

GRIEF OF FAMILIES LEFT BEHIND BY FAMILY MEMBERS DUE TO COVIDE-19 IN SEMARANG

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ABSTRACT: Background: Grieving is a response that arises as a result of an individual experiencing one of which is loss. Not only the grieving phase which includes *denial, anger, bargaining, depression, acceptance* which describes the condition of grieving but there is also a grieving response which includes cognitive, emotional, behavioral and physiological responses where these responses can be different in each individual, because humans are unique creatures, researchers use observational interview techniques in conducting this study, to find out the grieving response to one person and another. Objective: This study aims to determine the picture of grieving family members left behind by their families due to COVID-19 in Semarang Regency. Method: Qualitative descriptive research design with data analysis using Collaizi method. Results: the description of the participants' grieving response showed the results of cognitive responses including denial *and acceptance*, emotional: *depression, anger, gaining, acceptance*. Behavioral: *depression, then on physiological responses*: depression, *gaining, acceptance*. Conclusion: the grieving phase was irregular, but all four participants had similar cognitive, emotional, behavioral, physiological responses.

Keywords: grieving response, cognitive, emotional, behavioral, physiological

INTRODUCTION

Mourning the death of a family member due to Covid-19 is experienced by many families. Grieving, is a response that arises due to an individual experiencing a loss. This response can take various forms of negative feelings such as sadness, loneliness anger, or (Hasan, Dwiartyani, &; Arief, 2021; Solehudin, Herliana, Koto, &; Marisca, 2022). Due Covid-19. the government to implemented Social Distancing, which caused families who were not exposed to Covid-19 to be unable to care for family members who were exposed to Covid-19 freely, so they did not have time to accompany exposed members at the end of their lives. Additional stressors can also arise when families are unable to carry out death rituals and social support due to social distancing, resulting in severe grief reactions in those who experience grief due to Covid-19 (Eisma et al., 2020; Kokou-Kpolou et al., 2020; Morris et al., 2020).

families Many of victims exposed to Covid-19 have experienced instability in their health, especially families who were left dead by family members due to Covid-19. The circumstances and characteristics of death due to Covid-19 will cause prolonged reactions of grief. Research proves people who experience grief due to Covid-19 have more severe grief than people who experience loss (PGD, naturally International

Classification of Diseases-11, World Health Organization, 2018 &; PCBD, Diagnostic and Statistical Manual of Mental Disorders 5, DSM-5, American Psychiatric Association).

Researchers tried to interview friends and neighbors who had lost family members to Covid-19, then one of the friends answered with tears telling about the death of his mother three months ago and unlike the usual situation where people can perform rituals as farewell because this pandemic causes isolation in humans. This is the background for researchers to examine the experience of grieving family members so that researchers and readers know the picture of grieving family members who have been left by families due to COVID-19.

METHOD

This study included qualitative descriptive Janis. Descriptive research describes "what is" about a subject in a social setting. Descriptive research is research conducted on social settings and independent subjects, that is, without making comparisons or connecting with different social settings and subjects. Descriptive research still departs from deep interpretation and through a logical line of thinking. This study aims to describe the grieving response of family members left behind by their families due to COVID-19. With the number of participants 4 family members left behind by their families due to covid-19 in Semarang Regency (Mukhtar, 2013).

The number of participants in this study is if it is saturated, meaning if the that answers between participants are the same or there is no difference, the search for participants can be stopped, so that the sample can represent the characteristics of the population. The respondent retrieval technique in this study uses *purposive sampling*, which technique of determining is а respondents by selecting a sample of respondents according to the criteria set by the researcher, so that these respondents can represent previously known population characteristics.

The respondents studied must be family members and the data collection process must be the researcher himself and cannot be represented. The data collection tools used in this study were interview guides, stationery and recording devices. The study was conducted at the participants' homes and data analysis using the Collaizi method.

