

GRIEVING UNDER CONDITIONS OF RESTRICTIVE RITUALS: RESISTING COMMON PREDICTIONS AND DEFYING REDUCTIVE NARRATIVES

A study of grief experiences under funeral and social
restrictions during the Covid-19 pandemic in Belgium

Camille BOEVER



Thèse de doctorat en sciences psychologiques et de l'éducation

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Résumé

La pandémie de Covid-19 et les mesures prises pour la contenir ont bouleversé les conditions sociales et funéraires entourant la fin de vie et la mort. Cette thèse vise à explorer comment les restrictions sociales et funéraires ont façonné les expériences et trajectoires de deuil des personnes ayant perdu une personne significative durant cette période. La méthodologie poursuivie dans cette thèse – décrite dans le chapitre 1 – a combiné des approches mixtes. D’une part, une étude longitudinale a été menée auprès de 472 personnes ayant perdu une personne significative entre mars 2020 et janvier 2022 en Belgique et comportait trois mesures répétitives par questionnaires. D’autre part, une étude par entretiens qualitatifs a permis d’approfondir l’expérience de 12 personnes ayant participé à l’étude par questionnaire.

Les résultats de cette thèse montrent à quel point il est difficile d’identifier un impact uniforme des restrictions sociales et funéraires sur les réactions de deuil (chapitre 2), compte tenu de la grande diversité des expériences et des ajustements effectués par les personnes endeuillées. La pandémie a profondément bouleversé les repères de « *ce qui est juste* » à faire lorsqu’un·e proche décède (chapitre 3), générant pour certain·e·s la possibilité de réinventer les pratiques, et pour d’autres, des injonctions paradoxales, des conflits de valeurs et des expériences de « deuil de l’au revoir idéal » (chapitre 4). La manière dont cela a affecté leur deuil varie d’une personne à l’autre, en fonction de la perception subjective des circonstances (chapitre 5) et du sens plus large donné à l’expérience. En fin de compte, les expériences de deuil coexistent avec des expériences de croissance qui évoluent au fil du temps selon des trajectoires diverses, en fonction de facteurs qui dépassent le contexte immédiat (chapitre 6). Au-delà du contexte spécifique dans lequel ces données ont été recueillies, les résultats de cette thèse contribuent à affiner la compréhension théorique du deuil, et encouragent les chercheur·euse·s et clinicien·ne·s à envisager le deuil comme une expérience idiosyncratique, multidimensionnelle, évolutive et contextuelle.

Abstract

The COVID-19 pandemic and the measures taken to contain it have profoundly altered the social and funeral conditions surrounding end-of-life care and death. how social and funeral restrictions have shaped the experiences and trajectories of grief among people who lost a significant other during this period. The methodology used in this thesis, described in Chapter 1, combined mixed approaches. A longitudinal study was conducted among 472 people who had lost a significant person in Belgium between March 2020 and January 2022. This study included three repeated measurements using questionnaires. Secondly, a qualitative interview study provided further insight into the experiences of 12 participants from the questionnaire study.

The findings in this thesis show how difficult it is to identify a uniform impact of social and funeral restrictions on grief reactions (chapter 2), given the wide variety of experiences and adjustments made by bereaved individuals. The pandemic has profoundly disrupted the benchmarks for “*the right thing to do*” when a relative dies (chapter 3), generating, for some, the possibility of reinventing practices, and for others, paradoxical injunctions, value conflicts, and experiences of “grieving the ideal goodbye” (chapter 4). The way in which this has affected their grief varies from person to person, depending on how the circumstances were subjectively perceived (chapter 5), and the broader meaning given to the experience. Ultimately, experiences of grief coexist with experiences of growth that evolve over time along various trajectories, depending on factors extending beyond the immediate context (chapter 6). Beyond the specific context in which these data were collected, the findings of this thesis contribute to refining theoretical understandings of grief and encourage researchers and practitioners to consider grief as an idiosyncratic, multidimensional, evolving, and contextual experience.

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General introduction

General introduction

1. Introduction

Grief in response to the death of a relative is a complex experience that all human beings go through in their lives. Each person experiencing grief reacts in their own way, depending on their relationship with the deceased, how they experienced the circumstances surrounding the death, the meanings they give to the loss, their resources and vulnerabilities, their cultural, spiritual and existential references, and their own ways of coping (Zech & Fernández-Alcántara, 2021). Because grief affects everyone and can be a shattering and painful experience, it is a public health issue that has mobilized researchers in psychology and psychiatry for over a century (Freud, 1915/1986). A major focus of the literature on grief is to try to understand the psychological processes at work when someone significant in our lives dies, to identify why, while the majority of bereaved people seem to find peace over time (Bonanno et al., 2008), others experience profound distress that is difficult to alleviate (Boerner et al., 2015), and above all, how to support them appropriately.

The Covid-19 pandemic, which began in Belgium and around the world in 2020, has led to an unprecedented wave of excess mortality, resulting in a huge number of bereaved people (Verdery et al., 2020). From the outset of the pandemic, many authors in the field of grief warned about how specific circumstances of this period could be detrimental to people who had lost a relative and could have a significant impact on their grief (e.g., Gesi et al., 2020; Kokou-Kpolou et al., 2020), requiring an adaptation of the care and support provided to this population (Wallace et al., 2020).

Firstly, they drew attention about the specific characteristics of Covid-19 (contagious, uncontrollable, rapidly evolving), but also about the conditions of care during this period (overworked staff, lack of equipment, isolation, lack of visits, rapid processing of bodies) which correspond to representations of “bad deaths” that are difficult to accept (Carr et al., 2020). Secondly, they warned about the overall context of the pandemic, which created an anxiety-provoking atmosphere through excess mortality, daily media, fear for one's own health and that of loved ones, and social restrictions with financial and professional consequences (Carr et al., 2020), adding multiple stressors to what bereaved people already have to go through when they lose a close one (Wallace et al., 2020). Thirdly, the measures imposed by the authorities to limit the spread of the virus have restricted opportunities for gatherings, social contact, and access to healthcare facilities and places of worship. In this way, they have limited the resources that are usually considered helpful, or even necessary (Bacqué, 2002) for bereaved individuals, such as the opportunity to say goodbye to the dying and deceased, to receive social support, to gather, mark the death, and honor the deceased during funeral rites (Carr et al., 2020). Many bereaved individuals were forced to forego these practices or carry them out remotely, thereby altering the ways in which people fulfill their needs and support each other when a death occurs (Jordan et al., 2022).

Based on these observations, many authors have predicted that the loss of a close one in these circumstances would be particularly difficult to process and cope with, and that it would likely cause difficulties and even complications for the bereaved (e.g., Carr et al., 2020; Eisma et al., 2020; Gesi et al., 2020; Jordan et al., 2022). As this situation was unprecedented and the consequences were difficult to predict, it was necessary to study how bereaved individuals experienced the loss of a significant one in these circumstances and what repercussions this may have had in their grief. First, this would allow to develop ways to support bereaved individuals in these circumstances and make recommendations for future health situations requiring restrictive measures. Secondly, it would provide more general insight into the grieving processes and how bereaved individuals adjust to disruptive circumstances. This thesis therefore seeks to explore the experiences of bereaved individuals who have experienced the death of a relative in the specific circumstances of restrictions on social gatherings and funeral rituals during the Covid-19 pandemic in Belgium.

To fully understand the issues surrounding these concerns and the conceptual framework within which this thesis is embedded, the following sections will provide an overview of the literature on grief and funeral rituals. First, we will explore conceptualizations of grief, their historical evolution, and current research perspectives. Secondly, we will focus on funeral rituals, defining them and examining their evolution and role in today's societies, and their functions in the grieving processes. Thirdly, we will detail the context of the pandemic, both globally and in Belgium, describing the circumstances surrounding end-of-life care and deaths during this period. The concerns raised will then be explored and discussed in light of scientific knowledge available at the start of the thesis (2021). This will enable us to introduce this thesis's perspective, the questions it addresses, and the study conducted to answer them.

This thesis is part of a doctoral program in psychological sciences. It therefore aims to study the individual psychological processes of grief, approaching it mainly from an intrapsychic perspective. The role of funeral rites will also be considered from an individual's perspective. However, given the importance of relational, social, cultural, and normative contexts in which experiences of grief and funeral practices take place, we recognize that this approach will have many blind spots that could be illuminated by other disciplines or perspectives.

2. Literature on grief: theoretical developments and research issues

Before further developing the literature on this subject, it is important to define the term *grief* as used in this thesis. *Grief* refers to all the ways in which a person responds to the loss of a person or thing they value (Boerner et al., 2015; Corr, 2024). As this thesis focuses on experiencing the death of a relative in the context of the pandemic, we refer to *grief* following the death of a significant person. The objective situation of loss (in this case, death) is referred to as *bereavement*. The modes of expressing these responses, which are shaped by cultural and social expectations, representations, and practices, are referred to as *mourning* (Averill, 1968; Parkes, 1985; Zech, 2006).

Grief as a set of responses, encompasses both *processes* and *reactions*, as well as the overall emotional and affective experience of loss (Boerner et al., 2015). On the one hand, it encompasses all the processes of integration and adjustment to loss, which are dynamic, continuous, intrapersonal, and interpersonal. On the other hand, it encompasses the multiple reactions that emerge from these processes, which can be emotional, behavioral, cognitive, physical, social, (Zech, 2006), and existential (Corr, 2024; Guldin & Leget, 2023). These processes and reactions, unique to each person, evolve over time, influence each other, and together shape the person's overall affective experience of loss. This is why, in this thesis, the terms *grieving processes*, *grieving reactions* and *grief experience* will be used.

Grief has been a subject of interest to theorists and researchers in psychology and psychiatry for over a century. Theories attempting to describe and understand experiences of grief have evolved in recent decades, disseminating different representations of grief and influencing the work of researchers, clinicians, and the considerations of bereaved individuals themselves and their surroundings. The following sections will provide an overview of the evolution of conceptions of grief and their implications for its study.

2.1 Dominant psychiatric perspectives in the 20th century

At the beginning of the 20th century, the dominant conception, influenced by Freud's (1915) writings, described grief as an active and painful process – the “grief work” – whereby, by confronting memories, feelings, and thoughts associated with the loss, the bereaved person would gradually manage to detach themselves from their ties to the deceased (Rothaupt & Becker, 2007). Grief was then considered a finite process that would allow the bereaved to invest the released energy in new relationships.

Theoretical models then attempted to describe grief, often in the form of a series of stages that the bereaved person would have to go through in order to finally “accept” the death, find an “end” and return to their life without the deceased (e.g., Bowlby, 1980; Kübler-Ross, 1969; Parkes, 1987). These stage theories have long influenced research and are still widely promoted in the media, books, and in popular culture (Corr, 2021). However, they have been widely criticized for their lack of validation, their failure to take into account the unique and complex nature of grief and the cultural and social factors that influence it (Hall, 2014), their prescriptive and normative nature, and the falsely linear representation of grief that they embodied (Boerner et al., 2015).

Although this was not their original intention¹, these concepts painted a normative picture of what “normal grief” should look like and what the “right way to grieve” would be (Corr, 2024). As a result, anything that did not fit these descriptions was gradually considered “abnormal” grief (Zech & Boever, 2025). This had two implications: firstly, grief was

¹ Freud himself said, “*It is also very remarkable that it never occurs to us to consider grief as a pathological condition and to entrust its treatment to a doctor, even though it seriously deviates from normal behavior.*” (Freud, 1915/1986, p.158). Kübler-Ross, for her part, aimed to paint a descriptive, rather than prescriptive, picture of the reactions observed in people concerning the end of their own lives (Corr, 2021).

gradually psychiatrized and medicalized; and secondly, it was mainly studied in relation to psychopathological outcomes, with the aim of identifying risk factors that could lead to them.

2.1.1 Psychopathological perspective on grief and medicalization

Within their frame of reference, researchers in psychiatry have adopted a psychopathological perspective on grief, labeling reactions as “symptoms” and attempting to describe what would be considered “pathological” reactions based on deviations from the norm (i.e., the mean) in their intensity or duration (Zech & Boever, 2025). Grief disorder has recently been included in mental disorders classifications, now under the name of *Prolonged Grief Disorder* (DSM-5-TR, American Psychiatric Association [APA], 2022; ICD-11, World Health Organization [WHO], 2022). According to the DSM, it is currently characterized by intense separation distress (manifested by intense nostalgia and persistent preoccupation with the deceased), cognitive and behavioral symptoms (e.g., avoidance of memories, feelings of unreality, intense emotional pain, profound loneliness), and functional impairment, considered abnormal if they last more than 12 months (APA, 2022; Prigerson et al., 2009). ICD-11 has slightly modified the description of PGD by recommending a duration of 6 months and placing greater emphasis on cultural factors and clinical judgment (WHO, 2022).

Although it has enabled access to care for bereaved individuals in need in the USA, the inclusion of PGD in international classifications raises many questions. Several authors have noted its lack of validity, the unclear distinction with normal grief (Eisma, 2023), its Western-centric and neoliberal biases about grief and human functionality (Zech & Boever, 2025), and the arbitrariness of its diagnostic methods, which are based on quantification (i.e., *cut-off*) or deviation from the mean (Eisma, 2023), and do not necessarily correspond to people's subjective experiences (Fasse et al., 2014; Thieleman et al., 2023). Moreover, by influencing the representations of researchers, doctors, and clinicians, it led to the medicalization of normal grief, to an increase in drug treatments to “treat” PGD (Eisma, 2023). It also influences the perceptions of bereaved individuals and their surroundings, leading to stigmatization and judgment (Zammit et al., 2023), and putting pressure on bereaved individuals to experience “good grief”, reinforcing their isolation and the taboo that often surrounds death and grief (Thieleman et al., 2025).

2.1.2 Implications for research: the risk-factor perspective

These conceptions have also fueled a positivist approach to research, which aimed to define “abnormal” and “pathological” grief reactions and identify the risk factors associated with their development (Zech & Boever, 2025). This approach often views grief through the lens of *negative* (Guldin & Leget, 2023) or *poor bereavement* outcomes (Reynolds, 2023), such as high-intensity “symptoms” or psychopathological reactions including grief disorders, anxiety, depression or post-traumatic stress. It seeks to identify the factors that predict these outcomes such as those related to the bereaved person (e.g., their psychological history, bio-socio-demographic characteristics, intra-, interpersonal, financial, or spiritual resources) or to the deceased person and their death (e.g., relationship with the deceased, death circumstances) (e.g., Burke & Neimeyer, 2013; Buur et al., 2024; Stroebe et al., 2006).

2.2 New understandings of grief

From the 1990s, several other conceptions emerged, moving away from stage models. They incorporated more cognitive and behavioral aspects, emphasized the diversity of processes and the subjectivity of bereaved individuals, and proposed a more flexible and non-linear approach (Boerner et al., 2015). Without aiming to provide an exhaustive description of grief models, this section presents four particularly influential models that constitute a rupture with the dominant conception of the 20th century.

Firstly, Worden (1991, 2018), an American psychologist, conceptualized grief as a set of four tasks that the bereaved person is supposed to accomplish. These four tasks have evolved over time, following the evolution of grief conceptions. According to him, the bereaved must accept the reality of death, feel and transform the pain of the loss, adjust and learn to live in a world where the deceased is absent, and find an enduring connection with the deceased while embarking on a new life² (Worden, 2018). Although this vision continues to depict a normative way to grieve, it is less linear and more flexible than the stage models.

Secondly, inspired by the literature on stress (Lazarus, 1984), the conception of coping views death as a stressful event, in the face of which individuals find ways to adjust and cope. One of the dominant models in this approach is Stroebe and Schut's *Dual Process Model of Coping with Bereavement* (1999, 2010). They consider grief as a process of oscillation between, on the one hand, coping with stressors directly related to the loss of the person (such as the loss of the bond) and, on the other hand, coping with the secondary stressors of the loss in everyday life (such as identity or social relationship changes) (Stroebe & Schut, 1999). The value of this conception is that it integrates the notion of appraisal (i.e., the subjective evaluation that people make of an event) and the notion of coping (i.e., the strategies that each person finds to reduce stress or deal with it), which offer insights into the diversity of grief reactions and their evolution over time. However, it perpetuates the myth that death is necessarily a stressful experience to which one must adjust by finding ways to reduce this distress. As an unbalanced focus on one or the other coping orientation is expected to be detrimental, this model thereby continues to fuel the idea that pathological grief exists.

The next two conceptions illustrate the emergence of socioconstructivist approaches in grief literature. Inspired by trauma literature, the conception of meaning-making views grief as a set of processes, unique to each individual, that aim to give meaning to the loss (Neimeyer et al., 2010). In this approach, the death of a close one can disrupt a person's core beliefs about the world (which often view the world as relatively controllable, fair, and benevolent (Janoff-Bulman, 1992)). Grief, in this case, may consist of searching meaning in the loss, with the aim of restoring coherence to one's personal narrative and beliefs about the world despite the loss (Neimeyer et al., 2010). One of the implications of this view is that the disruption of a person's beliefs can bring about change and transformation, leading them to rebuild a more complex world of meaning and thus grow as a person (Gillies & Neimeyer,

² the first version of this final task was to “emotionally disinvest from the deceased and putting energy into another relationship” (Worden, 1991) which illustrates the evolution of the view of grief during this period.

2006a). This conception gives meaning to the experiences of post-traumatic growth experienced by bereaved individuals, alongside their distress (Tedeschi & Calhoun, 1996).

Finally, the conception of continuing bonds, developed by Klass and colleagues (1996), suggests that, contrary to the Freudian view, grief can involve maintaining or transforming the bonds between the deceased and the bereaved, and that this can manifest in various ways. This approach differs from others in that it is descriptive rather than prescriptive. The authors argue that bonds are unique to each person, and are neither inherently good nor bad, but depend on the meaning each person gives them (Klass, 2006).

