

## Grieving the Loss of a Child in Times of COVID-19

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Given the massive influences of COVID-19 restrictions on people in nearly all nations, we conducted an in-depth qualitative study of 15 Belgian parents who had lost a child prior to the pandemic in order to understand its impact on their ongoing bereavement. Analysis of focus group sessions and couples interviews distinguished between experiences related to the pandemic and those related to resulting governmental restrictions (e.g., lockdown, social distancing). We theoretically framed our findings in terms of the dual processes of orienting to loss versus restoring life, reconstructing meaning in bereavement, and relationally attuning as a couple to a shared loss. We found that the COVID period accentuated all losses, awakening the parents’ grief for their own loss and their empathy for others. At the same time, they experienced limited opportunities for restoration-oriented distraction through connection with familiar activities and relationships beyond the family. Control or choice in this process of oscillation between orienting to grief versus ongoing life was impaired by the pandemic, as parents struggled to find a new dynamic balance to compensate for the risk of continuous engagement with reminders of their loss. Most notable was their close proximity as a couple, while being at a greater distance from the social network. The continuous attunement process between partners and family members played out in a process of drawing close and interposing distance, of grieving apart and together, of talking about grief and holding silence. We close by reflecting on the implications of our findings for clinical practice.

**Keywords:** grief, bereaved parents, qualitative research, COVID, attunement

The year 2020 has been marked by the global spread of COVID-19, an invisible threat that has changed the lives of virtually everyone worldwide.

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In the service of safety, isolation protocols limited family contact with sick patients, implying that many patients died alone. The ways that family and friends said goodbye to loved ones were radically altered, complicating the grieving process (Menzies et al., 2020; Neimeyer & Lee, 2021). Funeral rites were absent or clumsily improvised, and surviving adults were laden with the additional burden of keeping themselves and other members of their families safe.

Worldwide, people are grieving the loss of their assumptive world and sense of safety (Milman et al., 2020). Roles and routines for both children and parents have been disrupted, social supports decimated, and rituals ranging from graduations to funerals transformed. Without warning, the ways

we relate now rely more on remote methods as physical presence has largely been replaced by virtual methods of communication. The ordinary ways that we move through the world and the regularities we rely upon for a sense of coherence and stability have also been upended. We all are finding ways to adapt to unwanted change and an uncertain future (Stroebe & Schut, 2021).

Likewise, during the first lockdown (March–May 2020) we needed to adjust our clinical work with bereaved parents (first and second author), resulting in a diminished contact with them. Bereavement groups with compassionate friends were put on hold and most parents chose to temporarily suspend the individual and couple therapy process. During this time, we wondered about the possible additional challenges for these bereaved parents being confronted with the present pandemic and its restrictions. Consequently, we conducted a research project to explore their experiences related to their grieving at this time. This article will thus focus on parents who were already grieving the loss of a child and how COVID-19 has impacted their grief and mourning process.

### Grieving the Loss of a Child

It is generally accepted that grieving the loss of a child has no end point (Woodgate, 2006). Although time does not heal all wounds, ultimately most bereaved parents adapt and recreate their daily lives as they make some sense of the experience (Keesee et al., 2008). Gradually, while coping with the enormous pain of grief, most parents can find some moments in which they can concentrate on aspects of their lives that are not loss related, enjoying parts of daily life again. According to the *Dual Process Model*, grieving the loss of a loved one involves an oscillation between loss oriented coping (attention to aspects of the death) and restoration-oriented coping (reengaging in life and adapting to a changed existence following the loss) (Stroebe & Schut, 1999, 2010). In normal times, this process does not happen in an individual vacuum, but within the social context of a family, friendship network, and work life. Within the partner relationship of bereaved parents, there is a need for closeness and shared grief, as well as a need for periodic silence and distance from each other to protect themselves and the relationship (Hooghe et al., 2011, 2012). In previous

research, we found that a process of attunement with themselves as well as with each other is central to our understanding of partners grieving the loss of their child (Hooghe et al., 2019). This corresponds with a dialogical perspective on storytelling (Rober, 2017), as a moment-to-moment responsive interaction. Based on the attunement processes, some things are expressed in the outer dialog, while other things remain (as yet) unspoken. Related to their couple communication, most bereaved parents try to spare one another intense grief emotions and search for support in their broader social network (Hooghe et al., 2018). Social validation from friends, extended family, and colleagues has been found to be a critical predictor of the capacity of the bereaved to grow through their experience, whereas social invalidation or disenfranchisement predicts more intense, complicated courses of grief (Bellet et al., 2019).