RESULT AND DISCUSSION RESULT

The cognitive response is seen from the way participants think at the time of grieving

The sudden death of the family due to Covid-19 was felt by the participants, because the family who died only underwent treatment for 12-14 days, plus health protocol rules that limited the number of family members to keep patients added to the grief. The first reaction that came out when he heard the sad news was shock, disbelief, confusion. Participants also described cognitive responses that occurred experiencing changes in the way of thinking and attitudes seen from the condition of participants who tried hard for the sake of those around them. This can be seen in the following quote:

"When I knew the news, I was immediately shocked by MBA, lemes, crying, confused about what this would be, soale me who every day guards alone. I didn't stay, how come I suddenly got the news that he was gone" (P1., A.33.P)

"At that time, I thought the body was brought home first, but I didn't know that the COVID-19 protocol had to be buried immediately, we were also allowed to check it during the funeral, so look from afar" (P2.,A.29.P)

"Repeatedly, he said that the father is dead. I immediately ran to my husband and didn't wake up" (P3,I.36.P)

"It wasn't long before I thought I had to be strong for the sake of the MBA kids." (P3. 136. P)

Emotional response is seen from the way participants vent their feelings through attitudes, words or actions when grieving

Family members left behind have a very close relationship, which

prompts an emotional response at the time of grieving so guickly. The emotional response felt by family members was so illustrated during the interview process, participants showed expressions of sadness and crying when asked to explain their feelings during grieving. Participants emotional experienced responses including crying, blaming themselves for feeling unable to take good care of their families, feelings of fear and anger. Participants also quickly tried to recover themselves by realizing that this was all fate, the thought of being stronger and having to continue living experienced by the participants. This is illustrated in the following sentence quote:

"I was the only one who was quarding at that time, kept not staying home first, wanted to take things, then until home on the phone, she said that the mother was critical when she was in the hospital again, she said there was no one, yes, I was surprised that before I didn't stay home, I still had a good chat. Gelo (sorry) mba how come I went home to mom.. Mum.. how come I even stayed.. That's it, until now I still like to feel sorry because I don't live home. I was also angry because my mother was not in the mandiin, loro atiku (my heartache) mba usually people died will be suceni (purified) how come my mother ora" (P1. A.33.P) Behavioral response is seen from actions or behavior the of participants at the time of grieving

The guilt and trauma felt by the

participants made him withdraw from the environment. Participants decided not to leave the house for almost 2 weeks. This self-perception is a behavioral response that participants follow. Participants also used the belongings of the deceased to treat their longing and also get closer to God as illustrated by the statements of participants who said they were more diligent in praying and reciting after the departure of their family forever. Participants had a good behavioral response in this study, because there were no drug and alcohol abuse behaviors that could have a negative effect on themselves and their environment. Here's an excerpt of a participant's sentence describing the behavioral response:

"At that time I never left the MBA, because the position of my mother died of Covid and here people also no one came, I was also afraid to go out actually if on the terrace like neighbors or passers-by who talked from afar but I didn't go in for long because it was not what MBA, in fact I was afraid of infecting people," (P1. A.33.P)

".. I always want to pray with the MBA for a long time, because I want to tell many of the same stories above." (P3.,I.36.P)

"Until now I often wear my husband's clothes, because I miss it. I miss.. my older son is also not allowed to sell his father's motorcycle" (P3.,I.36.P)

The physiological response is seen

from the physical condition and health of the participants felt at the time of grieving

Grieving causes the physiological response of participants to be disrupted, including participants feel difficult to sleep, often wake up and difficult to fall back asleep, headaches that are often felt since the departure of loved ones and reduced appetite. This is natural because at the time of grieving not only affects the brain but also physically. The following quotes from participants describe the physiological response to grieving:

"Yes, I can't sleep for a long time, if I sleep and I keep waking up, I can't sleep again, there is maybe 1 week more mba I like that, I still like to target my mother when I take care of 12 days..."(P1. A.33.P) "I was from my husband died until now my body is thinner MBA, then when my husband died I often couldn't sleep, often had headaches too.." (P3.,I.36.P)

"Iyae mba I can't sleep either, dizziness is also possible because most of them cry, my body is also thinner than before, when my mother died I just saw that it didn't feel lustful. just want to drink continuously.. " (P2.,A.29.P).

The state of grieving in this case can be seen as a result of the picture of the grieving response of family members left behind by their families due to Covid-19 as follows:

Keywords	Category	Theme
 Scared Can't believe it Confused Forget and then become sincere and try to stay strong 	Denial, Acceptance	Cognitive response at the time of grieving
 Cry Self-blame Feelings of fear and also anger Then tried to recuperate himself with realizing that this is fate (participants are seen crying), 	Depression, anger, bargaining,Accepta nce	Emotional response at the time of grieving
Difficulty sleeping,Reduced appetite, Headache	Depression	Physiologic al response at the time of grieving

Table 1. Theme Results In Depth interview Response to Grieving Family Members LeftBehind by Their Families Due to Covid-19 in Semarang Regency

