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The Experiences of Immediate Family Members of Iranian COVID-19 Patients Regarding the Crisis of Prolonged Mourning: A Phenomenological Study

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Abstract

Introduction: The unexpected deaths caused by COVID-19 have led to profound mental, psychological, and physical challenges for surviving family members. This study aimed to explore how immediate family members of Iranian COVID-19 patients experienced the crisis of prolonged mourning.

Methods: This qualitative phenomenological study involved 12 immediate family members of deceased COVID-19 patients. Participants were selected using purposive sampling in Iran. In-depth and semi-structured interviews were conducted until data saturation was achieved. The data were analyzed using Colaizzi's 7-step method.

Results: After analyzing the interview content, coding, and forming categories and subcategories, three main themes were identified: "Exhausting Situation" with categories such as Difficult Encounter, Unfinished Farewell, and Rejection of Survivors; "Emotional Confusion" with categories like Sense of Loss, Future Worries, and Feeling Confusion; and "Pathway to Adaptation" with categories including Overcoming Fear, Supportive Umbrella of Surrounding People, and Spirituality in Adversity.

Conclusion: The crisis resulting from bereavement and untimely deaths due to COVID-19 presents the families of the patients with critical and challenging situations. The inability to naturally progress through the stages of mourning poses a significant barrier for these families to adapt to this tragedy fully. It is crucial for healthcare professionals to identify the unfinished stages of bereavement in the survivors and to provide necessary support measures to help mitigate this crisis and improve the adaptation and mental well-being of these families.

Keywords: Unexpected death, Mourning crisis, Family members, Bereavement, Mourning, Grief, Qualitative research, Pandemic, COVID-19

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Introduction

Since its outbreak, COVID-19 has resulted in millions of deaths worldwide, leaving families to grapple with an unprecedented crisis of bereavement (1). The unexpected infection and death of COVID-19 patients have caused profound psychological and emotional distress among their immediate family members (including parents, children, siblings) (2). Losing a significant family member constitutes the most critical crisis an individual may face (2). The grief crisis, characterized by its sudden and overwhelming nature, leaves little room for decision-making or navigating the natural stages of mourning to achieve emotional equilibrium. In such circumstances, individuals struggle to restore balance and are unable to employ conventional coping mechanisms to process grief (3).

The COVID-19 pandemic, accompanied by mandatory lockdowns, reduced social interactions, public closures, restrictions on funeral practices, bans on mourning ceremonies, absence of relatives and friends, quarantine of patients' families, stigma associated with COVID-19, and social exclusion of bereaved families, exacerbated the grief crisis (4). Oghlui Oskooi et al (2021) and McNeil (2020) demonstrated that the experience of this crisis varies across cultures, depending on age, cause of death, relationship to the deceased, and socioeconomic, psychological, and cultural support systems (5-7). Karabayır and Ar-Karci (2023) and Barrett (2020) further highlighted that those expressions of grief, particularly in cases of parental or child loss, are influenced by sociocultural differences (8, 9). The cause of death has long been recognized as a critical factor

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in grief responses, with substantial evidence indicating that sudden or unexpected deaths trigger more intense reactions among survivors, necessitating long-term follow-up and interventions (10). Since COVID-19 victims were buried under strict sanitary protocols, preventing families from viewing or bidding farewell to their loved ones, they inevitably experienced disenfranchised grief (11). Mortazavi (2023) and Abdekhodaie (2023) reported that the death of COVID-19 patients and subsequent grief generated severe emotional distress and stress for immediate family members, who often harbored ambiguous perceptions of the disease and struggled to accept the reality of their loss (12-14).

Families of COVID-19 victims were deprived of the natural grief cycle, which typically allows individuals to adapt to the loss. The absence of comprehensive grief responses among survivors jeopardized their mental health, potentially triggering a new wave of psychological issues, depression, and hopelessness (11). According to Kübler-Ross's theory, under normal circumstances, families progress through stages of grief to reach acceptance. However, the unexpected nature of COVID-19 deaths, coupled with restricted funeral practices and mourning rituals, prevented survivors from navigating these stages. Thus, providing educational, counseling, supportive, and therapeutic services for these individuals is imperative (15, 16).

Although several years have passed since the COVID-19 outbreak and the unexpected deaths it caused, no comprehensive qualitative study in Northwestern Iran has examined survivors' adaptation to lossand the challenges they face. Prior studies have explored the psychological and social impacts of bereavement (10-16), yet they have not specifically examined the long-term adaptation process of COVID-19 victims' families in this region. Given the absence of research focusing on their unique experiences and coping mechanisms, this study aims to fill that gap by providing an in-depth phenomenological analysis of how these individuals navigate prolonged mourning.

