friends and my husband gave me the chance to cry, to say everything I thought, to vent my anger. This I think was the support they offered, the fact I could say even strong things sometimes, even talk nonsense, say everything I felt, without them judging me. I felt free to say and do things without feeling judged” (woman, 42, unexpected loss of a parent, pre-pandemic).

In the fragment below, the importance of funerals is highlighted, with such rituals being seen as a way to receive support from family and friends, an opportunity that was denied to mourners during the lockdown.

“The chance to attend funerals, that’s gone, too, surely the classic funeral. Meeting relatives and friends, which is certainly of support, is something that is done out of habit, but sharing those days with friends that maybe are not your immediate family, those with whom you live. During the lockdown, of course, you cannot meet other people other than those who live in your same house. That certainly is what I missed” (man, 43, loss of an uncle, pandemic, lockdown).

Internal process (+). The lemmas found at the positive pole seem to refer to the recognition of death as a natural part of life (*life, to live, age, elderly, illness, to die*). Such lemmas co-occur with lemmas that describe grief as a process of gradual acceptance and understanding of the meaning of loss (*to understand, awareness, reason, peace*), with the help of spirituality (*hope, faith, value*) and rituals (*funeral*) that mark the passing of a loved one and contribute to processing it. On the other hand, some lemmas (*COVID-19, incident, sudden, soon, strange*) have probably been used to identify specific extraordinary circumstances, marked by a sudden death, which have profoundly impacted the grieving process, preventing understanding and processing (*to remove*).

In some interviews, especially when reference is made to the loss of elderly people, death is described as being part of the life cycle, with interviewees stating that one can only try to make the most of the time they have left.

“In a certain sense you also get over it, maybe it happened, she had this tumour, but she had it in her old age, so you get over it” (man, 38, unexpected loss of a grandmother, pre-pandemic).

“Then, of course, you have to deal with something that moves, that undermines roots, breaks foundations, especially such important pain. We have to confront that and go on. My mother was old, it is in the life cycle, in the rules of existence that you reach old age and die” (woman, 67, unexpected loss of a parent, pre-pandemic).

“My grandfather’s death, I experienced it as an opportunity, maybe because I’m more mature now ... I experienced all the previous ones in a different way, but I said to myself, ‘OK, it’s part of life; this can give me the input to learn how to choose differently how to manage my time, because I don’t know how much time I have left’. My grandfather had a lot of time, he died at 82, I don’t know how much time I have left (...). We don’t know if we are going to die of an accident, suddenly, so we can’t prepare, but if we have a degenerative disease, I would like to prepare myself, to be at peace, knowing that I have lived and I have done what I wanted to do” (woman, 42, loss of a grandparent, pre-pandemic).

In other interviews, participants reflect on the role of memory, of remembering the deceased, of inheriting their gestures, rituals, and values. This is seen as something that helps to accept loss by giving the feeling that a bond has not been broken – death ends one’s life, not their relationships.

“There are symbols that were part of this friend of mine, like the rainbow. The rainbow is her symbol for me, as well as, for example, the whole tea ritual, because she taught me how to drink tea. So, to this day, every time I have tea, even with friends, I feel her presence (...). And so, I don’t know, there is also some sort of solace in that, that there is still a presence, that not everything is lost (...). It is as if there was this continuum. I like this thing, which is then linked to my memory, but not only to my memory, also to gestures, that is, they are now such a part of my life that when people think of me, they think of tea” (woman, 39, unexpected loss of a friend, pre-pandemic).

Another way to process loss that may be identified in the interviews is the feeling that the deceased continues to be close to their loved ones and guides them.

“Even knowing that he was far away but that he was there, that I could count on him, that I could get a good word, but now he wasn’t there, it hurts, but I accepted it. It’s part of me and then who knows if time will turn this thing into something else or I can live with it peacefully. I’m living it peacefully” (man, 52, unexpected loss of a friend, pre-pandemic).

“By now, I, let’s say, have understood, accepted the loss of my daughter. I have someone who supports me from above. I always feel her close to me. How many times, for example, I forget things and it is as if she told me, ‘Go there and find that thing’, and, unexpectedly, I open the cabinet, go to that area, and find what I need. So, it’s true that they don’t leave us. I am experiencing that” (woman, 65, loss of a daughter, pandemic, lockdown).

As the following fragments highlight, when it comes to internal processing, an important role is also played by religious faith, the assumption that “there must be a reason”, the thought that the meaning of death is to be sought in the afterlife.