### Our Research Study

How do bereaved parents experience their grieving process during this pandemic? Is there a way to balance periods of intense grieving with attending to life changes, a distraction from grief, and adapting roles and routines, especially during this time in which illness and health are so central and routines have been disrupted? How do they experience the lockdown, being together as a couple and family? How can they balance their grieving apart and grieving together (Toller & Braithwaite, 2009)? How do they engage in sharing of grief while also sparing each other (Hooghe et al., 2019)? And how do they experience the physical distancing with their extended social network in relation to their grief process?

Based on this inquiry, the first and second author started an online research project with bereaved parents. As we wanted to explore the experiences of these parents, we chose a broad qualitative research design focused on these parents' grief and mourning process. Our aim was to arrive at a rich and systematic description of their complex experiences (Van Manen, 2016). Therefore, we used online focus groups and couple interviews.

In addition, we hoped that our research would have value for these parents, as they would have the opportunity to share their experiences in the online focus group with other bereaved parents. This seemed important to us in a time when all face-to-face self-help groups for the bereaved

were canceled due to COVID-19; research shows that research participation is sometimes beneficial for research participants, and can even have a therapeutic value (e.g., De Haene, 2010; Romanoff, 2001; Rosenblatt, 1995).

Moreover, in both focus groups and in the three couple interviews, the second author engaged in generative scribing, an artistic method for representing ideas in visual form as people talk (Bird, 2018). In view of space restrictions, this dimension of the study will necessarily be reserved for a separate report.

### Participants and Data Collection

At the beginning of May 2020, when Belgium entered its seventh week of lockdown, we asked eleven bereaved couples if they would be willing to participate in a research project about grieving the loss of a child during COVID 19. We invited them for an online focus group through a video-conferencing platform (Zoom) to share their experiences regarding their grieving process during the COVID lockdown. Questions posed included: *How do you deal with your personal grieving experiences isolated from the outside world? Is there a difference in grieving now from the pre-COVID era?* and so on. We immediately offered two possible dates and allowed the couples to register for either an afternoon or an evening session on the same day. In conformity with the ethical board guidelines (of the University

Hospital Leuven in Belgium, S64526), we explained to these couples that they would be videotaped during their conversations. They were informed that taking part in the focus groups would automatically mean they would give their consent to use these data for our research. Because of our strong belief that grief knows no expiration date, we opted to include couples regardless of the date of their loss. The parents we invited lost their child, age 6–36 years old, between 2007 and 2019.

Three couples did not respond to the invitation within the week. The eight remaining couples were willing to participate, with one mother participating without her partner. This father chose not to participate because, in his own words, his *loss was too recent to enter a dialogue with other bereaved parents*. As presented in Table 1, the 15 parents were divided into 2 focus groups. The first group included parents who had grown children who had already left the house (four couples and one mother). The other group consisted of parents who still had at least one child living at home (three couples). The decision to organize the groups in this way was made to encourage interchange among parents with similar family configurations, and to preclude any member being an outlier with respect to family structure. Two couples were newly formed families of which one man was not the biological father of the deceased child. Nevertheless, he had taken an active role as a father figure for many years and he experienced the loss as that of his own child.

**Table 1**  
*Participants in Focus groups*

Focus group	Participants	Date of death	Age of death	Cause of death	Other children?	Other children at home?	Working situation
Focus group 1	Mother 1—Father 1	March/17	17 years	Illness—sudden—meningitis	1	1	Both at home
	Mother 2—Father 2	January/13	6 years	Illness—cancer	3	3	Both at home
	Mother 3—Father 3	January/16	7 years	Illness—cancer	2 + 3 (newly formed family)	2	In sick leave— —at work
Focus group 2	Mother 4—Father 4	August/18	36 years	Illness—sudden—heart failure	3	0	Both retired
	Mother 5—Father 5	November/19	22 years	Accident—sudden	1 + 2 (newly formed family)	0	In sick leave— —at work
	Mother 6—Father 6	September/18	28 years	Illness—eating disorder	2	0	In sick leave— —at work
	Mother 7—Father 7	June/07	20 year	Illness—cancer	3	0	Both retired
	Mother 8—(Father chose not to participate)	July/19	22 years	Illness—cancer	1	0	In sick leave— —(at work)

For four couples the cause of death of their child was cancer with at least some months of sickness and hospital admissions (couples 2, 3, 7, and 8). Also for couple 6, there had been a long period of treatments and hospital admissions for their daughter who suffered from anorexia. For three couples (1, 4, and 5) their loss was very sudden caused by a car accident, heart failure, and meningitis.