This study aims to fill this critical gap by employing a phenomenological approach to provide a comprehensive, in-depth exploration of the lived experiences of immediate family members of COVID-19 victims in Northwestern Iran. The novelty of this research lies in its specific focus on the crisis of prolonged mourning—that is, how survivors cognitively and emotionally grapple with their loss long after the initial event, and how they strive to transition toward adaptation within a context that denied them the traditional tools for grief resolution. By centering on their voices and experiences, this study seeks to uncover the hidden dimensions of long-term bereavement in this specific cultural milieu, offering novel insights for developing culturally sensitive, long-term support interventions that can foster genuine resilience and psychological well-being. Therefore, this study seeks to answer the fundamental question: "What is the experience of immediate family members of Iranian COVID-19 patients regarding the crisis of prolonged mourning?"

Materials and Methods

Study Design

This qualitative study employed a phenomenological approach, guided by Colaizzi's seven-step method for data analysis (Table 1) and was conducted from December 23, 2022, to September 22, 2023.

Participants and Sampling Method

The study participants comprised immediate family members (parents, children, siblings) of individuals who had succumbed to COVID-19. Participants were recruited using purposive sampling. The inclusion criteria were: (a) ability and willingness to articulate their experiences in depth; (b) the death of the loved one was sudden and unexpected; (c) absence of a terminal or severe underlying illness in the deceased prior to COVID-19; (d) at least three months had passed since the death; and (e) no prior diagnosis of depression, psychological disorder, or significant cognitive impairment. The exclusion criteria included behaviors that disrupted the interview, such as aggression, diagnosed depression, or psychological disorders. Participants were informed of their right to withdraw from the study at any stage. To ensure consistency, all interviews were conducted by a single researcher (MT: Male, Master's degree, Faculty member), who had received extensive training in qualitative research methodologies, including participation in specialized workshops on interview techniques and data collection in sensitive contexts.

Table 1. Colaizzi's 7-step method of phenomenological analysis

Step	Description
1. Reading the Transcripts	Begin by reading all the interview transcripts or data collected multiple times to immerse yourself in the content.
2. Extracting Significant Statements	Identify significant statements, phrases, or words that are relevant to the phenomenon under investigation.
3. Formulating Meanings	Analyze the significant statements and interpret their meanings. This involves making sense of what the participant meant, essentially coding the data into smaller, more manageable parts.
4. Clustering Themes	Group similar meanings together into themes or categories.
5. Developing an Exhaustive Description	Write an exhaustive description of the phenomenon, incorporating all the themes that have been derived.
6. Describing the Fundamental Structure	Identify the fundamental structure of the phenomenon. This step involves synthesizing the themes to create an overall description of the lived experience, capturing its essence.
7. Returning to Participants for Validation	Return to the participants to verify the accuracy and resonance of the themes and the descriptions created in the analysis.

Data Collection

In-depth, semi-structured, face-to-face interviews were carried out, commencing with the documentation of the participants' demographic data. The interviews began with a general opening question: "What happened when you received the news of your loved one's death from COVID-19? Please describe your experience from that moment in detail"," What was your initial reaction after hearing the news of your loved one's death? How did you feel?"," How did you cope with this event in the days or weeks following the loss?"," Do you still feel affected by that event in any way? If yes, how?" These questions acted as a guide, allowing the participants to express their perceptions in depth while allowing the researcher to adjust the next question based on the themes that emerged. The process of conducting an interview is explained in the Appendix 1. Follow-up interviews included questions developed from categories that emerged from the previous data. Participants were encouraged to express emotions freely, and empathic pauses were integrated when needed, for instance, if a participant wept during painful recollections. To deepen responses, probing techniques (e.g., active listening, exploratory prompts, and clarifying questions) were employed to elucidate nuanced experiences and ensure accurate interpretation. Due to participant fatigue or emotional distress, some interviews were split into multiple sessions.

During the interviews, revisiting painful memories led to emotional distress among some participants (Participants 2, 7, 10, and 12). To address this, the interviewer (MT) temporarily paused the sessions to allow participants time for emotional release. Given that some participants had not yet fully adapted to their grief, they exhibited reactions such as silence, bowed heads, crying, a choked voice, or fragmented speech. After they had expressed their feelings, the interviewer gently asked:

"*What came to mind that upset you and triggered these emotions*?"

This approach helped probe the depth of their grief while prioritizing their emotional well-being.

All interviews were conducted at participants' homes across Zanjan and Qazvin provinces (Iran) to ensure comfort. Researchers immediately recorded their observations and descriptions of the environment, conditions, and events after each interview, and the analysis of the collected data was carried out simultaneously with its collection.

Post-interview, researchers immediately documented environmental observations, non-verbal cues, and contextual details (17). Data analysis occurred concurrently with collection using MAXQDA 10.0 for systematic management.