In conclusion, these new ways of understanding grief offer a broader view of grief, attempting to capture its multidimensionality, view it in a flexible and non-linear way, highlight the individual and diverse ways of adjusting to loss, consider the possibility of maintaining ties to the deceased rather than detachment, and consider the possibility that grief can lead to personal transformation and growth (Corr, 2024).

These different concepts are not mutually exclusive. Theoretical models have attempted to combine them to explain the individual differences in grief. For example, Bonanno and Kaltman's (1999) *Integrative Perspective on Bereavement* describes four components that shape the grieving experiences: the context of the loss (i.e., characteristics of the bereaved person, the deceased, their relationship, and the circumstances of the death); the continuum of subjective meanings given to the loss (i.e., subjective appraisals of the death's circumstances, broader meaning-making processes about the death and relationship with the deceased, and existential and spiritual reflections); changes in the representation of the deceased (i.e., maintaining and transforming the bond with them); and coping and emotional regulation strategies (i.e., behavioral and social ways of coping with the emotions aroused by the loss, consciously or unconsciously).

Other authors, such as Boelen et al. (2006), Maccallum and Bryant (2013) or Shear and Shair (2005), have developed specific conceptualizations aimed at explaining the development and persistence of grief complications. They have made a useful contribution by identifying cognitive, emotional and autobiographical processes related to attachment, identity, general appraisals and coping strategies that can be targeted in therapeutic setting. However, as they focus specifically on PGD rather than general grief experiences, they are not described in this section. Moreover, by trying to identify maladaptive processes, they are prescriptive in nature and perpetuate a psychopathological perspective on grief. Consequently, they do not represent a departure from the psychopathological perspective on grief in the same way as those presented in this section.

2.2.1 *Implications for research: mediation, trajectories and subjectivity*

In terms of research, these new approaches have several implications. In general, grief will be recognized as unique, depending on many factors: those specific to the bereaved person (i.e., their bio-psychological characteristics, social, economic, and spiritual resources, relationship to death), those related to their relationship with the deceased (e.g., intimacy,

common experiences, kinship), those related to the death and its circumstances (i.e., cause of death, opportunity to accompany the person at the end of her life, performance of funeral rites), and those regarding the historical and cultural context in which the death occurs (Breen & O'Connor, 2007; Zech & Fernández-Alcántara, 2021). One contribution of these approaches is the integration of mediating factors to better understand how grief reactions vary despite similar determining factors, and how they evolve over time (Zech & Fernández-Alcántara, 2021). These mediating factors include, for example, the meanings and interpretations that the person gives to the loss, the circumstances and their relationship with the deceased, the adjustment and coping strategies used to cope with the reactions that follow the loss, and social and relational interactions, which evolve over time and influence each other (Zech & Fernández-Alcántara, 2021). Meanwhile, by demonstrating the variety of responses and their non-linear development, these approaches promote research into trajectories, seeking to illustrate how grief evolves differently over time among bereaved individuals (Bonanno et al., 2008), particularly in relation to the aforementioned mediators (Lundorff et al., 2019). Such studies have demonstrated that most people generally follow a resilient grief trajectory characterized by a reduction in distress over time (Bonanno et al., 2002). Another contribution of these new approaches is the consideration of various dimensions of grief reactions, for example by incorporating more positive aspects such as post-traumatic growth (Tedeschi & Calhoun, 1996). Finally, by acknowledging the uniqueness and subjectivity of the grief experience and the significance of personal meaning, these new conceptions encourage a qualitative approach to grief, focusing on the phenomenology of the bereaved person's intimate experience (Fasse et al., 2014).

2.2.2 *And yet, the paradox remains*

Although these new approaches aim to move away from a normative and linear model, they continue to convey preconceptions that can perpetuate a prescriptive discourse on grief (Guldin & Leget, 2023). This is where grief research meets a paradox (Breen & O'Connor, 2007). On the one hand, there is a consensus that grief is singular and unique, depending greatly on personal characteristics, relationships, life context, and subjective meanings. On the other hand, research is driven by a constant effort to distinguish adaptive from maladaptive ways of living it, normal grief from complicated grief, to consider the reduction of distress as the only form of “good adjustment”, and to identify the common factors that would predict it (Breen & O'Connor, 2007).

This thesis does not claim to be exempt from this paradox. However, it attempts to navigate these contradictions consciously: although we will seek to understand how circumstances were experienced and their potential impact on people's grief, we will take care to avoid issues of prediction, pathologization, and the binary distinction between “good” and “bad” adjustment, which would per definition be an external socio-culturally constructed evaluation made in a precise period of time (i.e., in 2025).

Reluctance to pathologize experiences of grief does not equate to denying the great suffering, devastating or even traumatic upheaval that the death of a close one can cause, and the debilitating consequences that can result (Fasse et al., 2014). Some people experience

distress that does not ease with time, do not have sufficient resources to cope with it, are delegitimized or stigmatized in their experiences, and need therapeutic support. These potentially traumatic, disenfranchised (Doka, 2002), and lonely experiences of distress must be taken extremely seriously and can have psychological, physical, and social consequences that require the strong support of family and friends or a community, or in some cases, the intervention of professionals. It is therefore necessary to study what seems to characterize particularly difficult experiences and what can be a resource, while being aware that the results obtained do not apply to all situations of grief. The argument put forward here is that it is difficult to predict or categorize these experiences in a binary manner (normal vs. pathological), at the risk of stigmatizing them, smoothing out their differences and complexities, and delegitimizing others.

3 Literature on rituals surrounding death and their relationship with grief

One of the main concerns regarding the impacts of losing a relative in restrictive circumstances on people's grieving experience was the prevention or limitation of gatherings and collective rituals surrounding the person's death. To discuss this issue, it is necessary to examine existing literature on rituals and their relationship to grief.

3.1 Definitions

Many authors, primarily from the fields of anthropology and sociology, have suggested definitions of rites (Bussi res, 2010). Maisonneuve (1988) defined a rite as “a codified system of practices, under certain conditions of place and time, which have lived meaning and symbolic value for those who perform and witness them, and which involve the body and a relationship to the sacred” (p. 12). This definition resonates with others by emphasizing the codified nature of rites, their specific spatio-temporal configuration (Lardellier, 2003; Segalen, 1998), their significant symbolic content, and the meaning they hold for the group (Des Aulniers, 1997; Hanus, 1998; Lardellier, 2003; Riv re, 1995; Segalen, 1998), as well as their connection to the sacred (which does not necessarily imply religion). Rites were also defined according to their function. Romanoff and Terenzio (1998) defined them as “cultural practices that facilitate the preservation of social order and provide means of understanding the complex and contradictory aspects of human existence in a given social context” (p. 698).

Often, the word *ritual* depicts a broader and more dynamic process composed of rites, while *rite* describes a specific unit of the ritual process (Clavandier, 2009; Souza & Souza, 2019). In this text, the words *rite*, *ritual* and *rituality* will be used. *Rituality* will refer to all processes of ritualization. *Ritual* and *rite* will be used almost interchangeably, although *ritual* will refer to more general sets, while *rite* will refer to specific events, acts, and gestures.

In the context of funerals, rituals mark a transition in social status for both the deceased and the bereaved. These rituals can be collective or individual and surround the event of death (Bussi res, 2010). They may begin before death with the accompaniment of the dying person and continue immediately after death with the care and preparation of the body, (e.g., washing

or embalming), and possibly with a wake according to the wishes of the deceased or their family. They also often include collective funeral ceremonies (e.g., bringing people together around the coffin or urn, including moments of expression and symbolic gestures), acts of burial or cremation, scattering or preservation of the ashes, and more informal gatherings. Later after death, they may include other commemoration and grief rituals that are specific to each family and individual (Bussi res, 2010). In this thesis, the term *funeral rituals* will be used to describe all these practices, with the terms *pre-mortem*, *peri-mortem* and *post-mortem* specifying the time frames surrounding death.

3.2 How have rituals evolved?

Throughout history and across all societies, humans have performed funeral rituals to commemorate the death of a community member (Baudry, 2005). This is what Baudry calls their *anthropological temporality*. However, they have also a *historical temporality* (Baudry, 2005) as they are rooted in the knowledge systems and norms of the societies in which they are practiced, and they are deeply shaped by beliefs, attitudes towards death and representations of relationships at work in the spatio-temporal context (Clavandier, 2009). Consequently, they have evolved and changed over time depending on history and communities.

In recent decades, funeral rituals have evolved alongside political (e.g., secularization and laicization), historical (e.g., World War II), demographic (e.g., ageing population and delayed death), technological (e.g., body preservation), societal (e.g., increasing importance of the family, liberalization of funeral practices) and symbolic (e.g. individualization of relationship to death) developments (Clavandier, 2009; Dartiguenave & Dziedziczak, 2012). Initially, the loss of religious and institutional reference points led to a move away from traditional funeral rituals. Subsequently, this seems to have given way to a diversification in the forms and content of these ritual practices (Clavandier, 2009), guided by other emotional, ethical, ecological, and economic priorities (Beard & Burger, 2017). The nature of these changes and whether they reveal a denial of death and a decline in funeral rituals is a topic of debate in socio-anthropological literature. We will retain the position of D chaux (2002), Clavandier (2009) and Servais (2020), who consider that, contrary to the idea of de-ritualization and disinvestment from death, it is more a process of intimization of death and rituals that is at work. Whereas the group and affiliation with it were previously central, it is now the subject, the individual and their uniqueness (e.g., their history, personhood, emotional relationships, passions) that guide the ritual. Practices are more diverse, more personalized and more intimate to correspond as closely as possible to the spirit of this unique person (Servais, 2020). This is also characterized by greater involvement of relatives in the development of the rituals, who, at the cost of some uncertainty, find greater freedom to redefine the benchmarks and needs at stake (Dartiguenave & Dziedziczak, 2012). New ritual forms are emerging, sometimes innovated, invented, or created to meet new needs without necessarily constituting practices transmitted from generation to generation.

And yet, although the content and beliefs, and the values to which they are linked, evolve, certain aspects seem to recur commonly in the way humans deal with death. William Hoy

(2022), after reviewing and comparing funeral rituals spanning 10,000 years in more than 135 groups from six continents, identified five common elements in ritual practices: (1) the presence of various symbols (e.g., photos, candles, incense, flowers, art) which represent loss, the life and legacy of the deceased; (2) the gathered community, which connects, supports each other, talks about the deceased, shares their grief and witnesses the loss; (3) the ritual actions that bring movement and control (e.g., filling the grave, walking, cooking for the bereaved); (4) the connection to cultural heritage (e.g., through the history of the person and their community, the chosen location, the music played, or elements of the ritual); and (5) the presence of the body.

3.3 Functions of rituals

Socio-anthropologists have identified several functions of funeral rituals (Bussi eres, 2010). On the one hand, funeral rituals aim to bring peace to the dying and the dead by taking care of their physical and spiritual future and providing them with a definitive place and status. On the other hand, and this is their main function according to Louis-Vincent Thomas (1985), they serve the living, both individuals and the community. By offering a structured, predictable response to the chaos of loss, and by defining a strict boundary between the living and the dead, they restore a sense of control and provide a framework for tolerating the ambiguity, paradox, and inexpressibility of death (Baudry, 2005). In this sense, they help to counter the existential anxiety of death and ensure peace for the living (Thomas, 1985). Furthermore, by reviving community ties, reassuring their continuity, funeral rites aim to ensure the survival and care of the social group (Bussi eres, 2010).

Since the end of the 19th century, psychologists have taken up the concept of funeral rites, attempting to identify their specific functions in intrapsychic grief processes (Berthod, 2009). In terms of grief, funeral rituals enable individuals to acknowledge the reality of loss (Bromberg, 2000). By symbolizing it, they help them in integrating the loss into their representations and in giving meaning to it on practical, relational and existential levels (Souza & Souza, 2019). They also provide a space in which overwhelming and destabilizing emotions can be expressed and communicated, and in which the extent of loss experienced by close ones can be acknowledged (Romanoff & Terenzio, 1998). In addition to symbolic and social recognition, they offer a space for support, sharing and strengthening bonds (Souza & Souza, 2019). Through sharing memories and stories about the deceased, they also facilitate the transformation of the relationship with the deceased and mark the possibility for continuing that bond in another form (Dennis & Kunkel, 2018). Whether through their psychological, social, or spiritual functions, there is a consensus that funeral rituals help people in their grief (Bacqu e, 2002; Castle & Phillips, 2003; Romanoff & Terenzio, 1998).

However, several authors also point out that, in order for them to act as “healing agents” (Romanoff & Terenzio, 1998), it is necessary for people to authentically embrace the rituals and get mentally involved (Souza & Souza, 2019). Empirical studies also support this view. Burrell and Selman's (2022) review of mixed and international literature showed that quantitative studies did not find systematic link between participating in or planning funerals and less distress of grief or better mental health. Overall, at the end of their review, Burrell

and Selman (2022) suggested that rituals are not inherently helpful in grief, but that their benefit depends on whether they are meaningful to individuals, whether they meet their needs, and whether individuals find comfort, support, and control in them.

3.4 Contextual and cultural anchoring: Belgium 2020

The study of funeral rituals – and their restrictions – cannot be disconnected from the beliefs, cultures, and relationship with traditional practices within a specific geo-historical-cultural context. It is therefore necessary to depict the current Belgian context with regard to funeral rites. Belgium is unique in that it is a secular country with a very high population density, characterized by great ethnic, cultural, and religious diversity, and a significant proportion of atheists³.

Historically, Belgian funeral culture was the place of great tensions between religious and secular movements. Since the second half of the 20th century, secular humanist funeral practices have gained popularity, suggesting flexible and inclusive practices. Over time, the distinction between religious and secular practices has diminished as each borrows elements from the other, and it is more a logic of *market competition* (rather than ideological confrontation) that is at play in the current Belgian funeral landscape (De Spiegeleer, 2019).

As in other countries, there is a legal framework governing funeral practices, which regulates the timeframe between death and burial and the burial methods and locations. However, most practices surrounding death are mostly determined by the wishes of the deceased and their family.

In terms of body disposal, the most common practice in Belgium is cremation (Sägesser et al., 2017), mostly for ecological, economic and religious reasons, as well as a lack of space in cemeteries (Mangion, 2019). Funeral ritual practices are characterized by a great diversity, which can be explained by the country's multiculturalism and largely non-religious population. The form, content, and emphasis placed on various aspects of the rite will differ depending on whether funerals are guided by secular, Catholic, Protestant, Muslim, Jewish or Buddhist narratives. In addition, other forms of funeral rituals, more personalized, more ecological, are also on the rise in Belgium, as evidenced by the large number of alternative funeral homes and practices that populate the Belgian funeral market. For example, the profession of *funeral celebrant*, an independent person who accompanies families in the various stages (sometimes even before death) of the development of personalized funeral ceremonies, is an interesting example of the distancing of practices from the institutional and religious markers typically found in funeral homes and religious institutions that usually supervise rites. In addition, eco-friendly alternatives are also becoming more widespread, for

³ Data from the *European Values Study* showed that, in 2009, 50% of Belgian individuals considered themselves to belong to the Catholic Church, 41.8% as atheists or without religious affiliation, 5% as belonging to Islam, 2.5% to other Christian communities, 0.4% to Judaism, and 0.3% to Buddhism (Voyé et al., 2012).

example in the transport of coffins⁴, or the scattering of ashes in dedicated natural sites⁵. To date, however, alternatives to cremation of the body such as “humuzation” (slow decomposition by microorganisms), “aquamation” (dissolution in a mixture of water and alkali) or “promession” (dissolution by cold) are not legal in Belgium.

4 Context of the pandemic

4.1 The epidemiological outbreak

The year 2020 was marked by the emergence and spread of the SARS-CoV-2 virus around the world. SARS-CoV-2, a severe acute respiratory syndrome, is a new strain that differs from similar viruses (SARS-CoV, MERS-related CoV) by its high contagiousness (Dhama et al., 2020). It is mainly transmitted by respiratory droplets from infected individuals, or direct contact with contaminated surfaces. Its infections cause Covid-19 disease, with symptoms such as fever, cough, chills, and breathing difficulties which can also lead to severe complications such as severe specific pneumonia, respiratory distress or failure, internal organ dysfunction, and death (Dhama et al., 2020). Although it could be contracted and lead to severe or fatal complications for anyone, these were more likely to occur in people at risk, such as middle-aged and elderly people, people with chronic diseases (e.g., hypertension, diabetes), who were immunocompromised (due to cancer, pregnancy, HIV), or had respiratory vulnerabilities (WHO, 2025). The first case Covid-19 was detected in China in November 2019, before spreading worldwide in the following months. The contagious, potentially dangerous, uncontrollable, and unknown nature of the virus at that time led the *World Health Organization* (WHO) to declare a “public health emergency” on January 31, 2020, and to announce a “global pandemic” on March 11, 2020.

Between 2020 and May 2023, when WHO declared the “end of the public health emergency of international concern”, it is estimated that at least 760 million people have been infected and that 6.9 million people have died from Covid-19 worldwide (WHO, 2025b). The *Institute for Health Metrics and Evaluation* (IHME) revises this number upwards by including unreported deaths, and considers that in December 2022, an estimated 17 million people have died from Covid-19 (IHME, 2022).

In Belgium, it is estimated that 34,059 deaths from Covid-19 occurred between March 2020 and April 2023 (IHME, 2022). The first months of the pandemic (March and April 2020) were the deadliest, with a peak of 1,985 Covid deaths in one week (Jurcevic et al., 2023). The mortality situation in Belgium was particularly severe during this period compared to other similar countries. This can be explained in part by the different measurement methods used, but is also attributable to characteristics specific to Belgium (e.g., its high population density, high rate of internal movements), as well as political decisions (e.g., dramatic increase in the number of deaths in nursing homes because of lack

⁴ <https://www.rtbf.be/article/l-essor-des-funeraill-es-ecologiques-11446394>

⁵ <https://www.rtbf.be/article/apres-une-cremation-que-faire-des-cendres-mer-jardin-foret-ou-peut-on-les-disperser-11625036>

of responsiveness) (Luyten & Schokkaert, 2022). Subsequently, the development of treatments, prevention methods (such as vaccines), and collective prevention measures have enabled to reduce infection and mortality rates over time, although they have continued to fluctuate due to the emergence of other contagious variants (Jurcevic et al., 2023).