All participating parents were home for a long period of time due to the COVID lockdown. Seven out of 15 parents were telecommuting from home. Four parents were retired and were already living on their own, as a couple, before the pandemic. And finally, four participating parents were already at home on sick leave due to the loss of their child before the coronavirus crisis erupted.

In the first phase, the first (clinical psychologist) and second author (occupational therapist) conducted two focus groups, each taking just over an hour and a half via Zoom. The sessions were moderated by the first author as the second author was present in silence and was scribing the dialog. As a social art form, scribing involves listening and drawing simultaneously, creating pictures that integrate content while representing an additional point of view on what is being expressed in the social field, from an outside-in perspective (Scharmer, 2018). We began each group with a short introduction round in which participants all shared something about their working situation at that time, the name and age of their deceased child, and the date and cause of death. Then they engaged in peer dialog about the impact of COVID-19 on their grieving process. Only occasionally did the moderator guide the conversation to return to the main focus.

In a second phase of the study, we wanted to further explore one of the categories we found in our analyses of the focus groups: Grieving in close presence with the partner. Some couples had mentioned the change in the balance of grieving apart and together during the lockdown, and in this next step we decided to explore this more in the privacy of separate couple interviews. Therefore, we interviewed the three couples who spoke most about this theme (couples 4, 5, and 6). These three interviews lasted approximately 1 hr and also included scribing.

### Data Analyses

The focus groups were video recorded and transcribed verbatim (by the first author) to

produce a literal reflection of everything said, complete with notes about nonverbal behavior such as sighing, crying, staring intently to one another, pauses, silences, etc. After watching the recorded sessions we conducted a line-by-line coding, using MAXqda (2007) software and a constant comparison method, assessing meaning units and categories for similarities and differences (Charmaz, 2006). This means that the researcher (first author) went through all the transcripts, line by line, and identified and marked all statements and sentences that seemed essential, revealing, and/or surprising regarding their experiences related to grieving in times of COVID-19. Codes were then grouped into clusters around similar and interrelated ideas or concepts. Hence, rather than testing specific hypotheses, we inductively coded the data. No predetermined themes were used, and all themes emerged out of the data. During the coding process, the hierarchical code system became more complex. Often, meaning units were assigned with more than one code. For example, a father saying *now we are home all the time, together, the two of us, nobody coming by to do something*, was coded with “Grieving in close proximity as a couple and a family” with subcode “you see each other more,” and also with “grieving at a greater distance from the broader network” with subcode “there is not much distraction.” As this process progressed, we continued to interact with the data, creating new codes, and themes becoming more nuanced, resulting in modifying the code system and new emerging connections (Charmaz, 2006). Finally, using this thematic approach, we ended up with a hierarchical code system with six different levels, and 206 meaning units that were linked to 62 different codes. The lowest levels are very close to the literal transcripts, while the higher levels tend to cluster meanings on a more abstract level.

To check the trustworthiness of our analysis, we presented our research findings in a 77-min webinar which was sent to the participating parents for their feedback. For this webinar we made small audio clips of the recordings as examples of meaning units or categories, which were presented in a slide show, connected with contemporary grief models (Dual Process Model; Stroebe & Schut, 1999, 2010), Meaning Reconstruction Model (Neimeyer, 2019), and attunement processes in grief (Hooghe et al., 2019). All participants were

asked if their words were understood in the same way as they meant it, and presented in a way that they could agree with. Such member checking is a way of finding out whether the data analysis is congruent with the participants' experiences (Curtin & Fossey, 2007, p. 92) and was used to enhance the validity and credibility of our study (Charmaz, 2006; Cresswell & Miller, 2000). All parents said they viewed the entire webinar and agreed with the findings and how they were presented. Moreover, some parents also added that they had learned new things about their own experiences which were now presented in a grief model like the Dual Process Model. For example, one mother sends us an email saying *For me it was a relief that we are not alone in having a hard time with on the one hand trying to connect with our deceased son in our hearts and thoughts, and, on the other hand, daily life which is changed so much by Corona*. Also her husband sent us an email, in which he said *Watching this webinar opened my eyes. Now I suddenly understand what I feel related to our loss and what is going on in our lives. In addition, I learned that a loss without connection with others (in this corona time) must be a lot harder to cope with, than a connected loss (like ours) where we could share*

*the pain*. All parents were thankful for the opportunity to share experiences with other bereaved parents in this time where they hardly saw anyone.

## Findings

Our data show that different parents had different experiences. In these differences, three elements emerged as important from the thematic analysis: (1) Time since the loss of the child, (2) the presence of other children still living in the same house, and (3) the challenge of telecommuting while managing children's schoolwork.