In qualitative research, participant adequacy is confirmed through data saturation (18). Sampling continued until saturation was achieved, meaning no new information or concepts emerged from the data. Using purposive sampling, six families of patients who died due to COVID-19 were invited to participate in the study. However, to gain a full understanding of the participants' experiences, it was necessary to conduct several focus group interviews with all immediate family members (parents, children, siblings) of the deceased. Therefore, three interviews were conducted as focus group discussions (Participants 1, 2, 3), Participants 4, 5), and (Participants 7, 8, 9), while the remaining were individual interviews, and a total of 12 participants took part (Table 2).

All interviews were conducted at a time and place preferred by the participant, without the presence of another person. None of the participants withdrew from the study. To clarify ambiguities, two follow-up interviews were held with the 7th and 12th participants.

With the participants' knowledge and consent, the content of the interviews was recorded and then transcribed word for word. Each interview lasted an average of 30 to 40 minutes. The data were analyzed using Colaizzi's 7-step method, which facilitated the identification of hidden patterns and concepts within the collected interview data under the phenomenological approach (19). This method enabled the researchers to immerse themselves in the data to identify the underlying patterns and concepts derived from the participants' interviews (20).

Table 2. Demographic Information of Participants

Job	Marital status	Educational level	Residence	Relationship	Gender	Age	Code
Housewife	Widow	Below Diploma	Urban	Wife (focus group 1)	Female	45	1
Student	Single	Surgical Technology Student	Urban	Daughter (focus group 1)	Female	23	2
Student	Single	First year of middle school	Urban	Daughter (focus group 1)	Female	12	3
Self-employed	Married	Illiterate	Rural	Husband (focus group 2)	Male	68	4
Government employee	Married	Second year of middle school	Rural	Son (focus group 2)	Male	50	5
Housewife	Married	Third year of middle school	Rural	Daughter	Female	40	6
Freelancer	Married	Incomplete high school education	Rural	Son and brother (focus group 3)	Male	41	7
Freelancer	Married	Below Diploma	Rural	Son and brother (focus group 3)	Male	43	8
Housewife	Widow	Illiterate	Rural	Mother and Wife (focus group 3)	Female	63	9
Housewife	Married	Third year of middle school	Urban	Daughter	Female	50	10
Freelancer	Married	Diploma	Urban	Son	Male	60	11
Government employee	Married	Bachelor's degree	Rural	Son	Male	38	12

Data Analysis

Initially, the contents obtained from each interview were read and reviewed several times carefully, and key phrases were identified and underlined. Subsequently, the key phrases relevant to the study's objectives were derived. After repeatedly listening carefully to each interview and reading the transcribed text, the researcher sought to understand the overall meaning of the participants' statements. MT and MM independently coded, summarized, and categorized both explicit and implicit concepts derived from participants' accounts.

After coding and extracting the categorized information, common and interrelated codes were grouped into subcategories, and categories with shared concepts were combined. Finally, themes were derived. The derived themes were then returned to the participants for final confirmation in terms of accuracy and resonance, and their feedback [20] was used to confirm the results (Table 1).

Rigor

To ensure the validity of the data, Guba and Lincoln's criteria were employed, including credibility, confirmability, dependability, and transferability (21).To enhance data credibility, researchers maintained prolonged engagement with the data. Each interview transcript was returned to the participants for validation, and necessary revisions were made based on their feedback. Furthermore, in cases where ambiguous statements or unclear participant expressions were encountered, the researcher clarified them via follow-up phone calls. Confirmability was ensured by eliminating researcher biases, accurately documenting the research process, and maintaining objectivity. To establish dependability, the codes extracted from each interview were peer checked by two members of the research team with experience in qualitative research. To maximize transferability, researchers aimed to recruit a diverse group of participants in terms of demographic characteristics.

Reflexivity Statement

As the principal investigator, I acknowledge that my dual role as both a researcher and an Iranian familiar with local grief rituals risked influencing data interpretation. To address this, I maintained a reflective journal to bracket personal assumptions during interviews, using open-ended prompts like "Describe your experience of 'unfinished farewell'" to prioritize participants' voices over my cultural preconceptions. When participants exhibited distress (e.g., prolonged silence, fragmented speech), interviews were paused to validate emotions, and post-session psychological support was arranged to prevent re-experiencing trauma / emotional re-injury.

To ensure analytical rigor, I engaged in peer debriefing with two qualitative experts unaffiliated with the study, who challenged emergent themes and mitigated potential over-identification with participants' narratives. Negative case analysis, such as examining accounts of participants who reported adaptive coping, further safeguards against selective emphasis on traumatic experiences.