In addition to deaths from complications of Covid-19, the pandemic had also indirect impacts. Probably due to various factors such as hospital saturation, delays in treatment and routine care, socioeconomic and psychological consequences of the period (Wang et al., 2022), an excess in all-causes mortality was observed in Belgium (Bustos Sierra et al., 2021) and worldwide (Shang et al., 2022). Whereas approximately 109,000 people die each year in Belgium, these numbers rose dramatically, reaching 126,850 in 2020, and then decreasing with 112,291 in 2021, 116,380 in 2022, and 111,255 in 2023 (Statbel, 2025). Considering that the death of a person leaves 9 people personally bereaved (Verdery et al., 2020), we can estimate that at least one million people have been bereaved each year from 2020 to 2023 in Belgium, with at least 306,500 from Covid-19 deaths.

4.2 Adoption of restrictive measures

From the outset of the pandemic, an urgent way to curb the spread of the virus and to reduce mortality rates in many countries was to implement preventive and control measures for their populations. In Belgium, a period of strict lockdown was imposed from March 18, with measures prohibiting gatherings, reducing non-essential mobility, imposing the closure of “non-essential” businesses, schools, cultural venues, and places of worship, as well as national borders (Desson et al., 2020). From May 2020, infection rates declined, and measures were relaxed, allowing small gatherings, the reopening of schools, certain businesses, and cultural activities. Religious services resumed and restaurants and bars reopened with strict precautions in place. In the months that followed (from September 2020 to February 2021), a second wave of infections emerged, leading to new measures, including another lockdown, the imposition of a curfew, new bans and restrictions on gatherings, business closures, and mandatory protective measures (Desson et al., 2020). Overall, the content and severity of measures varied according to changes in infection and mortality rates, and therefore varied between March 2020 and May 2022.

The measures have also had a specific impact on the moments and places associated with end-of-life care, dying, and mourning. Table 1 lists the periods during which measures affecting social gatherings and funeral practices were in place in Belgium, categorized by level of intensity.

Table 1. Description of the severity of public health rules in French-speaking Belgium

	March 20	April 20	May 20	June 20	July 20	Aug. 20	Sept. 20	Oct. 20	Nov. 20- Feb. 21	March- May 21	June- Oct. 21	Sept.- Oct. 21	Nov.- Dec. 21	Jan. 2022
	Lockdown	Strong	Mod.	Light	Moderate	Light	Moderate	Strong	Moderate	Light	No measures (Wallonia)			
											No	Light	No	
Social gatherings	Forbidden	Very limited; physical distancing		Less limited; masked	Limited; physical distancing	Less limited; masked	Limited; physical distancing	Curfews; very limited; physical distancing	Limited; physical distancing	Less limited; masked	No national restrictions but local and institutional restrictions in place			
End-of-life visits	Forbidden or severely restricted			Depending on institutions	Severely restricted	Dep. on instit.	Forbidden or severely restricted				Dep. on instit.	No national restrictions but local and institutional restrictions in place		
Funerals	Places of worship closed, no funerals	15 pers.; no display of body	50-100 pers.	200 pers.	50-100 pers.	200 pers.	50-100 pers.	15-30 pers.; no display of body	50-100 pers.	200 or 400 pers. outside	No national restrictions but local and institutional restrictions in place			
Receptions post-funerals	no reception			50 pers.	40 pers.	50 pers.	40 pers.	no reception	50 pers.	unlimited				

Notes. The information in this table applies to Belgium. The dates were found from national media reports. There may have been slight differences of date or types of rules applied, depending on the region. Furthermore, restrictive measures imposed by institutions (hospitals, funeral homes, nursing homes) and in specific geographic areas are not taken into account.

Firstly, end-of-life (EoL) accompaniment, presence and visits were prevented and numerous individuals died alone. Visits to sick or dying relatives in healthcare facilities (i.e., hospitals, nursing homes) – where almost all Covid-deaths occurred in 2020 (Jurcevic et al., 2023) – were specifically prohibited or severely restricted during stricter periods, with occasional exceptions in palliative care situations (limited to a small number of relatives). Visits restrictions were first imposed nationally, and then decided by institutions, with specific requirements to be respected, such as wearing protective equipment, gloves, and facemasks, and maintaining physical distance. Beyond these restrictions, other circumstances such as the rapidity and brutality of the deaths, the fear of contamination, and the closure of borders prevented people from visiting their loved ones at the end of their life.

Secondly, specific *peri-* and *post-mortem* rituals, whether traditional or not, were also prevented or prohibited for numerous bereaved individuals. After death, embalming and preparation of the body were not always possible, and bereaved people were prevented to choose the deceased's burial clothes. Viewing the body and holding a wake were prevented during the strictest months of the pandemic.

During the lockdown, no funeral was allowed, as social gatherings were prohibited and places of worship were closed. Then, during periods of strong measures, funerals could be attended by a maximum of 15 to 30 people and were limited in duration. No reception was allowed after the ceremony. During periods of moderate to light restrictions, the number of people allowed in funerals ranged from 50 to 200, and a post-ceremony reception for approximately 50 people was permitted. The measures also imposed certain funeral choices, such as burial on Belgian territory, leaving families unable to repatriate their deceased to their country of origin, or mandatory cremations, disregarding the wishes of families or the deceased.

Thirdly, the measures prohibited or severely restricted social gatherings and imposed specific constraints to be respected (i.e., physical distancing, facemasks). Therefore, social and community life were restricted, sometimes for several months, preventing individuals from gathering, seeing, and touching each other. During the lockdown, no encounter with people outside the household was allowed. During periods of strong measures, gatherings were strongly restricted, sometimes to just one person outside the household, and a curfew was installed. At various times, restrictions were reduced. However, for most of the period from March 2020 to December 2021, social distancing was mandatory or recommended, as was the wearing of masks.

5. Major concerns regarding bereavement under pandemic circumstances

For many researchers, the circumstances surrounding the pandemic created a potentially detrimental environment in which to experience the death of a relative and go through the grieving process. This section details the circumstances that were considered particularly critical for bereaved individuals: the characteristics of Covid-19, the generally anxiety-

inducing context and psychological fragility potentially caused by restrictions, and the lack of end-of-life support, funeral rites, and social gatherings.

One of the first aspects that could impact grieving experiences was the nature of Covid-19 itself, as it was the leading cause of deaths during this period (OCDE, 2021). As a contagious, unknown, uncontrollable, and potentially dangerous disease, it could cause feelings of helplessness and uncertainty in people close to the one infected, as well as guilt or stigmatization if it had been transmitted (Zech, 2020). Many authors have expressed concerns that deaths from COVID-19, which correspond to the general image people have of a “bad death” (e.g., uncomfortable, associated with breathing difficulties, rapid, sudden, and socially isolated) (Carr, 2003) would elicit strong reactions of shock, guilt, and difficulty accepting the death (Carr et al., 2020), or even traumatic grief, as is the case with deaths in intensive care, with which deaths from Covid share common features (Gesi et al., 2020).

Secondly, the general context of the pandemic – anxiety-provoking, uncertain, and restrictive – was considered a potentially harmful environment for all bereaved individuals, regardless of the cause of their relative’s death.

On the one hand, excess mortality and its daily media coverage could impact bereaved individuals in various ways. This constant reminder of their own vulnerability and mortality, and that of their loved ones may exacerbate death-related anxiety already triggered by the death of a relative (Zech, 2020), and could therefore intensify the traumatic effect of death (Romano, 2020). Furthermore, the constant presence of death in the media could prevent bereaved individuals from finding respite from their grief, even though this is a necessary way through which people cope with the death of a relative (Stroebe & Schut, 1999). Finally, the large number of deaths, and therefore of bereaved people, risked making it difficult to feel recognized for their unique experience of grief (Albuquerque et al., 2021).

On the other hand, all the population were already facing the psychological, social, financial, and professional consequences of the restrictions imposed by the authorities (Clemente-Suárez et al., 2020). It is therefore possible that the bereaved individuals, already weakened by multiple losses and stressors (Bruggeman et al., 2022; Lorant et al., 2021), were less able to cope with the distress caused by the death (Albuquerque et al., 2021), as illustrated by the concept of overload (Stroebe & Schut, 2016). In addition to these numerous stressors, personal and professional activities were reduced, limiting the possibility for the bereaved to alternate between various coping strategies to help them (Stroebe & Schut, 2021).

Thirdly, given that all funeral rites surrounding death have been severely restricted or limited, several authors have expressed concerns that their psychological, cultural, symbolic, and spiritual functions may be compromised and affect people's grieving processes.

Regarding the *pre-mortem* period, as words and actions, communication and ritualistic behaviors are supposed to provide comfort and help the bereaved in their grief (Kokou-Kpolou, Moukouta, et al., 2020; Stajduhar et al., 2010), preventing them could hinder grieving processes. More specifically, being unable to say goodbye to a loved one could lead to experiences of *unfinished business* (e.g., not having had the opportunity to express one’s own feelings, to resolve unspoken issues, and ease relational tensions (Klingspon et al.,

2015)), and give rise to high distress and guilt that may be associated with it (Albuquerque et al., 2021; Carr et al., 2020).

Regarding the *peri-* and *post-mortem* period, suppressing collective rituals could prevent people from acknowledging the reality of their loss. Several authors have also warned that absence of funeral rituals, which normally allow for the social and symbolic recognition of the loss experienced, would result in unrecognized and disenfranchised experiences of grief (Albuquerque et al., 2021; Wallace et al., 2020).

Finally, the social isolation and lack of support that bereaved individuals experienced during specific rituals or informal moments, were also considered major risk factors during the pandemic. Although studies about the role of social support in bereavement have yielded mixed results (e.g., Bottomley et al., 2017; Stroebe et al., 2005), the opportunity to see loved ones, get together, and touch each other may be an important resource in the grieving process. Social restrictions could affect the bereaved in many ways: they could prevent them from receiving nonverbal comforting support (Robinson et al., 2015), to share experiences and cope communally with the loss, or to take moments of distraction and respite from grief (Stroebe & Schut, 1999).

In summary, considering the *mortality crisis* and *funeral crisis* caused by the pandemic (Clavandier, 2020), many authors have predicted that it would lead to a high risk of disenfranchised, ambiguous, or traumatic experiences of grief among the bereaved, as well as overwhelming feelings of guilt, powerlessness, risks of isolation and stress overload, potentially resulting in a significant increase in grief complications (Gesi et al., 2020; Varshney et al., 2021) or in *prolonged grief disorders* (e.g., Eisma et al., 2020; Goveas & Shear, 2021; Kokou-Kpolou, Fernández-Alcántara, et al., 2020; Mortazavi et al., 2020).

5.1 Discussion of these concerns and grounding of the present thesis

The above circumstances did indeed reveal a potential upheaval in the conditions surrounding the end of life, death, and mourning. Since this was an unprecedented situation – no previous studies had examined grief experiences during a pandemic (Mayland et al., 2020) – it was difficult to predict the impact these circumstances would have on people's grief. It was possible that these conditions would cause difficulties for bereaved individuals, amplifying commonly observed reactions (e.g., shock, unreality, injustice, anger, loneliness, helplessness) (Zech, 2020), or resulting in grief experiences that differ from those observed in “normal” situations (Stroebe & Schut, 2021). However, analysis of the literature on grief and rituals available at that time revealed that it may not necessarily translate into an increase in the prevalence of *prolonged grief disorders* or grief complications.

Firstly, the very concept of *prolonged grief disorder* is questionable and conveys the image of a specific pathological condition that requires (medical) treatment, which we do not agree with and whose repercussions have already been discussed above. Furthermore, numerous studies have already shown that the vast majority of bereaved people can

demonstrate great capacity for adaptation and resilience (Bonanno et al., 2002, 2008), as human beings do when facing adverse events (Galatzer-Levy et al., 2018).

In addition recent conceptualizations of grief emphasize that the circumstances in which deaths occur, although important, are not decisive in the experience of bereaved individuals (Zech & Fernández-Alcántara, 2021). Instead, they emphasize that grief reactions depend more on how people subjectively perceive these circumstances (Zech & Fernández-Alcántara, 2021), the broader meaning they give to the loss (Gillies & Neimeyer, 2006a), and their ways of adjusting (Stroebe & Schut, 1999, 2010), which evolve over time. Consequently, while the “objective” circumstances surrounding the death could certainly be disturbing, this does not mean that people would necessarily experience them negatively, be unable to make sense of them, or would not find creative and alternative ways to adapt.

For example, in the case of funeral restrictions, predicting an increase in grief complications due to the prevention or modification of funeral rites would assume that there is a significant negative relationship between participating in rites and experiencing intense grief reactions. However, as the literature showed, there were at that time no solid empirical findings demonstrating that performing funeral rites had a direct beneficial effect on the bereaved people’s grief reactions, or that limiting these rites would consequently lead to complications (Birrell et al., 2020; Burrell & Selman, 2022; Mitima-Verloop et al., 2022). Furthermore, as the form and meaning of funeral rites have been evolving and diversifying (Beard & Burger, 2017) to better meet people's needs and expectations, new meaningful rituals may emerge in this specific context. In general, this suggests that the consequences of social and funeral restrictions would depend on bereaved individuals’ ability to find meaning in the restricted, modified, adapted and potentially newly created actions, gestures and rites they were able to perform or participate in during this period.

Therefore, it was necessary to study, with an open and exploratory approach, how bereaved individuals experienced the death of their relative in these circumstances, how they adjusted, and what grief trajectories they experience over time. On the one hand, this could enable us to better understand the experiences of bereaved individuals and the impact these experiences may have had on their grieving processes and reactions. This could lead to the development of therapeutic support tailored to their specific experiences, as well as inform government or institutional bodies of the consequences of such impediments when making future health decisions.

On the other hand, these circumstances provided a unique context for studying grief processes and reactions within the context of social and funeral restrictions. This could shed light more broadly on the relationship between grief and funeral rites. Since the conditions surrounding deaths had constantly varied depending on the period and the level of restrictions, this quasi-experimental context allowed us to study the role of funeral rites in grief, what happened when they were prevented, modified, or postponed, and how people adjusted in these circumstances.

With this dual objective in mind, this thesis was initiated to understand the experiences and trajectories of grief of the people who have lost a significant person in the context of the Covid-19 pandemic.

6. The present thesis

As outlined in this introduction, the Covid-19 pandemic and the measures taken to contain it have disrupted the social and funeral conditions surrounding end-of-life care and deaths during this period. This has potentially impacted on the experiences of bereaved individuals, although it is difficult to predict how it will shape their grieving processes and reactions. This thesis explores the experiences and trajectories of grief experienced by people who have lost a relative in the context of the pandemic, in order to assess the effects of funeral and social restrictions on grief and post-traumatic growth.

To this end, a large-scale mixed-method longitudinal study has been conducted among people who lost a significant other in Belgium between March 2020 and January 2022. **The first chapter** of this thesis will present the study, its methodology, and the context in which it was conducted. Analyses of the data collected in this study will then enable us to address several questions throughout this thesis.

Firstly, preliminary analyses will explore how social and funeral practices have been impacted by restrictions, and how these impediments impacted on people's grief reactions. Their results, presented in **the second chapter**, will provide an initial overview and offer possible answers to the urgent question of whether the social and funeral restrictions have had direct consequences on the grief reactions of people who were bereaved during this period. This chapter is an expansion of the publication *Do restricted funeral rites impact grief reactions in Belgium? Preliminary results of a quantitative study* that appeared in the French journal *Études sur la Mort* (Boever et al., 2023) and was presented at the international conference “*End of Life and Grief in Times of Pandemic*” in Montreal (Boever & Zech, 2022).

In **the third chapter**, *A struggle for the “good”: A mixed-method study on bereaved people's disruptions*, we will explore how experiences of refusal or circumvention of measures to perform desired rites and gestures were experienced, and what they enabled or the difficulties they caused for the bereaved. The chapter is a manuscript submitted in the *Journal of Loss and Trauma*, currently undergoing editing after a second revision (Boever & Zech, 2025). Its findings were presented at two international conferences in Paris and in Ljubljana (Boever & Zech, 2023, 2024).

In line with the most recent conceptualizations of grief, we will examine how bereaved individuals subjectively experienced these events in order to better understand how these circumstances may have affected their grieving processes. With this in mind, **the fourth chapter**, *What does it mean to have experienced the death of a relative in a context of social and funeral restrictions? Lessons from the pandemic for bereavement research and clinical practice*, will address the meaning people have given to their experiences of loss and grief in

restrictive circumstances. This chapter is a publication that appeared in the international journal *Plos ONE* (Boever, Zech, et al., 2025).

In addition, **the fifth chapter**, *Subjective appraisals as node for understanding emotional dimensions of grief: a structural equation modeling exploration beyond objective predictors*, will analyze how their subjective perceptions of the circumstances may help to explain their subsequent grief reactions. This chapter is a manuscript currently under review in the international journal *Death Studies* (Boever, Gérard, et al., 2025).

Finally, **the sixth chapter** will analyze how bereaved people's coping strategies explain their trajectories of grief and growth over time. A preliminary part will present our work of validation of the conceptual structure of the *Coping with Bereavement Questionnaire* that has been published in *Death Studies* (Boever et al., 2024). The second part will present longitudinal analyses that explore the various grief trajectories followed by individuals and examine how they are explained by experiences of the bereaved individuals at the time of death and the ways they have coped with the loss over time.

These results will be discussed in two ways: on the one hand, in terms of what they reveal about the experiences of people who have lost a significant one during the pandemic, and on the other hand, in terms of what they reveal more generally about grief and its links to social and funeral practices surrounding death.