Despite the differences, there were also a number of recurrent topics shared by all the grieving parents. As is typical for focus groups, every sentence of a participant evoked further statements by others in a way that extended or complemented the previous remarks. For example, when someone said it was a relief not to have to keep up with social obligations because of COVID-19 restrictions, someone emphasized that "it also has another side, like not having enough social support anymore." This showed the complexity of how these parents experienced grieving in the COVID era.

Table 2 shows the four highest levels of our coding system, which will be explained below,

**Table 2**  
*Findings Related to Grieving the Loss of a Child During the Pandemic*

The COVID pandemic section	Main categories	Subcategories
	It Triggers a Lot of What We Know section	
	It Must Be Awful for Those Who Lose a Loved One During the Current Pandemic section	
	We All Need to Carry Our Own Losses section	
	It Gives Some Comfort to Know that Life has Somewhat Stopped for Everyone Now section	
The COVID Response section	The Relationship with the Deceased is Somewhat Different Now section	
		There Is No Time section
		We are Confronted with Our Loss More Than Before section
		We Make More Time for It Now section
	Grieving in Close Proximity as a Couple and a Family section	
		You See Each Other More section
		You "See" More of Each Other section
	Grieving at a Greater Distance from the Broader Network section	
		We Don't Have to Do Anything Anymore section
		There Is Not Much Distraction section

with samples of parent comments that illustrate each. The two main categories were the “COVID pandemic,” that is, being constantly reminded of illness and death, and “COVID response,” that is, restrictions linked to the pandemic.

### The COVID Pandemic

All parents talked about how they experienced the repeated reminders of the pandemic through social media and the news, in which illness, death, and mourning were now central themes. We found that their experiences fell into four main categories: (1) *It triggers a lot of what we know*, (2) *It must be awful for those who lose a loved one during the current pandemic*, (3) *We all need to carry our own losses*, and (4) *It gives some comfort to know that life has somewhat stopped for everyone now*.

#### *It Triggers a Lot of What We Know*

The grieving parents indicated that the COVID crisis triggered many familiar emotions and thoughts: “We know what it is like”; Parents who lost their child after a long-term illness noted that the current pandemic reminded them once again of familiar situations from their past, like quarantine, face masks, and the use of disinfectants. These parents indicated that they adapted quite easily to the current public health measures needed to contain the pandemic as they were acquainted with these precautions from prior experiences in caring for their child.

Mother (3): . . . it’s like during the cancer treatment . . . we don’t have that much difficulty adjusting.

What was striking was that the participants were not perturbed by being catapulted back to emotional scenes from the past by the pandemic. In a sense they even welcomed it, as it made them feel closer to their lost child.

Mother (3): Yes, I don’t mind it triggers all of this . . . Every opportunity to remember is a welcome one.

Other parents recounted that they had not been able to say goodbye to their child, as the child passed away suddenly. They empathized with persons who lost family members during the COVID-19 crisis who were not allowed to be present when their loved one died.

Mother (4): For us it’s all the people who weren’t able to say goodbye, we weren’t able to do that either.

#### *It Must Be Awful for Those Who Lose a Loved One During the Current Pandemic*

Despite their own loss, all the parents were immensely touched by the tremendous suffering, grief, and loss associated with the pandemic. Many identified with people who were confronted with illness and grief, whether as a result of COVID-19 or another illness or loss. For them, the daily statistics represented real people and families.

Mother (4): I had enormous difficulties with the numbers that were presented on TV. I didn’t see it as just numbers, I saw it as grief . . . A number is a number but what is behind the number touched me tremendously.

Many parents empathized with parents caring for a sick child during the pandemic and recognized the pandemic’s specific impact on the grieving process: Not being able to say goodbye in an intensive care unit, not getting much-needed support from friends.

Mother (3): . . . I often thought I am grateful . . . The parents who are going through this with their child now, it must be completely different to what we’ve been through.

#### *We All Need to Carry Our Own Losses*

We noticed that while the parents were compassionate toward others, there was a resurgence of their own grief and the sense that everyone had to deal with loss on their own.

Several parents indicated that there was still a difference between what people went through during this pandemic and the loss of a child, and expressed frustration with people who were complaining about pandemic-related restrictions.

Mother (2): What we have been through and what we are still going through today, I do compare it to their complaining. . . . there are worse things than this.

#### *It Gives Some Comfort to Know That Life has Somewhat Stopped for Everyone Now*

Some parents derived a sense of comfort in knowing that the world had slowed down/stopped for everyone and that many things were no longer possible, as had been the case for them when they lost their child.