Ethical Considerations

At the beginning of each interview, MT introduced themselves, explained the research purpose, and informed participants of their right to participate or withdraw from the study at any time. Participants were assured that their data would be kept confidential. If they agreed to participate, Using an informed consent document, a thorough explanation of the research was provided to the participants, and their consent was obtained and explicit permission was obtained for audio recording. Participants were reassured that all recorded material would be used anonymously, without revealing any personal identifiers. Before conducting interviews, written informed consent was obtained from all participants. They were explicitly informed about the study's objectives and the potential use of de-identified direct quotations in publications to preserve the authenticity of findings. Although direct quotes were utilized when necessary, stringent measures were implemented to ensure complete confidentiality: all identifiable personal information was omitted, and no data that could compromise participant anonymity was included in the manuscript.

Their motivation for participation stemmed from the opportunity to express and process their emotions, with no financial incentives provided. Additionally, participants were provided with the contact information of a clinical psychologist from Zanjan University of Medical Sciences. They were offered free telephone or in-person counseling sessions, arranged upon request, to ensure ongoing support.

In Iran, individuals who have reached the age of eighteen are considered adults, while those under eighteen are under the guardianship of their parents (father or mother). Therefore, when conducting research involving individuals under eighteen, informed consent must be obtained from both the individual and their guardian (parents). In this particular case, since the participant No. 3 was sixteen years old and his father had passed away due to COVID-19, his mother was his guardian. After providing the necessary explanations, written informed consent was obtained from both the participant and his mother, as his guardian, for taking part in the research. Therefore, to comply with ethical regulations, Participant No. 3, who was 16 years of age, provided written informed consent through their mother, acting as their legal guardian. Ethical approval was obtained from the Ethics Committee of the Zanjan University of Medical Sciences. This study is part of an approved research project conducted under the ethical code IR.ZUMS.REC.1399.421 at Zanjan University of Medical Sciences, registered in the National Ethics System in Research on February 14, 2021 (22).

Results

In this study, 12 immediate family members of deceased COVID-19 patients were interviewed regarding their bereavement experience. Three interviews were conducted as focus group discussions (Participants 1, 2, 3), Participants 4, 5), and (Participants 7, 8, 9), while the remaining were individual interviews (Table 2). The participants included

six females (50%) and six males (50%), ranging in age from 12 to 68 years. Five participants were urban residents, while seven lived in rural areas. Among them, eight were married, two were single, and two were widowed (Table 2). After analyzing the data using Colaizzi's method, 879 primary codes, 9 categories, and three main themes were identified (Table 3). These findings illustrate the lived experiences of immediate family members of COVID-19 patients, specifically regarding the bereavement crisis they faced.

The first theme, 'Exhausting Situation,' captures the distressing experiences of survivors, including a difficult encounter with loss, an unfinished farewell due to pandemic restrictions, and feelings of rejection. The inability to bid a proper farewell to loved ones created a deep emotional burden, leaving many individuals struggling with unresolved grief.

The second theme, "Emotional Confusion," captures the psychological turmoil experienced by the bereaved immediate family members. It encompasses a profound sense of loss, uncertainty about the future, and emotional instability. Many participants expressed feelings of loneliness and distress, exacerbated by restrictions on funeral gatherings and the lack of social support during their mourning process. This phase underscores the psychological challenges that hinder survivors from naturally progressing through grief.

The third theme, "Pathway to Adaptation," signifies the gradual process of adjustment and emotional recovery. This theme includes overcoming fear, receiving support from close social circles, and finding resilience through spirituality in adversity. Participants highlighted the critical role of family, community, and spiritual beliefs in helping them cope with their loss. The presence of a supportive network not only alleviated psychological distress but also facilitated their journey toward acceptance and emotional healing.

Exhausting Situation

This theme captures the distressing experiences arising from COVID-19 burial restrictions. This prevented the funeral ceremony from being conducted under normal conditions, and the person could not participate in the mourning ceremony of his lost loved one and say goodbye to him for the last time, and express his feelings. In this difficult situation, when the need for the presence and sympathy of the people around you was felt more than before, you were also deprived of their sense of empathy and sympathy due to the restrictions of the coronavirus. These factors coalesced into a profound and enduring sorrow, ensuring that the bitter memories of the loss remained raw in the hearts of survivors long after the event.