Chapter 1

The study

Chapter 1. The study

1. Methodology

1.1 General procedure

In order to answer the questions addressed in this thesis, a mixed-method and longitudinal study was conducted with people who had lost a significant person from March 2020 to January 2022 in Belgium.

Data collection began in February 2022 and concluded in December 2023. Data were collected three times through questionnaires and once through interviews. First, participants were asked to complete a questionnaire about their experiences of death and grief in February 2022, November 2022, and August 2023. Questionnaires collected qualitative data through open-ended questions, as well as quantitative data, through homemade questions and validated scales, presented in the “Measures” section. They were completed online using the Qualtrics platform or on paper, depending on the participants’ preferences. Secondly, twelve participants who completed the first questionnaire were interviewed by the researcher.

The overall study was approved by the Ethical Committee of the Cliniques Universitaires Saint-Luc – UCLouvain (#2021/16NOV/483), followed the Declaration of Helsinki’s principles, and was preregistered on Open Science Framework (<https://osf.io/xj27u>).

1.2 Mixed-method design

To provide the most complete and nuanced understanding possible of grief during pandemic, this thesis’ study employs a mixed methodology. Specifically, it aims to integrate quantitative and qualitative approaches to the topic, whether in the questions addressed, the data collected, the analyses conducted, and more broadly, the “mental models of the phenomenon” (Maxwell et al., 2015). This approach appears to be the most relevant for studying experiences of grief (Dyregrov, 2004), particularly in novel context (Harrop, Mirra, et al., 2023), as it allows for the identification and comparison of patterns of reactions and processes, while providing access to singular experiences and meanings that give substance and nuance to these patterns.

First, the research questions combine different perspectives and meta-theoretical assumptions (Moran-Ellis et al., 2006). On the one hand, we aim to quantify the impact of restrictive circumstances and analyze how they influenced the intensity and evolution of grief reactions over time, which falls more under a (post-)positivistic-quantitative approach. On the other hand, we aim to understand how these circumstances were experienced and how they shaped the bereaved’s overall grief experiences and the meanings they attributed to them, which aligns more with an interpretative-qualitative approach.

In order to answer these different questions, different types of quantitative (e.g., homemade questions assessing levels of restriction, levels of rites participation, validated scales quantifying grief reactions) and qualitative (answers to open-ended questions relating to specific part of experiences, and in-depth interviews exploring lived experiences, grief and its evolution) data were collected. In typological terms, the study broadly followed a convergent multiphasic design (Creswell & Plano Clark, 2009), as qualitative and quantitative data were collected more or less in parallel. It should be noted, however, that the content of the interviews partly influenced subsequent quantitative data collection, as it led to the addition of two questions to the second and third versions of the questionnaire.

Furthermore, an integrative logic was followed throughout this thesis to analyze and interpret the results. On the one hand, this thesis consisted of a series of analysis stages, which are represented in the chapters, and were either mixed (Chapter 3), qualitative (Chapter 4) or quantitative (Chapters 5-6). Each stage of analysis shaped our perspective, nuanced our understanding, and influenced the subsequent stages by readjusting the questions addressed, guiding the choice of analytical methods, and informing the interpretation of the results obtained. The order of the chapters illustrates the chronology in which these stages occurred. On the other hand, the final discussion will seek to integrate and interpret all the results obtained and reflections raised, with the aim of providing a comprehensive understanding of the complex and multifaceted phenomenon of grief during a pandemic. It will be conducted with a perspective of triangulation, recognizing the complementarity of the approaches, while leaving room for the dialectical tensions that have emerged (Moran-Ellis et al., 2006).

1.3 Recruitment and sampling strategies

Recruitment started on February 2022. Participants were French-speaking adults who had lived the death of a significant person in Belgium from March 2020 and until January 2022.

Given that 229,989 people died in Belgium between March 2020 and January 2022 (of which approximatively 99,810 in French-speaking/bilingual regions – Brussels and Wallonia) (Statbel, 2025), it can be estimated that at least 2 million people may have been bereaved during this period in Belgium (and approximately 898,290 in these regions).

This population was reached out using various methods conducted between February and June 2022. On the one hand, the research team presented the study in the media and newspapers, on social media, and through newsletters and word of mouth. The population reached by these strategies is difficult to quantify and describe, as it depends on the audiences of the selected media (*RTBF, La libre Belgique, Le Soir, l'Avenir, Radio Campus*), the social networks used (*Facebook, Instagram*), and the recipients of newsletters (e.g., *UCLouvain, Federations of medical houses and funeral houses, bereavement associations*). A few Facebook ads were used to target specific populations (e.g., men) in an attempt to reduce gender bias in participation. These strategies of broad and impersonal diffusion were self-selected, as the link to the questionnaire was directly provided in the communications, and the people could access it after reading the informed consent and agreeing to participate.

On the other hand, the researchers reviewed digital obituary notices on belgian websites (*inmemoriam.be* and *defunt.be*) in order to specifically select a variety of profiles of bereaved people (in terms of gender and relationship to the deceased). After finding their contact details in public directories, the research team personally contacted these individuals by letter and then by telephone to inform them about the study and ask if they would be willing to participate. The letter sent can be found in Appendix 1. Those who mentioned their interest in participating then received a link to the online questionnaire (Qualtrics) or a paper version to complete, depending on their preference. Before accessing the questionnaire, written informed consent was given. After 868 letters were initially sent, 382 contacts were made, of which 221 people (58%) agreed to participate and 161 (42%) declined. In total, 154 participants returned the questionnaire (143 were completed and 9 were not).

Although it is more costly (in terms of time, money⁶, and staff), this personal strategy, frequently used in bereavement research (e.g., Albuquerque et al., 2017; Bonanno et al., 2002; Brooten et al., 2018; Buyukcan-Tetik et al., 2017; Guevara et al., 2019; Stroebe et al., 2005) allows a personalized contact with the potential participants and helps to reduce the representativeness biases inherent in self-selection strategies (e.g., Caserta et al., 2010; Politano, 2013; Stelzer et al., 2020). Specifically, it makes it possible to reach people who do not have access to the usual means (no social networks, less access to the Internet) and people who would be less likely to participate spontaneously in studies.

Through these various strategies, 692 people were initially recruited, of which 472 **answered completely** the first questionnaire. Among them, 329 (69.7%) were recruited through impersonal broad diffusion strategies, and 143 (30.3%) through personal contact strategy. Differences in sample composition were observed depending on the strategy used. The personal contact strategy has enabled us to reduce the overrepresentation of women (60.1% vs. 86.2% of women, $\chi^2(1) = 39.65$, $p < .001$, $\Phi = .29$) and of highly qualified individuals ($\chi^2(4) = 50.73$, $p < .001$, Cramer's $V = .33$) among those recruited. However, it recruited older people (average age of 59.7) compared to the impersonal broad diffusion strategies (average age of 50.8, $t(468) = -5.94$, $p < .001$, $d = .57$). These differences are even more striking regarding the participants who were recruited through personal contact *and* who completed the questionnaire on paper. The effects of the recruitment strategies on sample composition are currently analyzed and will be reported in a future paper.

At the end of the first questionnaire, opportunity to participate in the next stages of the study (interviews and/or subsequent questionnaires) was offered to all participants. Regarding the interview, 260 people expressed their interest, and a purposive selection method was defined to select a limited number of people from this group who would cover a wide range of experiences. In total, 12 people were encountered. This selection method and the sample composition are described in the method section of Chapter 4. Regarding the subsequent questionnaires, participants who had agreed to participate were contacted at the time of the next collection. A total of 472 completed the first questionnaire between February

⁶ This recruitment strategy costed approximately 3,344€ in total (including the purchase of stamps, the printing of letters, the phone costs, and the hiring of several student workers). In addition, the sending of paper questionnaires at different measurement times costed 946€ in total.

and June 2022. Of these, 361 agreed to continue participating, with 249 finally completing the second questionnaire between November 2022 and January 2023. After that, 229 agreed to continue, with 173 finally completing the third questionnaire between August and November 2023. Attrition rates were 47.2% between T1 and T2, 30.5% between T2 and T3, with a total of 63.3% between T1 and T3.

In each chapter, a detailed description of the sample will be provided based on the specific aspects targeted in the chapter's analyses. Table 1 provides a summary of the various samples, their distribution according to recruitment strategies, and their use in the chapters of this thesis.

Table 1. Description of samples and their use by chapter.

Questionnaires samples	N (%)	Analyses ^a
Sample at T1: People who completed the first questionnaire	472	Descriptive and comparative analyses of chapters 2, mixed-methods analyses of chapter 3, structural equation model analyses of chapter 5, and confirmatory analyses of chapter 6/1
Recruitment methods		
<i>Impersonal broad diffusion strategies</i>	329 (69.7)	
<i>Social network</i>	145 (30.7)	
<i>Medias</i>	90 (19.1)	
<i>Word of mouth</i>	63 (13.3)	
<i>Professional</i>	12 (2.5)	
<i>Other</i>	19 (4.0)	
<i>Personal contact strategies</i>	143 (30.3)	
Sample at T2: People who completed the second questionnaire	249	Longitudinal analyses of chapter 6/2
Sample at T3: People who completed the third questionnaire	173	
Interviews sample		
People who participated in an interview with the researcher	12	Qualitative analyses of chapter 4

Notes. ^aThis column indicates in which analyses and chapters these samples are included.

1.4 Data collection

The questionnaires completed by participants were broadly similar across versions. The first contained 215 questions and gathered information on the profiles of bereaved participants (socio-economic-demographic indicators, attachment, religiosity, spirituality, social support), the circumstances of their loved one's death (in terms of date, place, and cause of death, desired, restricted, and adapted funeral rites, and participants' subjective appraisals of these circumstances), and their relationship with the deceased (kinship and subjective closeness). It also contained scales to assess the coping strategies that people used to cope with the death and various indicators of grief (level of grief intensity, level of general health, level of guilt towards the deceased, and level of post-traumatic growth).

The subsequent questionnaires also collected information about any rituals performed since the last measurement, satisfaction with these rituals, and changes in subjective perceptions of the circumstances of death. They also contained the same scales of coping strategies and indicators of grief. A few additional questions were added to the second and third questionnaires concerning continuing bonds to the deceased, participants' subjective

perceptions of the progression of their grief, and specific activities that helped them cope with their grief.

The first questionnaire can be found in Appendix 2. The questions and scales specifically used for each analysis are presented in more detail in the “Methods” section of each chapter.

Regarding the interviews conducted with the participants, they aimed to follow as completely as possible the narrative of their experience, from the moment of death to the meeting. The interview guide (found in Appendix 3) and the conduct of the meetings are explained in the “Methods” section of Chapter 4.

2 Contextual, personal, epistemological, and conceptual frameworks

2.1 Collaborative context surrounding this thesis

This thesis took place within multiple collaborative contexts.

Firstly, this thesis was conducted at the *Psychological Sciences Research Institute* (IPSY) at the University of Louvain (UCLouvain) in Louvain-la-Neuve, Belgium. Within this institute, I am part of the *Person-Centered Psychotherapy Lab* (PC-lab), a research team that brings together researchers in the fields of dying and bereavement, caregiving, and psychotherapeutic processes, with person-centered and psychoanalytic perspectives. Through seminars in which we discuss theoretical, ethical, methodological, and ethical issues, share our respective study projects, and invite other researchers, this lab creates a space for reflection on research methods, the role of theory and ethics in our research, and their clinical impact.

In parallel, this thesis was conducted within an international and interdisciplinary research context, resulting in several collaborative projects on empirical, methodological, and theoretical themes. The present study is part of an international collaboration called *Covideuil*, in which other research teams are conducting similar studies in Canada (Cherblanc et al., 2022), France (Sani et al., 2025), Spain (Redondo-Armenteros et al., 2023), Italy (De Vincenzo et al., 2024), Greece (Koliouli et al., 2024), and Brazil. In this context, numerous meetings and several symposiums were held to share protocols and to discuss the results obtained thereafter, and deeper collaborations emerged.

During the first years of my PhD, I regularly met with researchers working on the Canadian project *Covideuil* (Bergeron-Leclerc, C.; Cadell, S.; Cherblanc, J.; Côté, I.; Gauthier, G.; Grenier, J.; Maltais, D.; Simard, C.; Verdon, C.). These interdisciplinary meetings (involving researchers from sociology, social work, nursing and psychology) provided an opportunity to share our research experiences and exchange views on analyzing and interpreting the results, and led to joint publications (e.g., Cherblanc, Côté, Mercure, et al., 2025; Cherblanc, Zech, et al., 2025). This “empathetic interdisciplinarity framework” offering reflexive and relational support, emerged in response to the challenges of studying grief during a pandemic and was described in a joint publication (Simard et al., 2023).

Subsequently, two specific collaborations continued. On the one hand, the *CanEsBel* collaboration brought together researchers from the University of Quebec at Chicoutimi (Bergeron-Leclerc, C.; Cherblanc, J.; Côté, I.;) and researchers from two Spanish universities (Fernandez-Alcantara, M. from the University of Alicante and Redondo-Armenteros, A. from the University of Granada), as well as Emmanuelle Zech and me. In this context, data collected in Canada, Spain, and Belgium were pooled, enabling large-scale analysis projects such as scale validations or gender-based comparisons (Cherblanc, Côté, Zech, et al., 2025; Cherblanc et al., 2024; Redondo-Armenteros et al., 2025).

On the other hand, a collaboration between Verdon, C. and Arcand, L. from the University of Quebec in Outaouais, Emmanuelle Zech, and myself focuses on the issue of recruitment methods for bereaved individuals in scientific research. It involves conducting a scoping review of the sampling and recruitment methods used in studies involving bereaved individuals and their respective biases (<https://osf.io/5vj4w>).

Working in these collaborative contexts allowed me to benefit from the perspectives, skills and expertise of others, and experiment with different research and collaboration practices. This encouraged me to nurture questions and doubts about the initial epistemological paradigm of this thesis, the questions asked and the methods employed.

2.2 Reflexive positioning

Several of my personal and professional experiences have led me to consider the questions raised in this thesis to be relevant and shaped my perspective as a researcher on this topic.

Before starting this thesis, I worked for nearly 3 years as a clinical psychologist with children and adolescents in a hospital. Throughout my clinical practice, I have been confronted with the issue of grief in various ways, working with patients and families bereaved by death or other types of losses. However, I had little experience with literature on grief. In this context of work, the period of the pandemic exposed me to social restrictions in medical care and end-of-life situations. I have witnessed the isolation of patients and families, the necessity for families and medical staff to make quick decisions without points of references, the creation of value conflicts for health workers, the difficulty of some families to grieve outside the hospital when their relative's death was “contained” there, and the general effect of the restrictive situation on the mental health of young people, families, and health workers.

On a personal level, I experienced the death of a family member during the lockdown. This prevented my family and me from honoring and burying her in the way that she and we wanted. I observed how my family members experienced this situation differently, and how this context affected each of our grief processes in various ways. These personal and professional experiences led me to approach the subject in a comprehensive and non-judgmental way, paying attention to highlight various experiences.

It should be noted, however, that when I began this thesis, the general study design was already being developed with the international *Covideuil* team. My contribution was to plan, with Emmanuelle Zech, the Belgian research project, to target the specific aspects that would be particularly relevant to study (with a particular focus on adjustments to the measures, people's subjective appraisals of the circumstances of death, and their coping strategies (Zech & Fernández-Alcántara, 2021)), to formulate the questions in as open and exploratory a manner as possible, to carry out the study, and to analyze the data.

2.3 Epistemological framework

This thesis encompasses a paradigmatic pluralism, as it incorporates several ways of studying grief and draws on different research approaches, informed by post-positivist, phenomenological, and socioconstructivist assumptions. This is inherent in its mixed methodology according to Moran-Ellis et al. (2006), but it is also due to the evolution of my personal research process. In fact, my initial perspective was shaped by my rather quantitative and (post-)positivist research training at UCLouvain. Adopting a more causal logic, the focus was on the impact of the restrictions, and on empirical link between rituals and grief highlighted by the quasi-experimental context.

Subsequently, through interdisciplinary encounters, seminars organized by the PC lab, and analyses of the written and oral testimonies collected in the study, my perspective evolved towards a more constructivist and phenomenological approach. The focus shifted towards subjective experiences, the multiplicity of realities and personal, singular meanings (those of both the researcher and the bereaved). Adopting a pragmatic stance (Feilzer, 2010), this thesis acknowledges the plurality of assumptions and paradigms that form its foundation, seeking to build bridges between them while acknowledging the potential dissonances and paradoxes that may emerge (Perlesz & Lindsay, 2003).

2.4 Conceptual framework

The theoretical framework of this thesis was initially based on the biopsychosocial model of grief that Zech and Fernández-Alcántara (2021) adapted from Zech's model (2006). This model, presented below, aims to bring together the various factors that explain grief reactions and their evolution. It is illustrated in Figure 1.

The model presents grief reactions by distinguishing between psychological responses (affective, emotional, cognitive, and behavioral), physical responses, and social responses. Authors postulate that these reactions are influenced by different types of factors. First, they are influenced by the bio-psycho-social characteristics of the bereaved person, which the authors refer to as “antecedents”. These include their age, gender, attachment styles, past experiences, socioeconomic and social support resources, and religious and spiritual beliefs and practices. Second, reactions are influenced by the characteristics of the death, which they call the “trigger”, namely who was the deceased person, their age, the relationship the bereaved person had with them, and the cause and circumstances of their death. The

characteristics of the antecedents and the trigger are risk or protection predictors that are relatively “fixed” at the time of death and are less likely to change or evolve over time.

Next, and this is the particular interest of this model, the authors postulate that predictors are not the only determinants, and that grief reactions vary from person to person, as well as over time, depending on two types of mediators. First, each person will subjectively appraise these predictors. For instance, one may experience a death from a certain cause as unexpected or unfair, while another may live it as fair and expected. This mediator illustrates how grief reactions are fundamentally linked to the meanings individuals attach to loss. Furthermore, depending on how the death and other predictors are appraised, each person will develop different coping strategies, aiming to cope with the loss and its multiple consequences. In the model, feedback loops highlight how reactions can evolve depending on reappraisals of the coping strategies and their functions, of social interactions, and new life events.