“What helped me was great faith, and it was only there that I looked for support, I always drew it from the Lord. If He wanted it that way, it is difficult to understand, to comprehend, but there must be a reason” (woman, 65, loss of a son, pandemic, lockdown).

“I was suffering, and I said, ‘Jesus, help me, make me understand how I can live with this pain, overcome it, try to accept it’. And it was the suffering of others that helped me to accept that, too, my own suffering. So, to see that in other people, also in a perhaps greater way because something more serious has happened to them. This sharing of pain, suffering helps you to accept it. We are not alone” (man, 42, unexpected loss of a parent, pandemic, lockdown).

“So, then when you realise that the meaning of life is not what you can understand and find in this life but in the hereafter, then you make sense of all that pain and so many other situations that you experience. Now I have this ability, before I didn’t. Before I went on this journey of faith I couldn’t understand and I wondered why, but unresolved doubts remained” (man, 30, loss of a great-aunt, pre-pandemic).

6.2. Relation between meaning dimensions and period in which one's loss occurred

Are there significant differences in the positioning of interviewees' narratives along the above mentioned two dimensions of meaning, in terms of the period in which the loss of a loved one occurred (i.e. before or during the pandemic, during the lockdown or in another phase of the pandemic)?

When it comes to the first dimension, Student's t-test analysis highlighted significant differences related to the period in which the loss of a loved one occurred – pandemic versus pre-pandemic times ($t = 2.442$, $p < .05$). The mean difference was .155. This means that the narratives of those who suffered the loss of a loved one during the pandemic are characterised by significantly higher scores, thus being found along the positive axis of the first dimension, at the “Searching for meaning” pole.

As for the second dimension, significant differences related to having suffered a loss during the lockdown or in another phase of the pandemic were found ($t = 2.134$, $p < .05$). The mean difference of .130 indicates that the narratives of individuals bereaved during the lockdown tend to be positioned at the positive pole, representing grief as an internal process.

No significant effect of the time elapsed since the loss was found on either semantic dimension, as indicated by a one-way ANOVA [first dimension: $F(3,136) = 1.785$, $p = .153$; second dimension: $F(3,136) = 1.571$, $p = .199$].

To further assess whether the observed differences could be influenced by the time elapsed since bereavement, two ANCOVAs were conducted. As for the ANCOVA results, the overall model for the first dimension was significant [$F(2,137) = 3.084$, $p = .049$, $\eta^2 = .043$]; the effect of time since loss was not significant ($F = .102$, $p = .750$), whereas the effect of the pandemic period was marginally significant ($F = 3.007$, $p = .085$, $\eta^2 = .021$). For the second dimension, the overall model was not significant [$F(2,137) = 1.518$, $p = .223$, $\eta^2 = .022$]; no significant effects were found for either the pandemic period ($F = .054$, $p = .816$) and time since loss ($F = 1.464$, $p = .228$).

7. Discussion

This study provided a unique opportunity to explore how people suffering a major loss before or during the COVID-19 pandemic interpreted their experience of grief and gave meaning to their loss. The ACASM analysis of their narratives led to identifying two main dimensions of meaning underlying similarities and dissimilarities in the narratives collected, while T-test analysis revealed significant differences related to the period in which the loss of a loved one occurred.

The first dimension sees the juxtaposition of two different aspects on which the interviewees' discourse focused: “Retelling the loss” and “Searching for meaning”. When it comes to “Retelling the loss”, emphasis was placed on the circumstances and features of the experience, including the people involved, the period in which the loss of a loved one occurred, and the actions performed, with the interviewees being able to provide a clear picture of events. As for “Searching for meaning”, the interviewees focused on the possibility or impossibility of giving meaning to what happened, through putting into words the emotional side of their experience and sharing it with others.

Findings showed that the narrative of those who dealt with loss during the pandemic – regardless of whether the death of a loved one occurred during the lockdown or not – tend to be found at the “Searching for meaning” pole. The interviewees focused on their questions remaining unanswered, as they could not know whether and how doctors had taken care of their loved ones in hospital, what their loved ones were thinking, how they felt when they were left alone, and what they died of. The concept of ambiguous loss [68], which some authors have suggested should be applied to loss suffered during the COVID-19 pandemic [31,69], refers to the loss of a loved one occurring without clear understanding. According to meaning reconstruction theory, which sees grief as a sensemaking process, the difficulty to represent and make sense of loss should be understood considering what happens in the intersubjective and social context of the bereaved. As the interviews collected also highlighted, being unable to spend time with a dying loved one in the