Table 3. Main Themes and Corresponding Categories Extracted from Participants' Interviews

Main themes	Categories
1. Exhausting situation	1.Difficult Encounter
	2.Unfinished Farewell
	3.Rejection of Survivors
2. Emotional confusion	1.Sense of Loss
	2.Future Worries
	3.Feeling Confusion
3. Pathway to Adaptation	1.Overcoming Fear
	2.Supportive Umbrella of the Surrounding People
	3. Spirituality in Adversity

Difficult Encounter

One of the categories within the theme of the Exhausting Situation was "Difficult Encounter." Due to the sudden and unexpected nature of COVID-19-related patient deaths, which often occurred during hospitalization, and the ensuing coronavirus restrictions, most family members were not permitted to be present at the hospital. Instead, they received a shocking phone call from the hospital department delivering the news. Participants universally described the moment they received news of their relative's death as the most difficult of their lives. In such circumstances, some individuals even expressed a wish for their death instead of the deceased's. The news was so sudden, unbelievable, and bitter that it rendered them unable to express their emotions at that moment. Participant No. 1 shared their feelings upon hearing the news of their loved one's death due to COVID-19:

Participant 3 said, *"That moment was extremely difficult. It was as if I couldn't comprehend it. To realize that my father is no longer with you. That he's never coming back. It truly was the toughest moment of my life."* (Participant number 3 - female - the deceased's young daughter)

Participant 7 noted, *"I couldn't understand myself. I couldn't control myself. I simply couldn't believe that Corona had taken him. He was young and very strong. For a moment, it felt like a dream. COVID-19 is not typically perceived as a disease that claims the life of a relatively young 45-year-old man»* (Participant number 7 - male - the deceased's third brother and the child of another deceased)

Unfinished Farewell

Another category within the "Exhausting Situation" was "Unfinished Farewell." Based on the experiences shared regarding the unexpected and unbelievable deaths of loved ones due to COVID-19, family members were not allowed to attend the funeral or have a final visit with their deceased loved one due to the coronavirus restrictions. These restrictions affected religious ceremonies before the burial and the cemetery during the burial, with the additional challenge of a special cemetery being designated for those who passed away due to COVID-19. These restrictions intensified the crisis of not being able to bid a proper farewell to the lost loved one.

Participant 2 noted, *"This final visit is very important. You know your father is gone, but it's hard to believe that he passed away like this. We didn't even see his body. It's difficult to accept. I still feel like he's gone somewhere and will come back! Why hasn't he returned? Doesn't (my father) miss (us)?!* (Participant number 2 - woman - eldest daughter of the deceased)

Participant 3 stated, *"It was quite surreal. We went to the burial site, but everyone was spread far apart. We had to maintain a two or three-meter distance. We couldn't even see our father. It was difficult for me because I just wanted to see my father at least once, to ease this longing. But sadly, we never got that opportunity. We weren't allowed to."* (Participant number 3 - young daughter of the deceased)

Rejection of Survivors

Another category within the "Exhausting Situation" was the "Rejection of Survivors." Participants expressed their dissatisfaction with how the conditions and restrictions imposed by the coronavirus prevented the funeral and mourning ceremonies for those who passed away from being conducted under normal circumstances, with the presence of relatives and friends. As a result, some interactions and conversations with people around them caused discomfort and a sense of rejection. This led to a divide among the families of the deceased.

Participant 12 said, *"No one came to our house. And if someone did visit, they reluctantly partook in the mourning traditions, such as sharing dates and tea. Afterward, the people around said to each other, 'Nobody should go to their house. They all have coronavirus."* (Participant number 12 - deceased male - son).

Participant 7 noted, *"All our relatives were apprehensive. They kept their distance from us. They were afraid for their own lives. Ultimately, fear overwhelmed them."* (Participant number 7 - male - the deceased's third brother and the child of another deceased)

Emotional Confusion

Sense of Loss

One of the categories within the theme of "Emotional Confusion" was the "Sense of Loss." At the onset of the COVID-19 outbreak, human society grappled with an unknown disease. The grief and yearning for the deceased have kept these memories fresh for the survivors for a prolonged period. It is incredibly challenging for the survivors to even recall and reflect upon the bitter memories of the deceased's passing.

Participant 7 said, *"It's often said that time heals all wounds (metaphor for forgetting the deceased over time). I believe this to be incorrect. As time passes, I find myself missing (my brother) more each day compared to the initial days after his passing."* (Participant no. 7 - Man - the deceased's third brother and the child of another deceased).

Participant 10 added, *"The pain has lessened, but it's never forgotten. It lingers within us. There are times when I feel very low. That's when I reflect, for instance, on the days when we went for a (kidney) transplant. I revisit those memories and think about the immense suffering he endured (in the world and life), only to succumb to COVID-19"* (Participant number 10 - Woman - deceased daughter)

Future Worries

One of the categories within the theme of "Emotional Confusion" was "Future Worries." In addition to grieving the loss of a loved one, the family of the deceased also harbored concerns about their future and the future of their children. This concern became particularly pronounced in the context of losing the head of the family, who provided support and guidance.