In conclusion, the strength of this model lies in its emphasis on the diversity of experiences and on the processual, dynamic, and evolving nature of grief experiences by the inclusion of mediators and feedback loops. In this thesis, this model will be used to guide our understanding of what may have influenced grief reactions, indicating the variables to focus on, the choice of analyses, and the interpretation of results, while remaining open to other elements of the experience that are not included in it.

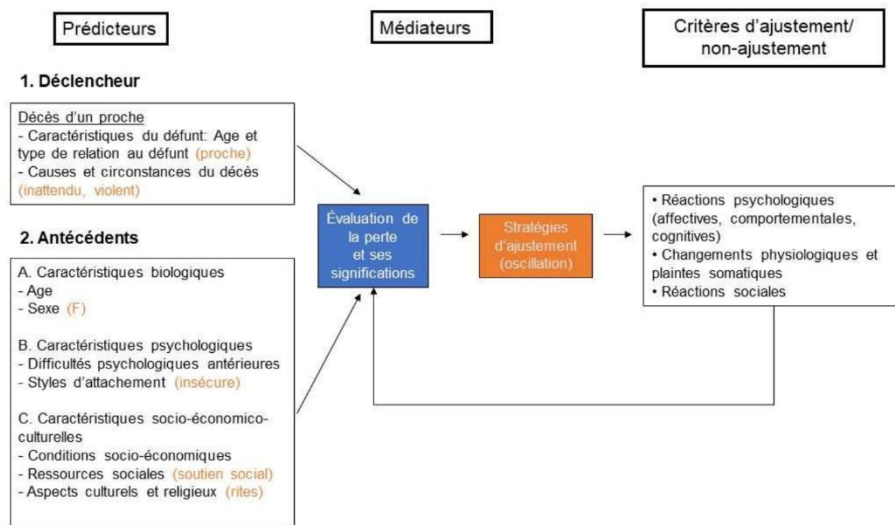


Figure 1. Biopsychosocial model of grief (Zech and Fernández-Alcántara, 2021)

Chapter 2

Do restricted funeral rites impact grief reactions in Belgium?

Preliminary results of a quantitative study

This chapter is based on the article "Do restricted funeral rites impact grief reactions in Belgium? Preliminary results of a quantitative study," published in the French multidisciplinary journal *Études sur la Mort* (Boever et al., 2023). It expands on the initial findings, adding illustrations of quotes from participants, as well as additional longitudinal quantitative analyses.

Chapter 2. Do restricted funeral rites impact grief reactions in Belgium?

Preliminary results of a quantitative study

1. Introduction

In Belgium, as in the rest of the world, the arrival of the SARS-Covid virus in March 2020 disrupted citizens' daily lives in many ways. In order to stem the spread of the disease, health authorities have implemented measures restricting social contacts, movements and activities. Between March 2020 and January 2022, the intensity and target behaviors of these measures varied depending on the waves of virus contamination.

These health measures have had a unique impact on people's life, and particularly on end-of-life (EoL) and death conditions. Because they touched on practices considered theoretically and clinically helpful in grief, they raised many concerns about the consequences they would have on the grief reactions of people who had lost a relative under such conditions.

First, by restricting access to healthcare, nursing places, as well as social contacts, they limited accompaniment, presence and visits to close people who were sick or dying, as well as specific *pre-mortem* ritualistic behaviors, such as lighting a candle, reciting a poem or prayers, having a final speech or having a religious sacrament (Kokou-Kpolou, Moukouta, et al., 2020; Macaraan, 2021). Authors have considered the restriction of farewell as “a major societal wrong” (Yardley & Rolph, 2020) that risked to elicit situations of *unfinished business* and strong feelings of guilt toward the deceased, and to increase the distress of those who were bereaved (Carr et al., 2020; Kokou-Kpolou, Fernández-Alcántara, et al., 2020; Walsh, 2020). However, the empirical link between actions, gestures, words and rituals at the end-of-life and how people grieve is unclear (Kokou-Kpolou, Moukouta, et al., 2020). Previous studies have indeed showed how missing the death of a close relative may elicit guilt (Stajduhar et al., 2010), and how being able to accompany a close one at the end of their life and ritualize it was associated with more peaceful grief or greater post-traumatic growth (Kokou-Kpolou, Moukouta, et al., 2020). However, others have not showed such results (Metzger & Gray, 2008).

Secondly, measures have prohibited or restricted practices that have been carried out by humans for thousands of years to mark and honor the dead of their relatives (Baudry, 2005). Regarding *peri-mortem* rituals, they modified the possibility of washing, viewing or waking the body of the deceased, as well as of choosing the clothes he/she would wear in the coffin. This could cause feelings of guilt and powerlessness and could prevent the bereaved from finding closure by seeing, touching, or acknowledging the body (Rammohan et al., 2021). This could also fuel traumatic fantasies about the mistreatment of bodies and the lack of care provided.

Regarding *post-mortem* rituals, measures have restricted access to places of worship, limited the number of people allowed in gatherings or the physical contacts they may share. According to some authors, the inability to gather and collectively mark the death of a relative risked complicating the realization and acceptance of the reality of death (Gesi et al., 2020), increasing the loneliness of the bereaved, and diminishing social recognition of their experiences, potentially leading to experiences of disenfranchised grief (Albuquerque et al., 2021; Walsh, 2020; Zhai & Du, 2020). Yet, again, the empirical link between realization of funeral rituals is unclear, and therefore predictions about their limitations are hypothetical. Although bereaved individuals find comfort in rituals (Mitima-Verloop et al., 2021), studies on the subject showed contradictory and inconclusive quantitative results regarding the relationship between the presence or form of rites and grief reactions (Birrell et al., 2020; Burrell & Selman, 2022). Furthermore, as the form and meaning attributed to funeral rites are evolving and diversifying (Beard & Burger, 2017), it seems more relevant to focus on their subjective experience of the rites, such how meaningful, comforting or satisfying they were (Burrell & Selman, 2022; Zech, 2020). However, even studies that have focused on subjective evaluation have also failed to show a significant relationship with grief reactions (Mitima-Verloop et al., 2021). Furthermore, the vast majority of these studies were conducted before the pandemic, in a context where most people had been able to perform the funeral rites they wanted and were satisfied with them (Birrell et al., 2020; Mitima-Verloop et al., 2021).

In conclusion, based on the theoretical and clinical assumptions about the importance of EoL presence, funeral rituals and social gatherings in grieving processes, a broad consensus has emerged that these restrictive circumstances, adding other risk factors specific to the pandemic (e.g., anxiety-inducing and uncertain climate, the speed and multitude of deaths reported daily, the fear of the virus, and additional losses) would potentially lead to traumatic experiences (Gesi et al., 2020), to an increase in “grief complications” (e.g., Eisma et al., 2020; Goveas & Shear, 2021), or even to “a silent epidemic of grief” (Pearce et al., 2021). Therefore, they raised the urgent need to study these specific experiences (e.g., Gesi et al., 2020; Kokou-Kpolou, Fernández-Alcántara, et al., 2020).

“Complications of grief” refer to situations in which grief causes reactions that are debilitating in their intensity or duration, or even psychological or physical decompensations. From a psychiatric perspective, these reactions are considered a *prolonged grief disorder* (PGD) when they persist for more than 6 months (ICD-11, WHO, 2022) or more than 12 months after the death (DSM-V, APA, 2022) depending on the reference classification. The prevalence of PGD is estimated at 10% in the general population of bereaved individuals in the pre-pandemic period (e.g., Lundorff et al., 2017; Maciejewski et al., 2016).

We agree with these authors on the need to study grief in these unique circumstances, and on the particular attention their potential effects require. However, as we explained in the introduction to this thesis, the literature available at the beginning of the pandemic did not make it clear whether this would necessarily lead to grief complications or increasing prevalences of PGD.

In the first quantitative studies published at the start of the pandemic, the prevalences of PGD observed among the bereaved vary between 22% (Mitima-Verloop et al., 2022) and 67% (Gang et al., 2022). Some studies explored whether the grief reactions of bereaved individuals differed depending on whether the death occurred before or during the pandemic or depending on the severity of general pandemic-related measures. One quantitative study showed that people who had lost a relative during the pandemic had more intense acute grief reactions than those who lost their relative before March 2020 (Eisma & Tamminga, 2020). This was consistent with Şimşek Arslan & Buldukoğlu's (2021) findings showing that 81.6% of the bereaved who participated in their study considered that the pandemic context had affected their grieving processes. Yet, Mitima-Verloop et al. (2022) did not find any differences in the intensity of grief between people who lost a relative during or before the pandemic.

The studies that specifically regarded whether restrictions on funeral rituals led to an increase in the intensity of grief reactions also appeared inconsistent. In Bovero et al.'s (2022) study, having not been able to participate in funeral rituals was associated with more complications in grief, while in Şimşek Arslan & Buldukoğlu's (2021) study, no association was observed. Considering subjective satisfaction of rituals, Mitima-Verloop and colleagues (2022) found that having lived the funerals as more comforting was associated with less intense grief reactions. However, they found that the ability to perform individual or collective grief rituals and their perceived helpfulness were not related to the development of grief complications. Yet, qualitative studies at that time were rather homogeneous, depicting bereaved people as being greatly affected by the absence of EoL presence, the inability to perform desire collective rites, and a lack of socialization and support (e.g., Fernández & González-González, 2022; Hamid & Jahangir, 2022).

A few studies have shown that, facing the restrictions, bereaved people have attempted to meet their needs in alternative ways, by creating, inventing, or modifying rites, or by postponing them (e.g., Cherblanc et al., 2022). This had indeed been suggested as a potential helpful alternative when classical rites were not possible (Walsh, 2020). However, when Mitima-Verloop et al. (2022) tested whether having performed helpful alternative rites was associated with less intense levels of grief reactions, they found no significant link.

In conclusion, the few studies published at the beginning of the pandemic produced rather inconsistent results regarding the impact of restrictive circumstances on bereaved individuals' reactions of grief. However, these studies are grounded in different cultural contexts, employ different methodologies, and are based on different definitions of "grief complications". It is therefore difficult to draw any conclusions from their inconsistencies.

This chapter presents the preliminary findings of the study conducted among people who had experienced bereavement in Belgium during the pandemic, aiming to address these urgent questions. In the first part, based on the data collected in the study, we will provide a descriptive overview of the circumstances surrounding deaths, as well as the *pre-*, *peri-* and *post-mortem* rites that may have been performed or that have been restricted or modified, in

relation to deaths that occurred in Belgium between March 2020 and January 2022. We will also describe how people found alternative ways to honor their dead despite these restrictions.

In the second part, we will estimate the prevalence of PGD in our sample, and examine whether the ways people were able or prevented from honoring their dead were related to subsequent diverse indicators of grief, mental health, and post-traumatic growth. Based on the literature briefly presented above, we anticipate that the presence or absence of rites would not be related with grief reactions (*hypothesis a*), while the individual's subjective satisfaction with the rites performed (or not performed) would be associated with less intense grief reactions (*hypothesis b*). We also anticipated that, during similar periods of restrictions, the performance of alternative rites would be associated with less intense grief reactions (*hypothesis c*). These analyses will be performed on the data collected from the three measurement times, to see whether the observed associations remained over time.

2. Part one: Descriptive overview of deaths and funeral rites performed, prevented, and alternative rites

2.1 Methodology

The overall study design and recruitment strategies are presented in the “Methodology” section of the first chapter. The data analyzed in this chapter comes from the first data collection of the study, which was a questionnaire completed in French by 472 bereaved individuals between February 2022 and May 2022.

The descriptive results are mainly based on questions asked about *pre-, peri-, or post-mortem* funeral rites that were performed or prevented, as well as alternative behaviors that were found. To this end, closed and open-ended questions were asked to participants. To explore end-of-life accompaniment and presence, the question “*Were you able to accompany your relative in the final moments of their life?*” was asked, with four possible answers: 0 – *Not at all*, 1 – *Less than desired*, 2 – *As much as desired*, 3 – *More than desired*. For *peri-* and *post-mortem* rites, we asked to what extent they were able to perform the funeral rites they desired for their relative. Respondents also indicated their answers from 1 – *Not at all*, to 4 – *More than desired*. To assess whether the potential rituals alterations were related to circumstances of the pandemic, an additional question asked “*To what extent are health restrictions the cause of this discrepancy between the funeral rites you desired and those that were carried out?*”, with answers from 1 – *Not at all*, to 4 – *A lot*. The same questions were asked regarding the funeral rites desired by the deceased. Further questions explored whether or not specific rites were possible (i.e., doing the funeral washing, visiting funeral homes, seeing or touching the body, gathering with loved ones, holding a farewell ceremony).

Alongside this information, we asked people about their subjective level of satisfaction with the rites that were ultimately performed, using a 4-point Likert scale (1 – *not at all*, 2 – *a little bit*, 3 – *fairly*, 4 – *very satisfying*). An open-ended question allowed them to specify their experiences of the rites that were prevented and those they were able to be performed.

To explore the potential alternative ways the participants found to honor their dead in the face of the restrictions, we asked a broad binary question “*Did you participate in any other forms of rites before or after the death of your loved one?*” (yes/no), followed by a specification: “*What rites were created or put in place for your close one?*”, with several possible answers (i.e., a space dedicated to the memory of my loved one at home, an online memorial service, a rite related to nature). Again, an open-ended question allowed them to specify the rites that have been created for their relatives. A question explored whether they did have (or still had) the intention of postponing some form of funeral rite, with an open-ended question allowing them to specify their answer.

In order to explore the specific circumstances in which rites were prevented, restricted, or modified, other questions assessed the characteristics of the death and its circumstances, such as the age of the deceased, the cause of death (disease; suicide; accident; other), its location (hospital; home; nursing home; other), the kinship to the deceased, and the period in which it occurred. As social and health measures were almost systematically similar throughout Belgium, it was possible to identify, according to the date of death, the measures in force relating to end-of-life care and funeral rituals. This classification can be found in the Table 1 presented in the section “4.2 Adoption of restrictive measures” of the General Introduction. Some questions also addressed the subjective appraisals that the participants had of the circumstances of the death in terms of severity of the consequences, controllability, predictability, fairness, valence of the event, causal attribution and agency. One example for the controllability appraisal is “*When he/she passed away, I felt*”, ranging from 1 = *Not able to cope, powerless* to 5 = *Very able to cope, in control*.

Comparative analyses were performed using *t*-tests, one-way ANOVA, χ^2 , or correlations depending on the type of variables. To estimate effect sizes, Cohen’s *d* for *t*-tests, ω^2 for ANOVA, Cramer’s *V* for χ^2 are reported. The analyses were performed using SPSS software (version 27) and used a significance level of $p < .05$.

2.2 Results

2.2.1 Participants

In total, the questionnaire for the first measurement period was completed by 472 participants who had experienced the death of a significant person in Belgium (or from Belgium) between March 2020 and January 2022. As shown in Table 1, the participants were mostly women (77.8%) and had an average age of 53.4 ($SD = 16.1$).

The deceased individuals mentioned by participants were equally women (49.9%) or men (50.1%). They died at an average age of 77 ($SD = 15.9$), in most cases due to disease (86.9%), mainly cancer (22.5%) or COVID-19 (19.5%). Most participants reported the death of a parent (50.8%), intimate partner (14.4%), or grandparent (12.7%), but also mentioned the death of a sibling (5.9%), child (2.3%), or other family member or friend (13.8%). In most cases, the deceased died in hospitals (44.9%), at home (25.4%) or in a nursing home (24.2%). The deaths occurred between March 3, 2020, and April 10, 2022, an average of 14.5 months before the questionnaire was completed.

In terms of restrictions, 14.3% of people lost a relative during a period of strict lockdown, 34.2% during a period of strong restrictions, 24.2% during a period of moderate restrictions, 15.8% during a period of light restrictions, and 11.4% during a period without restrictions. Of the 472 people who responded to the questionnaire, 5 participants did not specify the date of death of their relative and 4 participants specified a date prior to March 1, 2020. These 9 participants were therefore not included in the descriptive or inferential analyses that included the level of restrictions at the time of death.

Table 1. Sample description.

The bereaved		<i>N (%)</i>
Age <i>M (SD); min - max</i>		53.4 (16.1); 16 – 93
Gender	<i>Women</i>	367 (77.8)
	<i>Men</i>	102 (21.6)
	<i>Other</i>	3 (0.6)
Living alone		133 (28.2)
Belonging to ethnic minority		21 (4.4)
Income level	<i>Very low</i>	12 (2.5)
	<i>Low income</i>	149 (31.6)
	<i>Average income</i>	183 (38.8)
	<i>High income</i>	102 (21.6)
	<i>Very high</i>	19 (4.0)
	<i>Unknown</i>	7 (1.5)
Religion	<i>Catholicism</i>	283 (60.0)
	<i>No religion</i>	169 (35.8)
	<i>Other religion</i>	19 (4.0)
The deceased and the death		
Age <i>M (SD); min - max</i>		77 (15.9); 8 – 101
Kinship	<i>Intimate partner</i>	68 (14.4)
	<i>Child</i>	11 (2.3)
	<i>Parent</i>	240 (50.8)
	<i>Sibling</i>	28 (5.9)
	<i>Grandparent</i>	60 (12.7)
	<i>Other</i>	65 (13.8)
Subjective proximity ^a <i>M (SD); min - max</i>		6.27 (1.13); 2 – 7
Time since death (month) <i>M (SD); min - max</i>		14.5 (7.4); 0 – 28
Cause of death	<i>Disease</i>	410 (86.9)
	<i>Suicide or accident</i>	32 (6.8)
	<i>Other</i>	30 (6.3)
Place of death	<i>Hospital</i>	212 (44.9)
	<i>Home</i>	120 (25.4)
	<i>Nursing home</i>	114 (24.2)
	<i>Other</i>	26 (5.5)
End-of-life presence	<i>Not at all</i>	174 (36.9)
	<i>Less than desired</i>	143 (30.3)
	<i>As desired</i>	114 (24.2)
	<i>More than desired</i>	40 (8.5)
Participation in funeral rites	<i>Not at all</i>	61 (12.9)
	<i>Fewer than desired</i>	245 (51.9)
	<i>As desired</i>	134 (28.4)
	<i>More than desired</i>	30 (6.4)

Notes. ^aSubjective proximity was rated on a scale from 1 to 7.