hospital and during their illness, to see their body or attend their funeral, made it challenging for the bereaved to represent what has happened and to come to terms with loss. Previous quantitative and qualitative studies [31,70] have shown that rumination may be experienced by the bereaved, who constantly focus on questions that remain unanswered, such as “What happened?” and “How did they die?”. In a study by Vachon and colleagues [71], several participants spontaneously reported feeling a sense of “pandemic mourning”. Neither normal nor “complicated”, pandemic mourning is a silent, delayed grieving process that is often underestimated in terms of the suffering it causes. On the other hand, some interviewees reported that, in their search for meaning, they were supported by a professional – such as a psychologist – who helped them to name their emotions, explore their meaning, and make sense of things that had happened before their loss, in their relationship with the deceased. This aspect is consistent with previous literature, which has shown that healing factors in the grieving process include finding meaning in the loss, verbalising emotions, and revising the mental representation of the deceased [72,73].

The second dimension highlighted two different ways of grieving, involving either support and sharing or internal processing. These aspects may be said to be interrelated, since the search for meaning following the loss of a loved one results in both intrapersonal and interpersonal efforts. Being offered support in the form of understanding and listening facilitates processing, helping to overcome such a complex phase of life [19]. Personal characteristics and contextual circumstances may determine which of such two ways of grieving a bereaved individual goes through. In this study, significant differences were found in the representation of the grieving process based on whether the loss of a loved one was experienced when lockdown measures were in place or in another phase of the pandemic.

The interviews of those who suffered a loss in a period other than the lockdown tend to be found at the “grief as sharing” pole, with support from the interpersonal network being – unsurprisingly – seen as crucial to coping with grief. Previous studies have suggested that social support – which should make the subject feel loved, cared for, valued, and part of a social network [74] – serves as a mediator for proactive coping with grief [75] and as a means to mitigate both poor physiological outcomes and the intensity and duration of psychological distress [76–78].

Participants in this study recognised social support primarily in terms of the possibility of sharing one's painful emotions and memories with others. This finding is consistent with those of previous studies. Aoun and colleagues [79] have analysed survey responses provided by 678 clients of Australian funeral providers who had lost a family member in a pre-pandemic period (2013-2014) and had been grieving for 6 to 24 months. Their research has revealed that attachment – defined in terms of an emotional or affectionate bond with a spouse/partner or close family member – is the form of social support that is most frequently described as helpful. In a study by Cacciatore and colleagues [77], content analysis was performed of the responses to open-ended online survey questions provided by 372 grieving adults older than 18 and living in Arizona. In such a study, emotional support was reported as the most helpful form of support, with concrete examples of valued emotional support and gestures including actively allowing the expression of grief, accepting one's emotional state, and actively remembering the person who passed away. In other qualitative studies, being shown compassion was seen as the most useful source of social support [25,80]. The main sources of support mentioned by the participants in this study are consistent with what Aoun and colleagues [81] previously observed: bereaved individuals primarily received support from people already part of their daily lives, such as family members and friends. The participants' narratives highlighted the ability that support providers have to “stand by”, without judging or even saying anything, quietly welcoming every emotion – from anger to sadness – that the bereaved needed to express.

The bereaved who suffered a loss during the lockdown tend to represent grief as an internal process, rather than seeing it as involving support and sharing. This may be explained by the fact that forced isolation during the lockdown limited the possibility of receiving gestures of closeness and being heard while experiencing pain. Perceived social support among grieving people who lost a loved one to COVID-19 proved to be lower than in previous studies [82]. Consequently, as it has already been observed in the literature [83], this may have led to relying more on other coping strategies. The narratives collected in this study that were found at the “grief as an internal process” pole revealed different ways of coping with and giving meaning to loss, such as realising that death is part of the life cycle, remembering the deceased, and relying on religious beliefs. Previous studies have shown that remembering the deceased allows the bereaved to make the deceased part of their life without them [5,84]. Such a crucial process is based on the idea of continuing bonds, which highlights the need for the bereaved to realise that death ends one's life, but not their inner relationship with the deceased [85]. When the bereaved finds a way to feel connected with the deceased despite their physical absence, they give loss a healthier meaning and can cope more easily with grief [73]. Several scholars have emphasized the role of spirituality and faith in helping individuals cope with grief and lessen the psychological effects of traumatic events [86–88]. Described as “an individual's ability to utilise faith in God combined with certain Christian beliefs and religious practices to appraise, understand, and effectively cope with stress” [89, P. 1], “spiritual coping” can be seen as a form of meaning-making process, an “existential search of meaning” [90] which gives universal significance to a single loss [91]. Although a major loss may result in losing faith in a god that should not have caused the intense suffering experienced by the bereaved [16], the participants in this study saw faith as a way to make sense of their loss and cope with it. Similarly, in an Italian study by Biancalani and colleagues [86], an analysis of eight in-depth interviews with people dealing with a major loss during the COVID-19 pandemic revealed that the bereaved were comforted by the belief that the deceased was in an otherworldly dimension. The importance of faith was highlighted also in a study by Borghi and Menichetti [92], who investigated the main coping strategies used by families who had been grieving for two to three days after their loved ones' death at one of the biggest public hospitals in Milan, Italy, during the first wave of the pandemic. Borghi and Menichetti found that relying on faith or hope, focusing on aspects identified by sentences such as “I hope he is buried in a nice place”, helped a number of bereaved people to come to terms with death. As they have pointed out, faith and spirituality enabled family members to reframe a stressful situation into a larger, more benevolent system of meaning, which helped them to process their loss.