Participant 7 said, *"My brother has 4 children. Now, along with my other brother, we are contemplating the future and the responsibility of caring for the children. They have lost their father, and we now must look after them. It's a heavy burden for us»* (Participant number 7 - Male - the deceased's third brother and the child of another deceased)

Feeling Confusion

Another category within the theme of "Emotional Confusion" was "Feeling Confusion." Typically, after losing a family member to COVID-19, the survivors sought to understand the primary cause of their loved one's death. Some mentioned that due to the negative perception of a COVID-19 diagnosis among the general public or the associated stigma, especially in the case of elderly deceased individuals, the main cause of death was attributed to an underlying disease. Consequently, they were determined to substantiate this assertion with documentation. The ambiguity in diagnosis led to conflicting emotions. In some instances, it resulted in a reluctance to pursue further inquiries.

Participant 8 noted, *"It's not clear where he got it from. Even now, I don't know if I got it from my brother or from somewhere else. If we went to the hospital, we would get sick from the polluted air in the hospital. I have no idea where I got it from."* (Participant number 8 - Male - the deceased's second brother and the child of another deceased)

Participant 5 added, *"At first, we accepted the disease that Corona killed our father. After a few days, a letter came to us, telling us to get tested. We tested, and they said it was negative. Then, 20 or 30 days later, a letter from the forensic doctor arrived. The cause of death was written as kidney failure. It hurt us a lot»* (Participant 5 - Male - son of the deceased).

Pathway to Adaptation

Overcoming Fear

One of the categories within the " Pathway to Adaptation" was "Overcoming Fear." Over time, as the fear of contracting Covid-19 diminished, a sense of gradual adaptation emerged, especially among the survivors of those who had passed away from Covid-19. However, this adjustment was not entirely complete, and the survivors still experienced sadness and sorrow when reminiscing about and looking at photos of the deceased.

Participant 2 stated, *"The unease has lessened. Your actions may return to normal, but psychologically, it gets even more challenging. When you are in shock, you do not comprehend everything. You only react to the news in that moment. But later on, the reality sinks in. It becomes clearer."* (Participant number 2 - Deceased woman - eldest daughter)

Participant 3 said, *"A person gradually becomes*

accustomed to their life. However, the sense of longing intensifies with each passing day. It is very difficult. Sometimes, the yearning for him grows stronger. It has been a long time since I last saw my dad. I miss seeing him." (Participant number 3 - Woman - deceased little girl)

Supportive Umbrella of the Surrounding People

Another category within the "Pathway to Adaptation/ Transition to Adaptation" was the "Supportive Umbrella of the Surrounding People." Patients afflicted by COVID-19 and hospitalized, experiencing stress due to the uncertainty posed by the disease and the distancing constraints resulting from coronavirus restrictions, required heightened support and empathy from those around them. The accounts shared underscore the essential supportive role played by family members and healthcare staff in such circumstances.

Participant 8 stated, *"During the COVID-19 period, the nurses were extremely impactful. Inquire about this disease, and you'll realize that within the hospital, it was more intense than scenes from the war. The nurses' dedication was such that it surpassed even the level of service during the 8-year war in Iran."* (Participant number 8 - Male - the deceased's second brother and the child of another deceased)

Spirituality in Adversity

Another aspect of the Pathway to Adaptation was "Spirituality in Adversity." During Difficult life situations, turning to spirituality and religious beliefs can be a source of hope. The loss of a family member is one of the most challenging experiences. The participants' experiences demonstrated that during these difficult moments, when the family members were not emotionally and mentally stable, relying on the power of faith and patience could provide a way forward and help them endure their grief.

Participant 5 stated, *"Spiritual people say to wait. If you wait, in exchange for your patience, they will give you a reward, they will give you an afterlife reward. There is also a worldly reward. It will bring you peace."* (Participant 5 - male - son of the deceased)

Participant 12 added, *"Spiritual people recommend praying for him. Give charity to him. These are good deeds that are valuable for the deceased. If he didn't pray when he was alive, pray for him. If you want to visit spiritual places, pray for him. Read the Qur'an for him."* (Participant 12 - male - son of the deceased)

Discussion

This study found that the sudden and unexpected loss of a loved one created profoundly distressing conditions for survivors. Furthermore, the implementation of health protocols… complicated the mourning process, significantly hindering survivors' ability to progress through the natural stages of grief. As a result, even years after the pandemic, some individuals remained unwilling to participate in this study and share their experiences of bereavement.

This study examined the bereavement crisis among family members of Iranian COVID-19 patients, identifying three main themes. The first theme, "Exhausting Situation," reflects the overwhelming challenges faced by survivors, including difficult encounters, unfinished farewells, and feelings of rejection. The second theme, "Emotional Confusion," highlights their sense of loss, future uncertainties, and psychological distress, capturing the emotional turmoil experienced in mourning. The third theme, "Pathway to Adaptation," demonstrates survivors' efforts to overcome fear, find support from those around them, and rely on spirituality in adversity, contributing to their gradual adjustment to loss.