2.2.2 Performed or prevented desired rites

With regard to the *pre-mortem* period, 67.2% ($n = 317$) of respondents were unable to accompany their relative as much as they desired, while 8.5% ($n = 40$) said they accompanied them more than desired. As reported in Table 2, people reported more insufficient EoL accompaniment when restrictions were more severe ($r = .211^{***}$), or when the person died in a hospital or nursing home, $F(3, 466) = 8.62$, $\omega^2 = .22$, $p < .001$. However, among those who accompanied their relatives more than they would have liked, one third ($n = 12$) did so under lockdown or strict measures. Beyond the possibility to be present with the person during their final days, other traditional or religious *pre-mortem* rites were prevented such as visits from a priest or the sacrament of the sick, as specified in the comments.

Table 2. Spearman correlations between severity of measures, performance, satisfaction and creation of rites

	Severity of measures	End-of-life acc.	Perf. rites (dec.)	Perf. rites (resp.)	Satisfact. with rites
Severity of measures	1				
End-of-life accomp.	.225*** $n = 463$	1			
Performance of rites (deceased)	.501*** $n = 285$	.298*** $n = 289$	1		
Performance of rites (respondent)	.467*** $n = 461$	.426*** $n = 469$	.508*** $n = 290$	1	
Satisfaction with rites	.484*** $n = 462$	.452*** $n = 469$	.569*** $n = 289$	.688*** $n = 469$	1
Creation of rites	.078 $n = 456$	.045 $n = 463$	.010 $n = 285$	.049 $n = 462$	.050 $n = 463$

Notes. Performance of rites (deceased) = performance of rites desired by the deceased. Performance of rites (respondent) = performance of rites desired by the respondent. *** $p < .001$, ** $p < .01$, * $p < .05$

With regard to *peri-* and *post-mortem* rites, of the 286 respondents who knew the deceased's wishes, 39% ($n = 113$) were unable to fulfill them, with 89.1% of them attributing this to health restrictions. Regarding their own wishes, 65.1% ($n = 306$) of respondents were unable to perform the rites they wanted for their relatives, with 91.1% attributing these impediments to restrictions. Indeed, the stricter the restrictions, the more the rites were prevented, whether those desired by the deceased ($r = .486^{***}$) or by the respondents themselves ($r = .434^{***}$). For some people, the rites performed exceeded the deceased wishes ($n = 35$) or their own ones ($n = 30$), and between 1 and 3 attributed this to the restrictions.

As the results regarding the rites desired by the deceased are overall similar to those regarding the rites desired by the respondents, this section only presents the latter. Further details for both types of rites can be found in Tables 2 and 3. As shown in Table 3, *peri-mortem* rites were prevented, such as the washing of the body ($n = 52$). Some people specified in their comments that the deceased's clothing had not been changed: “he had to stay in his pajamas” or that they did not know if this had been done.

Post-mortem rites were also prevented, particularly when they were collective, such as gatherings with loved ones ($n = 205$), holding a farewell ceremony ($n = 80$), or being

physically present at the funeral home ($n = 76$). Rites related to the body of the deceased were also prevented, such as the opportunity to touch ($n = 89$) or see the body ($n = 80$). In the comments, some people specified that their relative "was unable to donate their body to science", that the repatriation of the deceased's body to their country of origin was hindered, and that they had been forced to make decisions about "cremation by default".

Table 3. Type of rites restricted and associations with severity of restrictions.

Rites restricted	Rites restricted despite deceased's wished		Rites restricted despite respondent's wished	
	N^a (%)	According to measures severity χ^2 (Cramer's V)	N^b (%)	According to measures severity χ^2 (Cramer's V)
<i>Peri-mortem</i>				
Funeral washing	22 (7.7)	21.45*** (.215)	52 (11.0)	29.39*** (.252)
<i>Post-mortem</i>				
Attending the funeral home	46 (16.1)	47.84*** (.321)	76 (16.1)	47.63*** (.321)
Seeing the body	35 (12.2)	20.99*** (.213)	80 (16.9)	30.50*** (.257)
Touching the body	40 (13.9)	22.24*** (.219)	89 (18.8)	30.39*** (.256)
Gathering with loved ones	93 (32.5)	50.98*** (.332)	205 (43.4)	114.91*** (.498)
Holding a farewell ceremony	55 (19.2)	50.90*** (.332)	93 (19.7)	86.14*** (.431)
Performing religious rites	57 (19.9)	47.54*** (.320)	112 (23.7)	75.70*** (.404)

Notes. ^a Number of respondents who indicated that the rites desired by the deceased had been "not at all" carried out or "less than desired". Percentages are calculated in relation to the 286 people who were aware of their relative's wishes. ^b Number of respondents who indicated that the rites they desired for their relative had been "not at all" carried out or "less than desired". Percentages are calculated for the entire sample ($n = 472$). *** $p < .001$

When ceremonies were possible, many people reported that restrictions limited the form they could take, in particular by restricting the number of people who could attend ($n = 144$). They had therefore to select who would be allowed to attend. When direct attendance was not possible, some people explained having attended from outside:

My regret is that I was unable to attend this religious ceremony in church with my children. It was very important to [the deceased] and to me. I stood on the church porch. This allowed me to hear a small part of the religious ceremony. But I would have liked to be able to cry with the others, especially with my children, in this sacred space. We cried separated by a large, heavy wooden door.

The duration of rites was also restricted, as were the behaviors permitted. People had to keep their distance or wear masks, some were not allowed to personalize the rite with music, flowers, or videos, nor were they permitted to gather informally after the ceremony:

We witnessed the scattering of the ashes... and then nothing. The "return of mourning" in a room could not take place. It was difficult for me not to be able to be close to my loved ones, to his friends... to be able to receive and share our grief.

Finally, some people pointed out that even when restrictions allowed gatherings, fear of infection or the need to self-isolate after a gathering discouraged people from attending funerals.

The results presented so far attempt to describe the perceived impact of restrictions on rites by outlining what was permitted or prohibited, what was achieved, modified, or prevented. However, they do not provide information on how what was ultimately done was subjectively experienced by the bereaved. In the comment sections allowing people to clarify, explain, or nuance their answers to closed questions, many people responded ($n = 359$), and their responses showed how the constraints imposed on rites gave rise to very different subjective experiences from one person to another. For example, one respondent described a funeral attended by more than 300 people as “*a very lonely experience in the end*” because of the presence of the police and the inability to hug, kiss, or gather more informally afterward. Another respondent explained how funerals that had to be held in small groups allowed them to “*focus on what was essential*”. These two examples highlight how the objective severity of the constraint does not necessarily correspond to the level of satisfaction of the individuals.

2.2.3 *Satisfaction with the performed rites*

A first observation is that the overall level of satisfaction varied across the sample. While 49.4% of respondents ($n = 234$) were not very satisfied or not satisfied at all with the rites performed around the death of their loved one, 19.2% ($n = 91$) of respondents were very satisfied with the rites performed.

The level of satisfaction was linked to the severity of measures at the time of death: the stricter the restrictions in place at the time of death, the more dissatisfied people were with what was achieved ($r = .473^{***}$). Unsurprisingly, the less people were able to perform the rites they wanted, the less satisfied they were ($r = .677^{***}$). However, 28.5% of people ($n = 87$) who performed fewer rites than they wanted were fairly or very satisfied with what they had done.

2.2.4 *Adjustment and alternative rites*

When restrictions prevented people from performing the rites, actions, and gestures they wanted for their relatives, some people adjusted and found alternative ways to honor their dead.

Among these adjustments, 34.7% ($n = 161$) of respondents created or adapted funeral rites they could perform within the restrictive context. Table 4 reports the types of created or adapted rites. Most adaptations seemed to aim to symbolize or honor the collective aspect of rites, despite the restrictions. In their comments, respondents explained that they had adapted their rites to compensate for physical distancing and restricted gatherings. Some people wrote cards or made drawings to symbolize their presence with the deceased during their final moments, while others did so from a distance, through thoughts and prayers. During *post-mortem* ceremonies, respondents placed symbols such as candles, drawings, and photos on empty chairs to represent those who could not be present due to restrictions. It also happened that relatives who were unable to attend gathered to form a guard of honor from the ceremony site to the cemetery, allowing those closest to the deceased to see them during the procession. Another alternative was to virtually participate in rites. Among the respondents, 10.8% ($n =$

51) said they used the internet to perform a rite related to the death of their relative, whether to broadcast the funeral ceremony, create a virtual cemetery, a memorial website, or a virtual discussion group.

Other alternatives reported by 12% of the respondents ($n = 57$) consisted in carrying out collective rites outside to allow more people to participate. Outdoor gatherings or collective rites included a ceremony in the garden, a walk in the deceased's honor, or a release of lanterns into the sky. Rites in relation to nature were also carried out, such as planting a tree, scattering ashes in nature, creating symbols or messages with natural elements.

A hundred respondents (21.1%) reported having held an individual rite at home, or created a space dedicated to the memory of the person.

We could hypothesize that adjustments such as symbolizing those who were absents, holding outdoor, virtual, or individual rites may aim to perform rites while limiting the risk of contamination and respecting the measures. However, surprisingly, those adjustments did not occur more frequently depending on the severity of the restrictions, such as shown in Table 4. Furthermore, people who created or adapted their rites were no more or less satisfied with them than those who did not ($r = .050$).

When analyzing the circumstances, it appeared that people created or adapted more rites when the deceased was younger ($t(458) = 2.13, p = .034, d = .219$), when they considered spirituality to be particularly important ($t(436) = -2.96, p = .003, d = .295$). They also did more when they appraised the circumstances of death to be more consequential ($t(460) = 3.04, p = .002, d = .298$) and more unfair ($t(459) = 2.67, p = .008, d = .262$).

Table 4. Type of rites adapted and associations with severity of restrictions

Rites	Rites adapted and created	
	<i>N (%)</i>	<i>According to measures severity χ^2 (Cramer's <i>V</i>)</i>
Having created or adapted funeral rites	161 (34.7)	6.92 (.123)
<i>At home practices</i>		
Performing rites at home (i.e., lighting a candle)	80 (16.8)	7.12 (.124)
Creating a space dedicated to the memory of the deceased at home	54 (11.4)	1.18 (.050)
<i>Outside practices</i>		
Holding an outdoor gathering	57 (12.0)	1.75 (.062)
Holding a rite in relation to nature	38 (8.0)	8.55 (.136)
<i>Virtual practices</i>		
At least one of the following	52 (10.9)	4.12 (.094)
Creating a digital condolence book	31 (6.5)	
Holding a memorial service online	20 (4.2)	
Holding a virtual support group	9 (1.9)	
Creating a commemorative website	5 (1.1)	
Creating a virtual cemetery	2 (0.4)	

A second type of adjustment reported was postponing the desired rites to a later date, until restrictions were loosened. In our sample, almost half of the respondents (48.6%, $n = 223$) said that, at the time of death, they had intended to perform a rite later. Regarding the specific timing of this postponement, people specified in their comments that they planned to organize it at a symbolic moment, such as the person's birthday or the anniversary of their death, or as soon as they were restrictions eased.

Unsurprisingly, people were more likely to have the intention to postpone their rites when the restrictions at the time of death were more severe ($\chi^2(4,1) = 20.04, p < .001, V = .211$), and when they were less satisfied with the rites that were performed ($\chi^2(3,1) = 22.91, p < .001, V = .224$). People who had the intention of postponing were younger ($t(455) = 2.35, p = .019, d = .220$), they attached greater importance to spirituality ($t(432) = -2.54, p = .012, d = .243$). They were also more likely to have lost a younger relative ($t(454) = 2.09, p = .036, d = .198$), and to have appraised the death and its circumstances as unfair ($t(454) = -2.88, p = .004, d = .269$).

In the comments, people mainly described having held a memorial service or remembrance mass, having scattered the ashes of the deceased, gathered for a dinner or celebration in honor of the deceased, or having organized a specific event such as a photo exhibition or a concert at the deceased's grave. Some people reported that it provided a form “*reparation*” toward the deceased: Some participants also described how these postponed rites allowed a different atmosphere than would have been possible in the immediate aftermath of the death, describing a more joyful and lighthearted atmosphere made possible by the time that had elapsed. Others, however, appear ambivalent about the postponed rite in which they participated, describing it as “*better than nothing but not enough*”

However, having had the intention at the time of death does not necessarily mean that people actually performed this rite some time later. In fact, among those who had the intention, only 71 (31.8%) actually did so at T1, while 68 (30.5%) did not, and 84 (37.7%) still had the intention to do so. Among those who had the intention, the respondents who actually performed a postponed rite were younger ($t(220) = 2.19, p = .030, d = .319$), had lost a younger relative ($t(219) = 2.94, p = .004, d = .382$) and had appraised the death as being more unfair ($t(220) = 1.96, p = .052, d = .272$).

People who had abandoned the intention of a postponed rite had lost their relative at times when restrictions were stricter ($\chi^2(4) = 28.56, p < .001, V = .361$). Indeed, many respondents specified in their comments that their intention had been abandoned as restrictions remained in place: “*The obituary in the press even stated that ‘a funeral service will be held at a later date’, but the churches remained closed for many months. After that, it was too late*”.

Consequently, some participants evoked that they no longer saw the meaning in holding a ceremony so long after the death, and that it might revive past pain:

I wanted to bring together those who had been unable to attend due to health measures so that we could share our thoughts and gather. At the time, I didn't think we would experience several waves of the coronavirus. Time has passed, and several family members no longer wish to participate in a reunion organized after the fact, believing that it would only rekindle our pain.

Other reasons were evoked in the comments, such as the absence of the deceased's body, other deaths that have occurred in the meantime, other situations requiring their attention and energy, or the fear of being disappointed if few people participated.

Unsurprisingly, people who intended to perform a postponed rite but did not do so were the least satisfied with the rites, compared to those who did not initially intend to postpone, those who ultimately did so, as well as those who still intended to perform one ($\chi^2(9) = 43.79$, $p < .001$, $V = .310$).

2.3 Discussion of the first part

These preliminary analyses provided an overview of how pandemic-related measures disrupted, prevented, or altered the actions and rites the participants wished to perform in response to their relative's death, and the alternative solutions they found.

As expected, many people were prevented from accompanying their relatives at the end of their lives and from performing the rites they wished for them. In most cases, these impediments were attributed to the social and health measures imposed during the pandemic, and they varied according to them. The measures impacted the conduct of rites in various ways, preventing them, modifying them, and constraining specific aspects such as their form, people's behavior, their duration, their location, and the possibility of incorporating elements that could personalize them. This could be direct (e.g., measures prohibiting certain events) or indirect (e.g., fear of contagion discouraging organization)

On average, the more the rites had been prevented, the less satisfied people were with those that had been performed. However, some people ($n = 87$) considered their rites to be fairly or very satisfactory even though they were prevented. The comments also showed that some people were satisfied with rites that were restricted, and conversely, that rites with less objective "severe" measures could be experienced as very unsatisfactory. This shows that considering the number or scale of rites performed is not sufficient, which supports our hypotheses formulated at the beginning of the chapter.

Another observation is that when the desired rites were prevented, many people tried to find alternative ways to perform rites. These adjustments did not necessarily occur more often during periods of stricter restrictions and do not seem to have resulted in more satisfying rites than for people who did not make these adjustments. In that sense, the results suggest that the tendency to adapt rites or create new ones was not necessarily a response to restrictions, but may be more closely linked to the need to create meaningful rites, particularly for people who value spirituality or who have experienced an unfair and consequential death, such as the one of a younger relative.

So far, these descriptive results do not answer whether these pandemic-specific restrictive conditions constituted a risk factor that increased the intensity of grief reactions among bereaved individuals. This question, and the perspective that arises from it, has been theorized by Long et al. (2022) as falling under a *deprivation model*. In this approach, researchers focus on the negative consequences of restrictions, considering them *de facto* as a risk factor that

would cause distress in the short or long term. This approach is predominant in early studies on grief during the pandemic (e.g., Bovero et al., 2022; Eisma & Tamminga, 2020; Mitima-Verloop et al., 2022; Schloesser et al., 2021).

Yet, our mixed descriptive results suggest diverse narratives, showing that some people were satisfied despite the limited rites available, and that others were able to creatively adjust their rites in the face of these obstacles. This is in line with the cautious and exploratory approach adopted in this thesis, and encourages us to follow an *adaptation model*, to use the terminology of Long and his colleagues (2022). As explained by them, this perspective focuses on how people adjusted to these situations, placing them in an active position in the face of circumstances. This encourages us to assess whether certain adaptations reduced distress or had a calming effect, but also what they enabled.

These preliminary results support the relevance of incorporating post-traumatic growth into the assessment of the links between restrictions and adaptations of rites and various indicators of grief. Post-traumatic growth encompasses the positive psychological changes experienced following an adverse, highly stressful experience such as the death of a relative (Tedeschi & Calhoun, 2004). These psychological changes coexist with the distress caused by the event, and may occur regarding relationships with others, new possibilities, personal strength, spiritual changes and appreciation of life (Tedeschi & Calhoun, 2004). In this thesis, it will be referred as *growth* or *post-loss growth*, as it is not only limited to traumatic deaths (Cadell, 2012; Ryan & Ripley, 2023).