The lack of significant differences related to the time elapsed since the loss of a loved one cannot be said to be obvious, despite being

understandable. Although previous research has shown that most bereaved individuals progressively adjust to the loss of a loved one over time and thereby return to adaptive functioning [93], the difficulty to represent, narrate, and make sense of what happened seems to be more related to the circumstances of loss than the time elapsed since it occurred.

7.1. Practical implications

This study has shown that grieving people who suffered the loss of a loved one during the COVID-19 pandemic tend to be engaged in a search for meaning and see grief as an internal process. These findings provide a valuable perspective on how more effective and meaningful support may be offered by professionals and non-specialist individuals when people face the loss of a loved one in circumstances of great suffering, such as those of the COVID-19 pandemic.

The first aspect considered – search for meaning – highlighted that, when a clear representation of a tragic event is lacking, people struggle with the need to give meaning to their experience. Since the grieving process was mainly compromised by what happened in hospital settings and nursing homes, hospital directors should become more aware of how their choices may either detrimentally affect the mental well-being of the bereaved or facilitate their healing process. It has been observed that, although implementing measures to reduce the spread of disease is essential, the choice to prohibit or severely restrict family members' access to hospitals should be evaluated from a holistic perspective, considering its wider consequences. Family members considered safe, physical meetings, such as outdoor visits or meetings held behind glass doors, to be more acceptable than the no-access alternative [94,95]. Furthermore, doctors and nurses should be made more aware of the importance of a compassionate delivery of understandable and honest information to family members, with daily meetings being arranged to discuss the patient's state of health, the efforts made to try to save them, the options that cannot be considered and why [96]. Even though being aware of the inevitability of a loved one's death is painful, the possibility of understanding what is happening contributes to searching for meaning and accepting loss. Once made aware of this, health professionals can facilitate the functional integration of the loss by the bereaved and help them to develop a coherent narrative of what happened.

The second aspect considered – grief as an internal process – highlights how the isolation resulting from lockdown measures compromised the possibility of seeking support from others, while simultaneously leading to different coping strategies, including remembering the deceased and relying on religious faith and spirituality. These sources of comfort, support, and meaning should be taken into consideration by the social network of the bereaved. For instance, they should be made aware that shying away from mentioning the deceased to avoid upsetting the bereaved is a misconception, since reminiscing about the moments shared with the deceased helps to cope with grief and adjust to one's loss [97].

Regardless of whether the loss of a loved one occurred before or during the pandemic, participants in this study often highlighted the importance of social support, both to show how it helped them cope with grief and to explain what made their suffering exhausting and more intense. Although it is often believed that effective help can only be provided by mental health professionals [56], it has been shown that the social network of the bereaved, which includes family members, friends, teachers, funeral agents, spiritual guides, police officers, and healthcare professionals, may play a crucial role in helping the bereaved to cope with grief. Informal support providers often feel powerless when dealing with the grief of the bereaved and shy away from it, not knowing what to say or do [56]. However, as the participants in this study also pointed out, bereaved people look for a safe and non-judgmental space to express their emotions and share their memories of the deceased, rather than focusing on answers or practical actions.

The role that online funeral services may play in helping the bereaved not to feel lonely should also be stressed, as such services can involve those who would otherwise be deprived of the opportunity to offer their condolences due to travel restrictions and social isolation [98]. Similarly, the importance of telephone calls, video calls, and messages should not be underestimated, since they can contribute to providing support even in the absence of physical proximity [72].