The rapid progression of COVID-19, combined with hospitalization and sudden early death, left families unable to process their loss in such a short time frame. Findings from a study conducted in 2021 revealed that relatives were often overwhelmed by the rapid advancement of the disease, leading to a profound sense of disbelief regarding the sudden deaths of their loved ones. The swift deterioration of their loved one's health did not allow families time to mentally prepare or bid a proper farewell (23). These findings align with the theme of 'Exhausting Situation' in this study.

Following the patient's death, mandatory restrictions prohibiting funeral rituals, religious ceremonies, and traditional mourning gatherings further intensified the burden on grieving families. Perhaps the most severe restriction was the quarantine imposed on survivors, leading to social isolation from friends and family, which denied them crucial support (12, 24). These findings align with the theme of 'Unfinished Farewell' in this study.

The inability to properly bid farewell to loved ones resulted in severe psychological and emotional distress for many bereaved individuals. Additionally, families affected by COVID-19 faced social stigma, which exacerbated their isolation from the community. Studies suggest that stigmatization negatively impacts both infected individuals and their immediate family members (including parents, children, siblings) (25). Neighbors and friends frequently distanced themselves, avoiding any communication with grieving families, thereby complicating their mourning process and intensifying psychological distress (26). Additionally, religious and spiritual beliefs played a role in survivors' emotional coping. Consequently, many study participants now hesitate to engage with relatives, feeling abandoned due to the stigma associated with COVID-19.

A study demonstrated that restricted social interactions during the pandemic significantly impeded survivors' ability to process grief, increasing the risk of community-wide depression (27). The lack of accessible support systems, which could provide emotional expression and empathy, prolonged negative emotions, guilt, and unresolved grief (28). These findings reinforce the theme of 'Emotional Confusion' observed in this study.

As time passes, survivors continue to grapple with the palpable absence of their loved ones. Their incomplete mourning process often leaves individuals in a prolonged state of disbelief, confusion, and emotional instability, as they struggle to focus on daily life and worry about

their future.

A qualitative study previously found that families experiencing loss during the pandemic faced heightened fears regarding financial instability, job insecurity, and disrupted family dynamics (6). These findings align with the theme of 'Future Worries' in this study.

Research on grief following the loss of a spouse during the COVID-19 pandemic found that bereavement significantly increased anxiety, loneliness, and the loss of crucial social support (29). Similarly, the findings of this study highlight how feelings of loss and isolation contribute to emotional confusion.

As time progresses and the initial emotional intensity subsides, survivors gradually achieve a relative sense of stability. Increased public awareness regarding COVID-19 prevention measures has helped reduce fears of infection, thereby encouraging stronger emotional and social support from surrounding individuals. Moreover, religious and spiritual beliefs—emphasizing the continued existence of the deceased's soul—have provided survivors with peace and acceptance, facilitating their adaptation and coping (30). These findings align with the themes of 'Pathway to Adaptation' and 'Spirituality in Adversity' in this study.

These factors correspond with the categories of overcoming fear and spirituality in adversity, contributing to the survivors' relative acceptance of their loved one's passing. Studies indicate that bereaved individuals often employ religious/spiritual and problem-focused coping strategies following their mourning period. Many turn to religious beliefs regarding death and the afterlife, finding solace in their faith and trust in a higher power. This belief stems from the idea that all aspects of life and death are governed by a divine presence(13). Among families with strong spiritual convictions, the inability to observe religious and cultural rituals during the COVID-19 pandemic imposed a significant emotional burden. Depending on their cultural and religious backgrounds, some individuals found comfort in solitary prayer and worship (23). The findings from these studies emphasize how turning to spirituality can ease emotional distress and foster a sense of peace for grieving family members. These results align with the theme of "Pathway to Adaptation" and its subcategory "Spirituality in Adversity" within this study.

These findings underscore the complexity of bereavement following the sudden loss of loved ones to COVID-19. The study highlights the importance of recognizing the unique emotional and psychological needs of survivors and emphasizes the necessity of tailored support programs to aid in their long-term adaptation and mental well-being.

In summary, the results of this study indicate a grief process that begins with a critical and challenging situation, leading to feelings of profound loss and emotional confusion, and ultimately resulting in a state of relative but incomplete adaptation among the survivors. Given the emotional burden experienced by these individuals, it is evident that those grieving COVID-19-related losses require support. Where in-person support is not feasible, providing alternative forms of support—such as online counseling or telephone hotlines—is crucial to help survivors cope effectively.