3. Part two: Prevalences of PGD and comparisons of grief reactions based on restrictions and adaptations of rites

This section will pursue two objectives with the aim of addressing the concerns raised at the start of the pandemic. First, we will estimate the prevalence of provisional PGD diagnoses in our sample. Secondly, to understand the broader impact of circumstances, we will examine various indicators, including the intensity of grief reactions, mental health distress, feelings of guilt toward the deceased, and growth. We will assess these indicators depending on circumstantial factors described in the first part of the chapter. such as the severity of measures, the extent to which people were able (or unable) to accompany the dying relative or to perform funeral rites, their level of subjective satisfaction with the rites ultimately performed, and the alternative ways they found to perform rites in the face of the restrictions.

3.1 Methodology

Firstly, the *Traumatic Grief Inventory – Self Report* + (TGI-SR +, Lenferink et al., 2022, translated and validated by Cherblanc et al., 2023), was used to estimate the prevalence of PGD according to ICD-11 (WHO, 2022). It is a 22-item scale assessing the intensity of grief reactions in terms of yearning, intrusive thoughts, preoccupation with the deceased and emotional numbness. Items such as “*I felt nostalgic for the person who had died*” are scored on 5-point Likert scales (from 1 = *never* to 5 = *always*). The scale shows a good internal consistency in the present sample, with an ω of .95 for T1 and T2, and .94 for T3. Two

methods of estimation were recommended by the authors of the scale to estimate the prevalence of PGD among people who have been bereaved for more than 6 months. A first method, more precise, consists of treating each item rated as 4 = frequently or 5 = always, as a “symptom endorsed”, knowing that a provisional PGD diagnosis requires endorsement of (a) the item 3 (“*I felt a strong longing or yearning for the deceased*”), (b) more than 5 items among items 4 to 12, and (3) the item 13 (“*I noticed that my functioning was seriously impaired as a result of his/her death*”) (Boelen et al., 2019). The second method, less precise but more regularly used in articles and meta-analyses on the prevalence of PGD (Lundorff et al., 2017), consists of estimating the number of people whose score reaches or exceeds the cut-off score of 71 (Lenferink et al., 2022).

This scale was also used to compare the overall intensity of grief reactions depending on the severity of measures, satisfaction, and adaptations of rites. Moreover, as researchers' concerns about the impact of restrictions involved specific aspects of grief reactions (e.g., loneliness, lack of social recognition, difficulty in realizing and accepting death, experiencing traumatic images) (e.g., Carr et al., 2020; Gesi et al., 2020), additional analyses specifically linked EoL accompaniment and rites restrictions and their level of satisfaction with each TGI-SR item.

Second, the *General Health Questionnaire*, developed by Goldberg and Hillier (1979) and translated in French by Pariente et al. (1992) was used to assess mental health reactions. It contains 28 items declined in 4 subscales assessing somatic symptoms (i.e., “*Have you had any headaches?*”), anxiety and insomnia (i.e., “*Have you been losing sleep because of your worries?*”), social dysfunction (i.e., “*Did you feel constantly irritable or tense?*”), and severe depression (i.e., “*Have you ever felt that life is completely hopeless?*”). The items are answered on a 4-point Likert scale comparing the intensity of the symptom to one month before (0 = *less than usual*, 1 = *no more than usual*, 2 = *slightly more than usual*, 3 = *much more than usual*). A higher score indicates more severe mental health distress. Its internal consistency in our sample was good, with an α of .94 for T1 and T2, and .93 for T3.

Thirdly, the feeling of guilt toward the deceased was assessed using the *Bereavement Guilt Scale* (BGS, Li et al., 2017). It includes 14 items assessing various dimensions of guilt such as feeling responsible for death, having hurt the deceased, survivor guilt or broad guilt feeling (i.e., “*There are many things I did not do for my relative*”) on 5-point Likert scales (from 1 = *this does not concern me at all* to 5 = *this concerns me a lot*). Its internal consistency in our sample was good, with an α of .87 for T1, .90 for T2, and .89 for T3.

Finally, growth experienced by the participants was assessed by the *Post-traumatic growth Inventory* (PTGI, Tedeschi & Calhoun, 1996, translated in French by Cadell et al., 2015). With 21 items, it measures the extent to which the person experienced positive psychological changes in his or her grief. Items, such as “*I appreciate the present more*” are scored on 6-point Likert scales ranging from 0 = *I have not experienced this change at all* to 5 = *I have experienced this change to a great extent*. The scale shows a good internal consistency in the sample, with an α of .94 for T1, .95 for T2, and .95 for T3.

Descriptive and bivariate comparative statistical analyses were conducted. These different indicators were examined according to the level of restrictions imposed by the measures (5-level ordinal variable), the possibility of EoL accompaniment (4-level ordinal variable), the possibility of performing rites (4-level ordinal variable), the level of satisfaction with rites (4-level ordinal variable), whether or not people had created a rite (binary variable), or whether they intended to postpone it (4-level nominal variable). Depending on the type of independent variables, *t*-tests, Pearson correlations, and ANOVAs were performed. For exploratory purposes, ANOVAs and Tukey post-hoc analyses were performed on the ordinal variables to examine the differences between levels of possibility, without assuming a linear relationship with grief reactions. To examine if the differences remained over time, analyses were performed on the indicators at T1, T2, and T3. For each test, size effects were assessed (*d* for *t*-tests and ω^2 for ANOVAs (Field, 2018). Again, analyses were performed on IBM SPSS Statistics (version 27).

3.2 Results

3.2.1 Estimation of prevalence of PGD

As shown in Table 5, among the 377 participants who had lost a relative more than 6 months before at T1, 10.6% met the criteria for a provisional diagnosis of PGD according to the *criteria method*, and 20.2% according to the *cut-off method*. Among the 247 participants who answered T2, this prevalence decreased to 2.3% of the total sample according to the first method and to 5.7% according to the second. At T3, the first method estimated a prevalence of 1.1% and the second method of 2.5% of PGD among the 175 participants.

Table 5. Prevalences of PGD

		T1 N = 472	T2 N = 247	T3 N = 175
<i>N</i> of participants who had lost their relative more than 6 months before		377	247	175
Time since death (months),	<i>M</i> (<i>SD</i>)	17.2 (5.3)	22.6 (7.1)	32.8 (6.9)
Prevalence of PGD (criteria)	% (<i>n</i>)	10.6 % (40)	2.3% (11)	1.1% (5)
Prevalence of PGD (cut-off)	% (<i>n</i>)	20.2% (76)	5.7% (27)	2.5% (11)

Notes. The *criteria method* considers that a provisional diagnosis of PGD can be made if (a) the item 3, (b) more than 5 items among items 4 to 12, and (3) the item 13 are rated as 4 = frequently or 5 = always (Boelen et al., 2019). The *cut-off method* considers that a provisional diagnosis of PGD can be made if the total score reaches or exceeds 71 (Lenferink et al., 2022).

Interestingly, when comparing the prevalence rates (obtained using *cut-off method*) according to sampling and recruitment methods, they appeared to differ depending on whether individuals were recruited via obituaries (14.8%) or via another method (23%) ($\chi^2(1) = 4.39, p = .036, V = .097$). When comparing all the methods, it appeared that prevalence rates were higher among individuals recruited via social networks (31.9%) and via healthcare professionals (50%) than via other methods (obituaries (14.8%), news and media (16.7%), word of mouth (9.5%), other (21.1%) ($\chi^2(5) = 25.76, p < .001, V = .234$)).

3.2.2 Indicators of grief depending on the severity of the measures

As presented in Table 6, it appeared that the intensity of grief, mental health, and intensity of guilt differed depending on the severity of the measures in place at the time of death, while growth did not. In our results, people who lost a relative during lockdown ($n = 66$) showed less intense grief reactions ($M = 47.07$), less mental health distress ($M = 26.56$), and less guilt ($M = 20.83$) at T1 than people who lost a relative during periods of severe measures ($n = 158$, with respective means of 55.41, 31.08, and 23.68) or during periods without measures ($n = 52$, with respective means of 58.71, 35.32, and 25.27). However, further analyses showed that this tended to be explained by the time elapsed since the death, as the lockdown period occurred further back in time than the other periods of measures. When these analyses were performed while controlling for the time elapsed since death, the associations with mental health ($F(4, 448) = 0.29, p = .884$) and guilt ($F(4, 436) = 1.79, p = .129$) disappeared. The association with grief intensity remained ($F(4, 448) = 2.62^*$), but further multiple comparisons showed no significant differences between the different levels of measures.

3.2.3 Indicators of grief depending on performed or prevented rites

Regarding *pre-mortem* rites, the level of EoL accompaniment appeared to be related to the intensity of grief reactions and to mental health at T1. Tukey post-hoc analyses showed that people who did *not* accompany their loved ones *at all* ($n = 173$) had significantly higher intensity of grief reactions ($M = 55.73$) and more mental health distress ($M = 33.43$) at T1 than those who did so *as much as desired* ($M_{grief} = 49.65$; $M_{health} = 28.52$). Moreover, when analyzing less conservative Fischer's LSD post-hoc tests, it appeared that those who accompanied their loved one *more* than they would have liked ($n = 40$) also showed more intense grief reactions ($M = 57.17$) than those who did so *as much as desired*. These differences, however, disappeared at T2 and T3. No differences were observed regarding intensity of guilt toward the deceased and intensity of growth.

Additional analyses of specific grief items at T1, reported in Table 7, showed that people who were unable to accompany their relative at the end of their life as much as they wanted (either *less* or *not at all*) were more likely to report greater difficulty in accepting the loss (item 5), a greater tendency to blame others (item 20), and stronger feelings of shock (item 12), unreality (item 19) and anger (item 8) than those who were able to accompany their relative *as much as desired*. In addition, those who had accompanied their relatives *more than desired* were more likely to report greater difficulty in accepting the loss and unreality, were more likely to blame others, and greater longing toward the deceased (item 3) than those who did so *as much as desired*.

Regarding *peri-* and *post-mortem* rites, being prevented from performing the desired rites did not appear to be linked to the intensity of grief reactions. However, additional analyses of grief items at T1 revealed differences in specific grief reactions. In general, people who did *not* participate in *any rites* reported greater difficulty in accepting the loss (item 5), stronger feelings of anger (item 8), and a greater sense of unreality regarding the loss (item 19) than individuals who participated in *as many* or *more* rites than they wanted.

Table 6. Associations between rites performance, restrictions or modifications and various indicators of grief.

	Intensity of grief reactions			Intensity of health problems			Intensity of guilt			Intensity of growth		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
Sample means (SD)	53.91 (19.33)	46.46 (16.62)	43.71 (15.11)	31.28 (15.38)	24.56 (13.24)	24.08 (15.26)	23.46 (8.29)	22.18 (8.59)	21.30 (7.88)	36.51 (23.26)	39.16 (24.09)	38.29 (23.74)
Severity of measures ^a	$F = 3.19^*$ $\omega^2 = .019$	$F = 1.61$, $p = .173$	$F = 1.27$, $p = .282$	$F = 2.68^*$, $\omega^2 = .014$	$F = 1.03$, $p = .395$	$F = 2.48^*$, $\omega^2 = .033$	$F = 2.69$, $\omega^2 = .015$	$F = 1.61$, $p = .172$	$F = 1.17$, $p = .328$	$F = 0.83$, $p = .504$	$F = 1.32$, $p = .262$	$F = 1.21$, $p = .310$
End-of-life accompaniment	$F = 2.78^*$ $\omega^2 = .011$	$F = 0.95$, $p = .415$	$F = 0.34$, $p = .797$	$F = 3.08^*$, $\omega^2 = .013$	$F = 1.86$, $p = .138$	$F = 0.89$, $p = .446$	$F = 2.39$, $p = .068$	$F = 1.22$, $p = .304$	$F = 1.74$, $p = .161$	$F = 1.74$, $p = .159$	$F = 1.48$, $p = .221$	$F = 0.56$, $p = .645$
Performance of desired rites	$F = 0.79$, $p = .502$	$F = 1.48$, $p = .222$	$F = 0.72$, $p = .544$	$F = 0.30$, $p = .824$	$F = 1.20$, $p = .310$	$F = 0.99$, $p = .399$	$F = 0.76$, $p = .517$	$F = 1.71$, $p = .166$	$F = 1.02$, $p = .386$	$F = 2.54$, $p = .056$	$F = 2.81^*$, $\omega^2 = .022$	$F = 2.40$, $p = .061$
Satisfaction with rites	$F = 1.12$, $p = .342$	$F = 0.61$, $p = .611$	$F = 0.80$, $p = .493$	$F = 1.06$, $p = .368$	$F = 0.84$, $p = .475$	$F = 0.96$, $p = .415$	$F = 2.80^*$, $\omega^2 = .012$	$F = 1.83$, $p = .142$	$F = 0.99$, $p = .399$	$F = 0.19$, $p = .899$	$F = 0.83$, $p = .481$	$F = 0.57$, $p = .639$
Alternative rites	$t = 0.91$, $p = .364$	$t = -0.09$, $p = .931$	$t = 0.12$, $p = .903$	$t = 0.76$, $p = .447$	$t = 1.29$, $p = .196$	$t = 0.16$, $p = .870$	$t = -0.35$, $p = .730$	$t = -0.65$, $p = .519$	$t = -0.45$, $p = .655$	$t = 3.01^{**}$, $d = .298$	$t = 2.65^{**}$, $d = .361$	$t = 1.21$, $p = .229$
Intention to postpone rites	$F = 1.15$, $p = .329$	$F = 0.84$, $p = .472$	$F = 0.67$, $p = .570$	$F = 0.78$, $p = .508$	$F = 0.91$, $p = .439$	$F = 0.03$, $p = .994$	$F = 0.27$, $p = .848$	$F = 1.69$, $p = .170$	$F = 0.53$, $p = .662$	$F = 3.36^*$, $\omega^2 = .016$	$F = 3.99^{**}$, $\omega^2 = .037$	$F = 2.82^*$, $\omega^2 = .032$

Notes. Intensity of grief reactions is measured with the TGI-SR, Mental Health Problems are measured with GHQ, Intensity of guilt toward the deceased is measured with the BGS, and growth is measured with the PTGI. ^a When controlled for the time elapsed since death, the associations of severity of measures with mental health and guilt disappeared, but the association with grief intensity remained.

Table 7. Associations between EoL accompaniment, rites performance, satisfaction and specific items of *Traumatic Grief Inventory Self-Reported* +

<i>TGI-SR + items</i>	Restricted EoL presence	Restricted rites	Unsatisfaction with rites
1 <i>I had intrusive thoughts and images associated with his/her death</i>			
2 <i>I experienced intense emotional pain, sorrow, or pangs of grief</i>			
3 <i>I felt a strong longing or yearning for the deceased</i>	$F = 2.61^*$ $\omega^2 = .010$		
4 <i>I felt confusion about my role in life, or a diminished sense of identity</i>			
5 <i>I had trouble accepting the loss</i>	$F = 6.11^{***}$ $\omega^2 = .032$	$F = 2.79^*$ $\omega^2 = .011$	$F = 5.60^{***}$ $\omega^2 = .029$
6 <i>I avoided places, objects or thoughts reminding me of his/her death</i>			
7 <i>I found it difficult to trust others</i>			
8 <i>I felt bitterness or anger related to his/her death</i>	$F = 11.44^{***}$ $\omega^2 = .063$	$F = 4.72^{**}$ $\omega^2 = .023$	$F = 10.61^{***}$ $\omega^2 = .058$
9 <i>I felt that moving on was difficult for me.</i>			
10 <i>I felt emotionally numb.</i>			
11 <i>I felt that life is meaningless of empty without the deceased</i>			
12 <i>I felt shocked, stunned, or dazed by his/her death</i>	$F = 3.70^*$ $\omega^2 = .017$		
13 <i>I noticed that my functioning was seriously impaired as a result of his/her death</i>			
14 <i>I had intrusive thoughts and images associated with the circumstances of his/ her death</i>			
15 <i>I had difficulties with positive reminiscing about the deceased</i>			
16 <i>I had negative thoughts about myself in relation to the deceased or the death (e.g., self-blame)</i>			
17 <i>I had a desire to die in order to be with the deceased</i>			
18 <i>I felt alone or detached from other people</i>			
19 <i>It felt unreal that he/she is dead</i>	$F = 2.76^*$ $\omega^2 = .011$	$F = 3.71^{**}$ $\omega^2 = .017$	
20 <i>I put an intense blame on others because of his/her death</i>	$F = 7.35^*$ $\omega^2 = .039$		
21 <i>It felt as if a part of me has died along with the deceased</i>			
22 <i>I had difficulties experiencing positive feelings</i>			

Notes. Only significant associations are reported.

The extent to which rites were prevented was not related to levels of mental health distress, nor to levels of guilt. However, it was linked to the level of growth at T2. Differences only appeared significant in the (less conservative) Fisher's LSD post-hoc analyses, which showed that the few people who were able to perform *more rites* than they wanted ($n = 15$, $M = 51.4$) tended to show greater growth than those who performed *no rites at all* ($n = 27$, $M = 35.3$) or *fewer* than desired ($n = 138$, $M = 36.6$).

Contrary to our hypothesis, the level of satisfaction with the funeral rites practiced was not significantly related to the overall intensity of grief reactions. However, additional

analyses of grief items showed that people who were *not* satisfied *at all* with the rites that were performed reported greater difficulty in accepting the loss (item 5), and stronger feelings of bitterness and anger (item 8) than all the others.

In addition, the level of satisfaction with the funeral rites practiced was not related to level of mental health distress or to the level of growth experienced by the bereaved of our sample. It was, however, slightly related to level of guilt towards the deceased at T1. Again, differences only appeared significant in the (less conservative) Fisher's LSD post-hoc analyses, which showed that people who were a little bit ($n = 128$, $M = 24.32$) and fairly satisfied with rites ($n = 142$, $M = 24.36$) had, on average, higher levels of guilt than people who were very satisfied with the rites performed ($n = 89$, $M = 21.53$).

3.2.4 Adjustments and alternative rites

Our hypotheses anticipated that people who had adjusted their rites, whether by adapting, creating ones, or postponing them to a later date, would exhibit less intense grief reactions than people who had not made such adjustments.