Mother (5): . . . this whole lockdown came as a relief to me. (Our son) lived life to the fullest, he took things head-on, he enjoyed everything, going to concerts, going out, travelling, studying, hanging out with his friends, going to the pub. . . . (Our son) can’t do these

things anymore, so no one can do it anymore. And to me, it was comforting.

### **The Governmental Response to COVID (Lockdown, Face Masks, Social Distancing, . . . )**

During the pandemic, especially during the initial lockdown in Belgium beginning in mid-March 2020, several participants described their experiences of being home together for long periods, with very limited physical contact with others outside of their immediate household. We wondered how they experienced this lockdown in relation to their grieving process. They answered that (a) the relationship with their deceased child was somewhat different now, (b) their grief was influenced by their closeness as a couple and family, and also (c) the absence of and remoteness from their broader social network had different meanings.

#### ***The Relationship With the Deceased Is Somewhat Different Now***

At some point during the discussion, most parents said that they were more aware of the absence of their deceased child, and their grief. At the same time, there were differences based on how long they were bereaved. Parents who lost their child some years ago clearly indicated how differently they would have experienced the pandemic if it had coincided with the beginning of their grief process.

**There Is No Time.** An important topic was how the pandemic affected bereaved parents' perceptions of time and space for mourning, either more or less. In particular, parents who had to telecommute and simultaneously manage the homeschooling for their other children had little time or space to deal with their lost child or their own emotional state. They indicated that this was different than the period before the lockdown.

Mother (2): I would mentally make more room for it under "normal" conditions.

**We Are Confronted With Our Loss More Than Before.** The majority of the other couples told us that, in contrast to the above-mentioned couples, they had the opportunity to spend more time mourning their deceased child during the pandemic. For parents whose loss was still recent, this was not necessarily a conscious choice. Instead,

more recently bereaved parents were more confronted with their grief through reminders in their home (e.g., empty chair, pictures, shoes still standing in the hall). They also had fewer distractions, such as people stopping by to visit.

Mother (6): I encounter so many moments of sadness, yes, . . . all the difficulties of her illness resurge.

**We Make More Time for it Now.** Some couples deliberately chose to spend more time on activities related to their deceased child. Several parents described talking about their child over dinner, or in the tranquility of more leisurely walks with others because there was more time available and nothing needed to be rushed. Parents reported spending more time and giving more attention to their child's gravesite, looking at photo albums, and watching or editing videos. One father described being able to finally engage in activities related to his deceased child as "a luxury."

Father (1): If I work from home, I sit in her room. And her room is still exactly the same as when she left us, her photos and things are there.

#### ***Grieving in Close Proximity as a Couple and a Family***

While several parents in our focus group were already at home because they had retired or were on sick leave after their child died, the government announced a lockdown for the whole country. Consequently, all the parents in our groups spent a considerable amount of time close to their partner and their children. All parents emphasized the helping and supportive side of being close-knit. Simultaneously, it was also very confronting and painful to be in the close company of other grievers in the same household. "You see each other more (You See Each Other More section), but you also "see" more of each other (You "See" More of Each Other section)."

**You See Each Other More.** All parents involved expressed that the increase in time spent on the partner relationship and family was a deliverance, especially at the beginning. Everyone enjoyed being released from social obligations, describing this as a period of tranquility and greater intimacy for the couple and family.

Father (1): We were relieved that we didn't have any social obligations anymore.

Mother (1): . . . you feel the intense intimacy of your family, just the three or four of you.

Within this time of peace and quiet, there were numerous opportunities to do things together and talk about the deceased child with each other.

Some people accustomed to going to work expressed more vulnerability with increased time at home and more frequent emotion-focused conversations.

Father (6): ... now we made time to talk which obviously led to becoming emotional. I mean talking about painful things automatically makes you vulnerable.

**You “See” More of Each Other.** While participants derived comfort and consolation from being together, the increased proximity also intensified differences in individual patterns of grieving. Family members’ grief responses were unpredictable, and it was sometimes difficult to find one’s own balance.

Mother (8): The grief of (our daughter), the grief of (my husband), my own grief ... this pandemic ... it’s difficult to find my own balance.

Some parents were surprised when confronted with the intensity of grief in the other.

Mother (6): We have indeed talked way more. It’s clear as day now how the other is also going through this immensely difficult time.

Living closely knit together also brought with it the urge to create some me-time, either in or outside of the home.