7.2. Limitations and future direction of research

The study's results should be viewed with awareness of its methodological limitations. Since the research focused solely on the experiences of Italian grievers, the findings may not be generalizable to bereaved individuals from other cultures or vulnerable groups (e.g., ethnic minorities), who might face different challenges.

Another important limitation concerns the cross-sectional design of the present study. Future research should longitudinally investigate how the narrative process of meaning-making in bereavement evolves over time, as well as explore the long-term psychological impact of losing a loved one during the pandemic. Furthermore, although the time elapsed since the loss was controlled for, it was operationalized as a categorical measure rather than a continuous one (e.g., number of months), potentially reducing sensitivity to detect more subtle temporal effects. Nonetheless, ANCOVA results indicated that this variable did not significantly affect the main findings. Future studies would benefit from employing more precise temporal metrics to better elucidate the role of time in grief narrative.

The choice of the interview as an instrument of research might have facilitated the participation of those who were more willing to share their experience, while hindering the participation of those who felt stuck in their grief and/or tended to have more complex reactions to it.

Furthermore, quantitative measures were not used that could have clarified the relationship between the way of narrating one's experience and potentially relevant variables such as the quality of perceived support and the impairment of psychological and social functioning related to grieving. Future studies should include qualitative and quantitative measures. It should longitudinally be assessed whether and how different ways of representing the loss of a loved one and the experience of grief may contribute to

psychological adjustment to loss and prevent complex reactions to grief in the long term.

Finally, since the interview questions required the recollection of memories often associated with negative emotions, it is possible that certain details intrinsically linked to the emotional experience were remembered with greater vividness and accuracy than contextual or chronological elements. Kensinger [99] demonstrated, through both behavioural and neuroimaging data, that negative emotions can enhance memory for emotionally salient details, while often leaving peripheral or contextual information less accessible. This may be seen as a limitation of the current study, as the factual accuracy of the narratives remains uncertain. However, from a socio-constructivist perspective, this aspect is not viewed as a methodological weakness. Rather, it reinforces the importance of considering memory as an interpretative act rather than an objective record – a narrative construction that reveals the meaning attributed to the experience.

8. Conclusions

The results of this study showed that, for those who experienced a loss during the pandemic, the circumstances surrounding their bereavement often appeared unclear and, therefore, difficult to represent or process. They engaged in a search for meaning, trying to answer questions that seem unanswerable, such as what happened and what their dying loved ones thought and felt. Moreover, the isolation caused by containment measures compromised their ability to seek social support, making their suffering more exhausting and intense.

Although the bereaved managed to find other spontaneous coping strategies – such as remembering the deceased, recognizing the legacy of their values, gestures, and habits, and relying on spiritual beliefs in an afterlife – it is crucial that their social networks understand that effective support does not need to come solely from mental health professionals. Health professionals, aware of the importance of providing clear and honest information to families about what happened to their loved ones, can play a key role in helping them integrate the loss and develop a coherent narrative of what happened. Additionally, family members, friends, teachers, funeral directors, spiritual leaders, police officers, and health professionals should recognize that offering the bereaved a safe, non-judgmental space to express their emotions and share memories of the deceased can be more helpful than focusing solely on practical matters or actions.

CRedit authorship contribution statement

Claudia Venuleo: Writing – original draft, Methodology, Data curation, Conceptualization. **Tiziana Marinaci:** Writing – review & editing, Methodology, Formal analysis, Data curation. **Laura Piccirillo:** Writing – review & editing, Methodology, Investigation. **Eva Colucci:** Writing – review & editing, Methodology, Investigation. **Eunice Barbosa:** Writing – review & editing, Methodology, Conceptualization. **Daniela Nogueira:** Writing – review & editing, Supervision, Methodology, Conceptualization.

Ethics and consent statements

The study was conducted according to the guidelines of the Declaration of Helsinki and reviewed and approved by the Ethics Committee for Research in Psychology of the Department of Human and Social Sciences of the University of Salento, with the approval number: 78717, dated May 25, 2022. All participants were aged 18 years or older and provided written informed consent to participate in this study. Written informed consent for audio-recording was also obtained prior to the interviews.

Consent for publication

Participants provided written informed consent for the use of anonymized data for research and publication purposes.

Data availability statement

Data will be made available on request. For requesting data, please write to the corresponding author.

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Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Claudia Venuleo reports administrative support was provided by the European Union. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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