However, there were some limitations to this study. Some families were reluctant to share their experiences and views, as it was too overwhelming for them to revisit the memories of grief, even though it had been several years since the incident. The unwillingness of some people to share their experiences of grief posed a limitation to the study, as it made it difficult to gain deeper insights into the bereavement crisis. Some people who were interested in participating in the study, after understanding the goals of the research, expressed that they were not emotionally ready to share their experiences, as they did not want to revisit the memories of the past traumatic events. The unwillingness of some people to share their experiences of grief is another limitation of this study.

Implication

The findings of this study highlight the need for structured bereavement support programs in clinical settings, particularly for families who experienced sudden and restricted mourning during the COVID-19 pandemic. Healthcare providers, especially nurses and mental health professionals, should be trained to identify early signs of prolonged or complicated grief and implement timely interventions. In future research, longitudinal and interventional studies are recommended to evaluate the long-term psychological outcomes of COVID-19 bereavement and to assess the effectiveness of culturally sensitive grief-support models.

For future research, longitudinal studies are essential to track whether the "incomplete adaptation" observed in survivors evolves into a chronic condition or eventually resolves. Comparative studies are needed to distinguish the unique components of COVID-19 bereavement from other types of sudden loss. Furthermore, investigating the effectiveness of various online support programs will strengthen future support frameworks. In summary, these findings are a call to action for clinical systems to adapt their support programs and for future research to evaluate the sustainability of these challenges and the responsiveness of modern interventions.

Conclusion

The findings of this study indicate that the unexpected death of COVID-19 patients, coupled with unfinished farewells, social rejection, and the inability to hold mourning ceremonies, created intensely distressing and critical conditions for survivors. As a result, many bereaved individuals experienced emotional confusion, marked by feelings of distress, uncertainty, and fear about the future. Over time, however, survivors gradually progressed toward a state of relative adaptation, facilitated by overcoming fear, receiving emotional support from close relations, and seeking solace in spirituality. Despite this progression, survivors often require an extended period to reach full adaptation and acceptance of their loss. Achieving complete psychological adjustment

necessitates access to professional support, including educational programs and specialized counseling services led by experienced healthcare teams.

Given that nurses are at the forefront of responding to bereavement crises, especially among the families of COVID-19 patients, they must become well-versed in grief adaptation processes and effective strategies for educating and supporting bereaved individuals. The findings of this study can assist psychiatrists, psychologists, and nurses in recognizing survivors who struggle with prolonged grief, enabling them to design targeted intervention programs aimed at enhancing survivors' coping mechanisms. Furthermore, the results of this study can be applied in patient support centers, hospitals, and bereavement counseling programs to aid grieving families, regardless of the cause of their loss, in achieving more complete emotional adaptation. For future research, scholars are encouraged to investigate effective strategies for facilitating complete grief adaptation in families mourning the loss of loved ones due to COVID-19-related deaths.

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Competing Interests

We wish to confirm that there are no known conflicts of interest associated with this publication. There has been no significant financial support for this work that could have influenced its outcome.

Data Availability

The dataset used in this study was collected and organized by the author through interviews. Readers can contact (Mehran.tahrekhani@zums.ac.ir /mehrantahrekhani62@gmail.com) the author for further information about the Questions used in this research.

Ethical Approval

This paper is part of an approved research project, conducted with IR.ZUMS.REC.1399.421 code of ethics at Zanjan University of Medical Sciences.

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Appendix 1. Interview Guide

1: Background Questions (Warm-up)	-Can you tell me a little about yourself (age, occupation, educational level, relationship with the deceased, marital status, job)? -How would you describe your relationship to your loved one?
2: Exploration of the Lived Experience	**-What was your first experience with unexpected death of your loved one like?** • Can you describe the situation or event in detail? How did it make you feel? - **Can you tell me more about your emotions during your experience with sudden death of your loved one?** • How did you feel emotionally, and why do you think you felt that way? - **How has your experience with crisis of sudden and unexpected death of your loved one changed over time?** • Do you view the phenomenon differently now than you did at the beginning? **-What were the challenges or difficulties you encountered while experiencing crisis of sudden and unexpected death of your loved one?** • How did you overcome these challenges, or how did they affect you?
3: Meaning-Making	**-How would you describe the overall impact of unexpected death of your loved one on your life?** • Has it changed the way you live or think about your future? **-If you could describe your experience with unexpected death of your loved one in one word, what would that word be, and why?** **-Looking back, how would you interpret your experience with sudden and unexpected death of your loved one?** • Do you see it differently now compared to when it first happened?
4: Closing Questions	-Is there anything else you would like to add that we have not discussed yet? -Do you have any final thoughts on how crisis of mourning could be improved or addressed?