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	Withdraw,		
•	Wearing the belongings of the	Depression,	Behavioral
	deceased,	bargaining,	responses
•	Get closer to God, Divert	accepance	at the time
	Daily and sadness with work		of grieving

DISCUSSION

The grieving response plays an important role in the adaptation process, such as changes in thoughts and attitudes. diverse emotional outbursts, behaviors and physiological states. Individuals who experience loss may not be ready to accept sudden events that cause unexpected reactions and responses, and need time to be able to overcome them (Cole, 2014). Grieving individuals will also experience phases of grieving including denial, bargaining, anger, depression, acceptance which each phase will cause a different response. Kubler-Ross's contention that the bereavement process does not have to be in order. John Bowlby also argues that grieving individuals can move back and forth between these phases (Clark, 2004). When viewed based on the grieving phase experienced by each participant, it can be seen that the grieving phase that occurs is irregular, but the four participants have the same or not much different cognitive, emotional, behavioral and physiological responses to grieving.

Cognitive

Based on the cognitive response from picture obtained in-depth interviews and observations of bereaved participants, the condition of grieving a person can cause narrowed thinking, shock, unfocus, confusion, disbelief and will change over time. This is in line with Purwanti's research at 2010, all

regarding the cognitive response of grieving which says that someone who experiences grieving will result in decreased concentration.

Someone experiencing grief or grief will think "this can't happen". This rejection reaction is a normal reaction for many people who are overwhelmed with emotion. Denial or *denial*, people who are at this stage cannot believe the events that occur. This stage is a temporary response that brings a person to the first wave of pain. The first reaction is shock, disbelief or denial of reality. (Kublerr, 2004:7-24)

Cognitive assessment mediates psychologically between the person and his environment at any stressful event, i.e. the damage potential evaluated depends on one's understanding of the strength of the situation to produce the fault and the resources that one has to neutralize or confront the error (Stuart & Laraia, 2005).

Belief in the afterlife and believing that the deceased person becomes a personal guide are cognitive responses that function to the existence maintain of the deceased. Conduct internal dialogue with loved ones while engaging in religious activities. This method of maintaining the whereabouts of the deceased helps reduce the impact of loss as the individual continues to understand the reality of loss (Rossi, 2015).

Emotional

Based on the results of observational interviews with participants in obtaining emotional images at the time of grieving including feelings of sadness, loss, guilt, fear, anger and also illustrated from crying and sad expressions when answering questions from researchers. This is in line with previous research on the emotional grieving response felt by early adolescents due to parental divorce which said the responses shown were sad, angry, loss, pain, fear, and confusion.

The primary assessment of emotional responses is nonspecific and generalized anxiety reactions, which are then expressed as emotions. These responses may include pleasure, sadness, fear, anger, welcome, distrust, hope, and wonder (Stuart & Laraia, 2005). Feelings of anger, sadness and anxiety are the dominant emotional experiences of loss. Anger and hatred can be shown to anyone around. A person with pain is prone to being triggered by emotions to vent his pain with anger. (Kublerr:7-27)

Emotional feelings will also cause feelings of longing and search, when reality begins to appear, individuals will show great suffering and cry, then at different times each individual will have a strong desire to recover even though he is still down. The patterns of thoughts, feelings and actions associated with life with the deceased need to change. When all hope of the deceased's return has been lost, the individual inevitably experiences a time of depression, apathy or despair. In the final reorganization phase, the bereaved individual begins to rebuild a sense of direction personal identity, and purpose in life, а sense of independence and confidence is felt. By trying and carrying out newly established roles and functions, the individual becomes grieving personally strong. In this phase the deceased person is still missed, but thinking about it no longer causes feelings of sadness and crying. (Rossi,2015)

Behaviour

The behavioral responses in this study describe the positive responses of each participant, in which they show a behavioral picture that leads to an approach with the creator because they view life more realistically and realize that life is not eternal. Based on the results of indepth interviews with participants, the of behavior description during grieving included participants being more diligent in praying, reciting, wearing belongings belonging to the family of the deceased, participants also said crying was a definite situation they experienced during prayer and reciting even every time they remembered the deceased, participants also carried out daily activities such as working to divert their grief. This is not so in line with previous research because Helwiyah at all's study of behavioral responses in bereaved individuals only described conditions of sadness, silent reactions, moodiness and crying.

The suffering of abandonment, loss of hope, or loss of meaning is the cause of deep spiritual suffering. By finding meaning through spiritual beliefs, clients can begin to identify positive aspects and perhaps joyful aspects of the grieving process.