Father (1): During normal times you can literally be home alone. Now you have to find your alone time, your me-time within yourself. ... you actually leave home to get some solitude.

The absence of the lost child was much more tangible in young families whose surviving children were now spending a lot of time at home.

Father (1): Due to the fact you’re living in a bubble, one entity, the concept of family is more prominent and you become much more aware of it. And, you know, that (our deceased daughter) is no longer part of that entity. I mean, in a certain way, she still is, but her absence is so much more tangible.

### ***Grieving at a Greater Distance From the Broader Network***

COVID restrictions not only entailed couples and families living closely together within the confinement of their homes but also entailed fewer social, cultural, and sports activities, which resulted in less contact with the outside world. Distraction from grieving became more difficult

and the social support network became physically remote to these parents (i.e., social distancing). This limitation was especially tangible on special days like birthdays, Mothers’ Day, and the anniversary of the death.

This topic triggered a dual meaning in both focus groups. There were fewer moments when parents could “recharge” but also fewer moments where they could “implode.”

Father (2): ... the disadvantages of the quarantine. The moments when I would be able to get some energy have also disappeared. ... I do miss the moments where I could regain some energy.

These parents experienced not having to do things and not having to commit to social engagements as a relief (We Don’t Have to Do Anything Anymore section). However, at the same time they weren’t able to get distracted, regain energy, or get support from others (There Is Not Much Distraction section).

**We Don’t Have to Do Anything Anymore.** The parents in our focus groups felt tremendous relief in being released from social obligations and the pressure to engage with others. Now, parents had time to engage in mourning rituals, such as visiting the cemetery. They also had the opportunity to tend to their own grief emotionally without having to mask it as they often did outside of the home.

Father (2): We’ve already visited the cemetery more than we used to. So this opens up time to pause because the social obligations are no longer possible.

On a further note, this whole period allowed the grieving parents to be close to themselves and to not wear the masks that they showed the outside world.

Mother (7): I experienced this at work, having to wear a happy face all the time, always smiling, and hiding what you feel deep down inside of you. (In this lockdown) ... the weight of this pressure falls from your shoulders. You are closer to your true self ...

**There Is Not Much Distraction.** Despite the benefits of having more time at home, there were challenges. Many parents experienced activities outside of the home, both work and leisure, as helpful distractions from otherwise unbearable pain.

Mother (7): Because of the pandemic we’re cooped up at home, otherwise we would have gone cycling and we would be off. It was always our salvation. Going cycling, sometimes hitting the pedals aggressively, cycling, cycling ... Now we’re stuck at home.



Not having this distraction was for many parents also an opportunity to get closer to the deceased child. At the same time, it made them more vulnerable and took them back to their sorrow and their loss.

Some parents explicitly expressed the need for social contact and physically being able to hold each other. The absence of that brought them into a state of loneliness.

Mother (8): I'm having a harder time than before. . . . I feel lonely.

Many parents significantly felt the loss of the physical support of those who had been there for them from the moment they had lost their child.

Parents whose children were older when they died often got a lot of support from the child's friends. The fact that these contacts vanish is difficult for them.

Mother (5): We can't see and hug/hold people anymore. They meant a lot to us, especially his friends who knew him really well.

Coincidentally, the day before our meetings with both focus groups was Mother's Day. Parents talked about that a lot, as well as other reminders like birthdays or the death dates during the lockdown, and how the pandemic had changed ways of commemoration. One couple mentioned that the pressure of having to organize such gatherings had disappeared, which enabled them to commemorate the birthday of their lost child with remarkable intimacy. Others indicated that during these periods, the absence of the physical support of their close-knit network was quite painful. Despite the many creative ways to ease the pain of these days, the presence of family and friends was duly missed.

## Discussion

In this study, we explored how parents grieving the loss of their child before COVID were now experiencing their grieving process during this pandemic. Our findings show a distinction has to be made between experiences related to the COVID pandemic on the one hand (The COVID Pandemic section), and those related to the governmental response to COVID (lockdown, social distancing, etc.) (The Governmental Response to COVID (Lockdown, Face Masks, Social Distancing, . . . section) on the other.