Individuals who experience grief due to loss will experience crying conditions because they express their feelings, individuals will try to avoid places or activities that make them sad, individuals will also store and use the belongings of the deceased to treat their longing, drug or alcohol abuse behavior responses can also indicate behavior, this can be done if emotional despair occurs (Schineider, 1984).

Fisiologis

Based on the results of interviews with participants, physiological responses were obtained in the form of difficulty sleeping, frequent wakefulness, decreased appetite, headaches and pain conditions that can treated be immediately. This happens because in the condition of someone who is grieving, anxiety and stress will arise, which then results in a person experiencing a state of difficulty sleeping, no appetite, and other complaints about health. This is in line with Pusitasari's 2020 research, which that physiological responses said psychosomatic disorders include including headaches, dry mouth or

throat, difficulty swallowing, canker sores on the tongue, neck pain, muscle pain, diarrhea, itching, chest palpitations, fatigue, insomnia and excessive sweating. A 2010 study from the University of Pittsburgh School of Medicine found that sleep disturbances are common when grieving, either because of a loss or that causes loss trauma. Grief exacerbates sadness. causing it difficult to sleep and not excited.

Maintaining a lifestyle is also important for everyone, especially clients who are in a state of grieving to help improve a healthy physical condition. Participants' unsupportive environmental support can increase the frequency of severity or prolonged conditions (Ali, 2014).

CONCLUSION

Based on the grieving phase experienced by each participant, it can be seen that the grieving phase that occurs is irregular, but all four participants have almost the same cognitive, emotional, behavioral and physiological responses to grieving. Cognitive deprecation shows denial acceptance, and emotional: depression, anger, gaining, acceptance, behavioral: depression, physiology: depression, gaining and acceptance. The difference in the response to grieving natural loss and being left behind due to COVID-19 was seen in emotional response, which the showed quilt in oneself because they felt unable to take good care of their Sri Endang Windiarti¹ Ahmad Riyadi² Umi Margi Rahayu³ Annisa Muliani Tangdilintin **740**

family and also seen in the behavioral response where participants experienced a state of withdrawal due to fear of transmitting it to others if they interacted outside the house.

REFERENCE

- Bowlby, J. (1988). A Secure Base: Parent-Child Attachment And Healty Human Development. London: Basic Books.
- Cole, K. 2014. *Mendampingi Anak Menghadapi Perceraian Orangtua*. Jakarta: Pt. Prestasi Pustakaraya
- Eisma M.C., Boelen P.A., Lenferink L.I.M. 2020. Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. Psychiatry Res. 2020;288 doi: 10.1016/j.psychres.2020.113031. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Elisabeth Kubler dan David Kessler. 2004. On Grief And Grieving Finding The Meaning Of Grief Through The Five Stages Of Loss. New York: Scribner.
- Hasan, A. B. P., Dwiartyani, A., & Arief, H. (2021). Gambaran Proses Grieving Pada Dewasa Awal yang Mengalami Kihilangan Anggota Akibat Virus Covid-19 *psikologi Prima, 4(1), 20-32.* <u>https://doi.org/10.34012/psycopri</u>

<u>ma.v4il.1864</u>.

- Indriati, I., Adi, W. S., Anggarawati, T., Astuti, Y., & Alfriani, D. (2021). Familial Experiences of Caring for Schizophrenia Patients during the Covid-19 Pandemic: A Qualitative Study. *Jurnal Ners*, *16*(1).
- Kokou-Kpolou C.K., Fernández-Alacántara M., Cénat J.M. 2020 Prolonged grief related to COVID-19 deaths: do we have to fear a steep rise in traumatic and disenfranchised griefs? Psychol. Trauma. 2020;12:S94–S95. doi: 10.1037/tra0000798. [PubMed] [CrossRef] [Google Scholar]
- Mukhtar. 2013. Metode Praktis Penelitian Deskriptif Kualitatif, Jakarta: GP PressGroup.
- Rossi. 2015. Pengalaman Kehilangan (*Loss*) dan Berduka (*Grieff*) Pada Ibu Preeklamsia yang Kehilangan Bayinya. Semarang: Fakultas Kedokteran Undip
- Schneiders. (1964). Personal Adjusment and Mental Health. New York: Holt,Rinehart and Winston.
- Stuart & Laraia. M.T. 2005. Principles and practice of psychiatric nursing USA:Mosby Company
- World Health Organization, 2020. *Coronavirus (COVID- 19).* <u>https://who.sprinklr.com/</u> (accessed 24th August 2020)



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