Related to the COVID pandemic, we found that grieving parents were triggered emotionally

by the similarity of COVID to the circumstances they had experienced with their children. This was especially true for parents whose child suffered an illness, like cancer, knowing how it is like to take health precautions and not being able to live a free life. Equally, the parents who lost their child very suddenly (like in a car accident or due to heart failure), without the possibility of saying goodbye, spoke about how dreadful it is to lose a loved one in these circumstances (It Triggers a Lot of What We Know section). Knowing how it felt, they all empathized with those who lost a loved one during COVID-19 (It Must Be Awful for Those Who Lose a Loved One During the Current Pandemic section). At the same time, mainly the parents whose loss was still very recent expressed the need to take care of themselves, and the need for everyone to "carry their own losses" (We All Need to Carry Our Own Losses section), while feeling some kind of comfort, knowing that life had somewhat stopped for everyone (It Gives Some Comfort to Know That Life has Somewhat Stopped for Everyone Now section). In addition to the experiences related to the pandemic, they also talked about how COVID had changed their daily lives and affected their grieving process [The Governmental Response to COVID (Lockdown, Face Masks, Social Distancing, . . .) section].

Although it is commonly accepted that grieving the loss of a child is a process with no closure (Woodgate, 2006) and that for most parents the deceased child is more present than absent (Hooghe et al., 2019), the *Dual Process Model* posits that grieving involves an oscillation between loss-oriented and restoration-oriented coping (Stroebe & Schut, 1999, 2010). Both the *Dual Process Model* and *Meaning Reconstruction Model* (Neimeyer, 2019) view grief as a life-long process of renegotiating bonds with the deceased while affirming or reformulating meaning in life after loss. With COVID, loss-oriented triggers abound in the media, with stories of illness, hospitalization, and death. Also, working from home gave grieving parents more time to grieve more intensely or feel closer to their deceased child (We Make More Time for it Now section). For all parents, being at home confronted them with their loss more regularly. The empty chair, the pictures of the deceased child, the shoes still standing in the hall, the unused bedroom, and so on, were more present and visible than ever (We Are Confronted With

Our Loss More Than Before section). For those parents in our research who had a recent loss, being more loss oriented mostly coincided with their grieving process. However, for those parents who, over the years, had already found more control or choice in their process of balancing between loss and restoration-oriented coping, their oscillation process has shifted drastically to the loss side. Indeed, the imposition of COVID restrictions made it more difficult to distract from the loss and engage in restoration-oriented coping, as opportunities for activities and social connection beyond the home diminish (There Is Not Much Distraction section). A new dynamic balance needed to be found. For example, participants stated that in the past, when they needed a moment of distraction from their home in which memories of the loss were overwhelming, they would usually go outside, meet with friends, go to a football game. Now, these activities are impossible for all. New ways of distracting themselves from the recurrent reminders of loss and new ways restorative coping needed to be found.

Yet, in this research, we found that not all parents felt overloaded with loss-oriented elements. Rather, they described more demands in adapting to disrupted roles, routines, and relationships as a result of COVID-19. This kept them from being close to themselves and their grief (There Is No Time section). Indeed, this element of overload, or “having more to cope with than one feels one can manage,” was added by [Stroebe and Schut \(2016\)](#) as a missing link in their Dual Process Model. During this pandemic, too much was happening in the lives of some parents who needed to balance working from home with taking care of other children and managing virtual homework. Creating a balance between loss and restoration was nearly impossible for some. Their focus shifted to gaining control over an experience of overload as a way to survive circumstances over which they had little control. Bereaved people in COVID-19 are facing additional and different stressors, requiring novel adaptations. As the bereaved navigate in a landscape altered by COVID-19, their grieving process is changed from pre-COVID-19 times ([Stroebe & Schut, 2021](#)).

We found that all parents spoke about how they experienced grieving in close proximity with their partner and family (Grieving in Close Proximity as a Couple and a Family section). Undoubtedly, grieving the loss of a loved one

always happens in the context of other relationships (e.g., [Breen et al., 2019](#); [Rosenblatt, 2000](#); [Walsh & McGoldrick, 2004](#)). During this pandemic, this statement is even true literally, as most families are locked down with each other in their bubble. Grieving the loss of a child as a couple requires a process of continuous attunement with themselves and with each other ([Hooghe et al., 2019](#)). This means that in some way both partners need to listen to what they experience in every given moment and interaction with each other, and attune with it in the ongoing dialog. Indeed, partners need the closeness with each other in their grief, while also having enough space for their own grieving process. In previous research, we found that there are many good reasons for partners not to talk about their grief with one another ([Hooghe et al., 2018](#)). In this research, we found that times in which the partners were more intensively together were primarily experienced as being valuable for themselves and their relationship. Being together full days gave them a more synchronized time schedule to go on walks together, take more time to have breakfast together, and so on. This also gave them the opportunity to talk about their child and their own grief with each other (You See Each Other More section). However, especially for those parents with a recent loss, seeing more of each other also had another side to it, as they also saw more of their partner’s grieving process (You “See” More of Each Other section). Living together in a shared space gave fewer opportunities to withdraw and thus spare the partner and other children their own grief. For some, this was experienced as something very challenging. They discovered how the grieving of their partner had a different form, which eventually provided them with more understanding and tolerance of differences in their ways of grieving. Taken together, the pandemic and its responses also created a challenge in terms of the attunement process within couples and families. Attunement now required more attention to restoring a balance in the dynamic process of closeness and distance, of grieving apart and together, of time together and “me-time,” of talking about grief and holding silence.

The parents in our research talked about how their grieving was influenced by the fact that they were at a greater distance from the broader social network (Grieving at a Greater Distance From the Broader Network section). At first this felt like a

relief for all of them, not having any obligations from society or their social relationships (We Don't Have to Do Anything Anymore section). At last, nobody forced them to go out while they just wanted to be close to themselves. Interestingly, this was true for all parents, independent of the time since the loss. However, for all parents, within a few weeks, this was accompanied by the experience of too little social support and distraction from their grief (There Is Not Much Distraction section). The fact that nobody was inviting them to go out also implied that they stayed in their bubble filled with grief for too long and too intensely. In addition, all self-help groups in which some of these parents were involved were now canceled, implying that they needed to make a bigger effort to get in touch with other bereaved parents. Nearly all emphasized that participating in this research project, especially in the focus groups, was helpful for them, to share their stories of grieving in times of COVID.

In conclusion, parents grieving the loss of a child are faced with extra challenges in times of COVID-19. Knowing how it feels to lose a loved one makes them empathize strongly with families who are now confronted with illness and death, but this overload of loss-related numbers and stories also heavily triggers them emotionally. From a perspective of grieving as an oscillation process between loss- and restoration-oriented coping (Dual Process Model), the COVID pandemic and resulting restrictions forced most bereaved parents to find a new balance for themselves and for their relationships with others. Indeed, for many bereaved parents the continuous "dance" of attunement with their grief in the presence and/or absence of others was drastically changed or disrupted, challenging them to restore some control once again over their grieving process, as an individual, couple, and family.

### Implications and Applications

It is clear that the meaning of this pandemic is different for every individual, couple, and family, depending on its specific impact on their daily life, household, relational dynamics, and grieving processes. In psychotherapeutic conversations with the bereaved during COVID-19, there needs to be an invitation to explore how unanticipated changes have affected clients' daily lives given the daily reminders of illness and death, changes in roles and routines, and how these have altered

relationships, both intimate and within the broader network of social support. Almost all the parents participating in this research explicitly praised the value of being invited to reflect on how they were making sense of these changes, and the impact of COVID-19 on their intimate relationships and grieving processes. We recommend that all therapists working with bereaved individuals, couples, and families make room for a process of reflective meaning-making.

Conducting this research has helped us as clinicians to better understand what we have sensed in our own clinical practice, underscoring the importance of responding flexibly to unique needs, helping people to adapt to a multitude of unanticipated changes. Where some clients, couples, and families were working on loss-related issues, they now expressed the need for support in finding ways to distance from the loss and focus on restorative coping. For some bereaved parents, the exposure to stories of illness, death, and losses in media and elsewhere was just too much. We recognized that helping clients to balance restorative and loss-oriented coping, aiming for some kind of control, was even more critical. In addition, being together as a couple and family more intensely than before created a heightened need for a private place to talk about intimate subjects. Others felt the need to include their partner or family members in the ongoing therapy. COVID-19 changed the ways that they shared space and time, altering relational dynamics and requiring new methods of attunement. Addressing the nuances of people's daily lives has become more critical, and how these affect the grieving process for individuals, couples, and families.

Based on what the parents in this research told us, we would suggest that therapists offer ongoing therapy to their clients, such as in a telehealth modality. For those who now choose to put their therapy on hold for a while, we recommend that therapists stay in touch with a telephone call, a text message, or email offering to discuss their other possible needs at this time.

### Study Limitations and Future Research

The methodological approach of this study was qualitative, with a homogeneous and small sample size. This is consistent with the exploratory and descriptive nature of our research question, regarding the lived experiences of bereaved parents in times of COVID-19 in Belgium.

Consequently, our research does not allow for the generalization of our findings to a broader population beyond our study sample. Therefore, it would be interesting for future research to further investigate how grieving processes are affected by the COVID crisis cross-culturally, and to study in more detail and with larger groups of participants. Possibly, further research can lead to more robust findings that can inform specific therapeutic guidelines for professional helpers who deal with grieving individuals, couples, and families.

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