At first, when analyzing whether the creation or adaptation of rites was linked to indicators of grief, mental health, or guilt, no significant association appeared. However, people who adjusted or created one or more rites showed greater growth ($n = 155$, $M = 41.07$) than people who did not ($n = 295$, $M = 34.19$). This trend continued at T2 but faded at T3.

Findings were relatively similar regarding individuals who intended to postpone rites and who actually performed them. People who intended to perform a later rite did not show differences in grief reactions, mental health, or feelings of guilt toward the deceased than people who did not intend to perform one, regardless of whether they ultimately did so or not. These results remained insignificant when the severity of the measures was controlled for. However, they appeared to differ in terms of growth. More specifically, people who still had an intention to perform a postponed rite showed higher growth ($n = 83$, $M = 40.99$) than people who did not initially intend to do so ($n = 229$, $M = 33.11$). At T2 and at T3, however, the differences appeared between those who ultimately performed their postponed rites, who showed greater growth than those who did not initially intend to do so.

4. General discussion

The objective of this chapter was to provide a descriptive portrait of the situations experienced by the bereaved individuals who participated in our study, and to offer some possible avenues for answering the urgent concerns raised at the beginning of the pandemic.

One of the main concerns raised at the start of the pandemic was that losing a relative under a restrictive context would lead to an increase in the prevalence of Prolonged Grief Disorder (PGD) among the bereaved (Carr et al., 2020; Eisma et al., 2020; Gesi et al., 2020; Goveas & Shear, 2021; Kokou-Kpolou, Fernández-Alcántara, et al., 2020; Wallace et al., 2020). While prevalence rates reported in the literature prior to the pandemic were approximately of 10% (Lundorff et al., 2017; Maciejewski et al., 2016), the results of our

study showed prevalence between 10.6% and 20.2% of PGD among bereaved individuals, depending on the method of estimation. These prevalences are close to that of 22.4% found by Mitima-Verloop et al. (2022), but lower than that of 48%, 29%, or 67% observed in other studies on grief during the Covid-19 pandemic (e.g., Bovero et al., 2022; Downar et al., 2022; Gang et al., 2022). It should be noted that these studies differed in terms of the scales used, the methods employed to estimate prevalences, the recruitment methods used and, consequently, the composition of the samples. In addition, they were conducted in different socio-cultural contexts. These methodological differences make it difficult to compare prevalence rates in absolute terms. Furthermore, unlike these studies, which were conducted in 2020, ours was carried out 24 months after the start of the pandemic, at a time when living conditions had almost returned to normal in Belgium. It is very possible that the constraints imposed on the respondents' living conditions, and the overall atmosphere at that time, had an impact on the data collected, even though our sample also included people who had lost relatives during periods of severe restrictions.

The prevalences of PGD found did not reach the levels observed in contexts of traumatic death, whether caused by natural (Hu et al., 2015) or unnatural (Djelantik et al., 2020) causes. We can therefore assume that the pandemic context did not necessarily represent a traumatic context in the same way as natural disasters, as had been feared at the beginning of the pandemic (Gesi et al., 2020). Overall, our study, showing lower levels of prevalences and a decrease over time – to 2-5% at T2 and 1-2.5% at T3 – could therefore be reassuring. They suggest that the vast majority of bereaved individuals may have been able to adapt, adjust, and build resilience over time, as some studies have shown with regard to changes in mental health throughout the pandemic (Robinson et al., 2022).

Beyond the prevalence of PGD, concerns anticipated that the restrictions would impact grief, leading to more intense grief reactions and greater mental distress. As the severity of measures varied over the course of the pandemic, these concerns would anticipate that stronger measures would have bigger impact. However, this did not appear to be so obvious in our results. It is true that the measures had an impact on how people could act as they wished around the death of their relative. However, stricter measures at the time of death did not appear to be associated with higher levels of grief intensity, more health problems or more guilt. This does not mean, however, that people were not affected by them. Qualitative studies and clinical accounts demonstrate the extent to which lockdowns and other restrictions may have exacerbated the distress experienced by bereaved individuals (e.g., Hamid & Jahangir, 2022; Hernández-Fernández & Meneses-Falcón, 2021; Katz et al., 2021; Kuş et al., 2022).

Several hypotheses could explain why the various studied indicators of grief and mental health do not change according to the severity of the measures. First, our findings suggest that this impact was not uniform, as evidenced by the diversity of experiences described in the quotes in the first section, and that are starting to emerge in qualitative studies (e.g., Masur & Wertheimer, 2022). It is possible that the severity of the measures, as we calculated based on the date of death, did not correspond with people's subjective experiences. Research has shown that the measures had an unequal impact on people's mental health and that those who

were already vulnerable, isolated or facing additional stressors (e.g. unemployment or precarious living conditions) were affected more severely (Bruggeman et al., 2022). Moreover, the application of official measures depended on location, and their general severity may not reflect what people were actually facing. It is also possible that people did not comply with the measures in force, as some extracts of Cherblanc et al.'s (2022) descriptive study showed, and that their official severity did not reflect what they were ultimately able or unable to do. In that sense, it would be interesting to explore in greater depth how people perceived the restrictions imposed, whether they complied with them, and if not, how they felt about performing rites, gathering or visiting their relatives when they were not permitted.

A second hypothesis concerns the classification of pandemic periods according to the severity of restrictions affecting social and funeral practices (see table, p.30). This temporal division aimed to compare, in a quasi-experimental way, how variations in social and funeral restrictions influenced people's experiences of grief. However, this approach overlooks the psychological temporality of the pandemic and the fluctuations in the psychological impact of its different waves, which go beyond the objective severity of the measures. As a result, periods considered similar in our study may have taken on very different realities. For instance, April 2020 – at the beginning of the pandemic and classified as severe – was marked by a strong sense of fear (Mertens et al., 2023), whereas November 2020 – also classified as severe – followed a period of relaxation and may have given rise to greater despair, reduced well-being and increased loneliness (Claes et al., 2023), potentially increasing feelings of anger towards the restrictions. Likewise, June 2020 – considered light –, was characterized by a partial return to freedom but continued uncertainty, sense of danger and vulnerability due to the novelty and uncontrollability of the virus, that may have made people more cautious despite the relaxation of measures. In contrast, by June 2021 – also considered light –, vaccines, pandemic fatigue, and greater familiarity with the disease may have made the atmosphere potentially less anxiety-inducing and people less cautious, as shown by Waterschoot et al. (2023). It is very possible that people's subjective relationship with the restrictions fluctuated depending on these different psychological states, as well as other factors such as the accumulation of professional, economic and social consequences that may have added up over the course of the pandemic. It has been shown that beyond the objective severity of the measures, a greater proportionality and congruence between the severity of the measures and the perception of risk was systematically linked to individuals' well-being, life-satisfaction, the satisfaction of their basic needs, as well as to lower levels of anxiety and depression (Waterschoot et al., 2023). Finally, psychological states do not necessarily evolve at the same pace as regulatory decisions. It is therefore possible that people's mental health at a given time does not directly reflect the effect of decisions made at that very moment. Future research could examine grief experiences using temporal divisions that better account for changes in people's psychological states, as well as in their subjective relationship to restrictions and to their proportionality across the pandemic's waves.

Some aspects of these concerns specifically addressed the impact of inadequate end-of-life (EoL) accompaniment and the absence of funeral rituals (e.g., Albuquerque et al., 2021;

Yardley & Rolph, 2020; Zhai & Du, 2020). Regarding EoL accompaniment, our findings showed that people who had not been able to accompany their dying relative as much as they wanted, which was the case for 67% of our sample, tended to experience more intense grief reactions and poorer mental health, even if these effects faded over time. When looking at specific items, they seemed to have more difficulty in accepting the loss, and greater feeling of shock, anger and bitterness, and a higher tendency to blame the others for the death. On the one hand, this suggests that the lack of EoL accompaniment and presence could have hindered the processes of realizing and accepting the loss, in line with the concerns raised. On the other hand, and contrary to concerns about feelings of guilt arising from an inability to support a dying relative (Katz et al., 2021), this suggests that people rather felt angry, and blamed others (or the situation) for not having been able to ensure “*a good death*” (Carr, 2003) to their relative.

Our findings also showed that some participants ($n = 40$) had to accompany their relatives *more* than they would have liked and tended to show higher grief reactions than those who could do so as much as they desired. More specifically, they tended to show more difficulty in accepting the loss, higher tendency to blame others for the death, as well as more longing for the deceased. This suggests how much attention caregiving situations require, particularly when they are deemed excessive, when people have no choice but to assume the care, or when usual support structures are less accessible, as was the case during the pandemic (Katz et al., 2021).

Regarding funeral rites, our findings showed that, contrary to the authors’ concerns, having been prevented from performing *peri-* and *post-mortem* rites was not directly related to more intense grief, more guilt, or poorer mental health. This is consistent with the findings of Şimşek Arslan & Buldukoğlu (2021), and with our assumptions (*hypothesis a*) and those of Burrell & Selman (2022). Surprisingly, and contrary to our *hypothesis b*, people who were less satisfied with the rites that were performed did not differ in their intensity of grief or in their mental health. However, they did show stronger feelings of guilt towards the deceased than those who were more satisfied. Although overall grief scores did not differ depending on rites restriction or dissatisfaction, some tendencies appeared when looking at more specific items of grief. It appeared that people who did not perform any rites or who were not satisfied of those performed reported more difficulty in accepting the death as well as more feelings of anger and bitterness. In addition, those who did not perform any rites also reported more feelings of unreality, regardless of whether this was satisfactory for them or not. This aligns with the findings of Hernández-Fernández & Meneses-Falcón (2021), who, regarding uncertainty and disbelief reported by their bereaved participants, suggested that restrictions on rituals may have elicited experiences of *ambiguous losses*, usually observed in situations of disappearances or wars, and in which confusion and uncertainty surrounding the death prevent the person from integrating it psychologically (Boss, 1999). Although it did not appear in total grief scores, our results cautiously suggest that performing rituals may help for the cognitive acceptance of the loss, and that performing rituals that are satisfying may help for the emotional acceptance of it.

Interestingly, performing as many rites as desired or more rites than desired, regardless of their satisfaction, was related to experiencing higher levels of growth. Unlike the pattern observed for EoL accompaniment, the extent to which rituals were performed appears to be linear: the more rites people have performed, the more they seemed to experience growth. Having been able to practice rites during this period may indeed have fostered growth, as it may have nurtured spirituality, strengthened bonds with the other bereaved, and provided a space for expressing emotions (Romanoff & Terenzio, 1998; Souza & Souza, 2019). That said, this relationship may not be direct: people who were more inclined to perform rituals, for example those who valued more spirituality, may also be those who were more inclined to experience personal growth (Cadell, 2012), without the rite itself explaining it.

Our findings also showed the adjustments and alternative ways people found to ritualize the death of their relative. Firstly, some participants have created or adapted their rites. Our *hypothesis c*, and those of other authors (Mitima-Verloop et al., 2022), anticipated that people who adapted their rites would show more soothed reactions of grief than people who have not adapted their rites during periods of similar restrictions. However, neither in our study, nor in Mitima-Verloop et al.'s (2022) one, was the performing of alternative rites linked to better adjustment to grief. This may be explained by the fact that, although some rites were adapted to compensate for restrictions (i.e., candles representing people unable to attend the funeral, virtual broadcast of the ceremony), this tendency to adapt them did not appear to be a specific response to restrictions. It rather seemed to be part of a broader trend towards more personal, more ecological rituals practices which goes beyond the context of pandemic (Servais, 2020), although it may have been accelerated by it (Cherblanc et al., 2022; Lowe et al., 2020), as these alternative forms (outside, numerical, more intimate) were more feasible and safer.

Performing alternative rites was related to higher levels of growth. This could be explained by the fact that creating or adapting rites may require a certain connection to spirituality (in fact, the results showed that those who created rites placed greater importance on spirituality), which is a fundamental aspect of growth (Cadell, 2012). It could also be explained by the fact that the circumstances in which people performed alternative rites more (experienced as unfair, consequential, for younger deceased) are also more likely to be disrupting and to stimulate growth (Yilmaz & Zara, 2016). However, by considering “alternative rites” our analyses combined those adapted because of the restrictions, and untraditional and creative rites that would have been performed regardless of the context. Yet, it is very possible that creating rites by choice or adapting ones in reaction of restrictions may be very different experiences. Future studies should distinguish between these experiences. It would also be interesting to explore whether rites that were modified or created during a disruptive period manage to retain their function of stability, continuity and predictability amid the chaos of death (Hoy, 2022).

Secondly, almost half of the participants, in the face of the restrictions, decided to postpone their rites to a later date. Among them, over a third effectively did so. However, whether they did so or not, people who had this intention did not show any different grief reactions compared to those who did not have this intention. Some people reported that they

still had the intention to perform a rite later. At T1, they showed higher levels of growth than those who did not have the intention initially. It is true that the intention to perform a later rite may have enhanced growth as people needed to talk about it, imagine what it would be like, and consider its meaning, potentially strengthening their relationship with spirituality, their mutual relationships. However, at T2 and T3, it is those who ultimately performed their postponed rites who tended to show higher growth than those who did not have the intention initially. This could cautiously suggest that, beyond intention, a higher level of growth could be maintained through the effective performance of the postponed rite.

In conclusion, these preliminary results offer some preliminary avenues for answering how restrictions on EoL and funeral conditions may have affected people's grief. EoL accompaniment may, if insufficient or excessive, have elicited stronger grief reactions. Although less obvious, restrictions on funeral rites may also have impacted bereaved individuals in specific aspects of their grief (e.g., feelings of anger, difficulty in accepting the loss, feelings of unreality). However, this effect did not appear in general grief intensity, and other aspects mentioned in the initial concerns were not observed in our study, such as traumatic reactions or increased loneliness - yet included in the TGI items analyzed. In this sense, our findings align with Clavandier (2020), who suggested that this restrictive context would likely affect bereaved people in their grieving processes, requiring them to make adjustments, compensations, secondary elaborations, which should not necessarily be read through the prism of complicated, pathological, or impossible reactions of grief.

These results should be interpreted with caution, as they are based on bivariate and cross-sectional analyses which assume a direct link between circumstances and reactions. However, circumstances alone do not determine how people will experience grief, and it would be difficult to accurately predict and explain grief reactions based solely on them. Other factors should be considered, as they may modify the effects and meanings of these predictors for each person, shaping long-term grieving reactions. This is consistent with the fact that most of the associations observed in our analyses disappeared over time. These factors could be the subjective appraisals of the circumstances surrounding death (Zech & Fernández-Alcántara, 2021), the broader meaning given to the loss, which individuals gradually construct and adjust over time (Gillies & Neimeyer, 2006a; Rozalski et al., 2017), and the diverse ways people found to cope with the loss (Stroebe & Schut, 1999).

In addition, our results approached grief through the lens of specific indicators, whereas the experience of grief and the emotions associated with it are an intertwining of complex processes that are not captured in these scales. In fact, we could assume that other psychological, psychosocial, and spiritual processes at work in the grieving experience, such as the continuing bond with the deceased or a more existential relationship with death, may be linked to funeral rites and consequently altered without actually changing the intensity of the grief reactions. Further qualitative analyses could therefore shed another light on these experiences.

Chapter 3

A struggle for the “good”: A mixed-method study on bereaved people’s disruptions

Abstract: The studies examining the impact of Covid-19 restrictions on bereaved people’s grief experiences largely assumed that people mostly complied with health rules. Our study explores disruptions to the measures to perform funeral and social rituals, examining in which context they took place, how they were experienced and what they allowed in the bereaved’s grieving processes. A mixed-method was used to analyze data collected through self-reported questionnaires from 472 bereaved individuals in Belgium. As we hypothesized that disruptions would act as coping strategies, leading to lower levels of grief and guilt, and greater post-traumatic growth, quantitative analyses compared people who disregarded the rules to those who complied using MANCOVA. Then a reflexive thematic analysis explored 185 open-ended responses about disruptions to rules. Overall, 40% of the participants reported having disregarded the rules, particularly when death was unbearable and unfair. These behaviors were multiple and had various meanings and emotional connotations. In general, such behaviors were driven by a need to do the right thing, which was described as an easy or difficult choice in the face of conflicting norms and values. Contradicting our hypothesis, disruptions were associated with elevated levels of grief and guilt. People who disregarded the rules showed also greater post-traumatic growth, but only if they were ultimately able to perform the desired rites. Our findings argue that disruptions could have served as a form of self-empowerment, enabling people to resist constraints and meet their needs, those of the deceased and other bereaved, in accordance with moral and ethical principles.

References: Boever, C. & Zech, E. (2025). *A struggle for the “good”: A mixed-method study on bereaved people’s disruptions*. [Under current editing after a second revision from *Journal of Loss and Trauma*]

Chapter 4

What does it mean to have experienced the death of a relative in a context of social and funeral restrictions?

Lessons from the pandemic for bereavement research and clinical practice.

The circumstances of the Covid-19 pandemic raised concerns about their impact on people who were bereaved in this period. Numerous studies have attempted to quantify this impact. However, they have often adopted a pathologizing perspective on grief, with little attention being paid to the mediating processes and to the diversity of experiences, and their results have appeared contradictory. This study takes a comprehensive approach to understand these experiences in their uniqueness, without pathologizing them. Interviews with 12 bereaved people were analyzed using an interpretative phenomenological analysis and drawing on the theoretical framework of meaning-making, to explore the meanings that they gave to their loss and grief in a context of social and funeral restrictions. In our findings, the context of the pandemic appeared to be completely incompatible with the field of dying and mourning, creating paradoxical injunctions for some participants. While this led to feelings of guilt, powerlessness and loss of meaning for some, others were able to experience meaningful moments and to find solace in the farewell. All experiences were far from what had been expected, for better or for worse, and participants had to find their own ways to make sense of these unexpected experiences. The meanings they gave were complex, combining different levels of meaning - personal, moral, societal, or existential - and evolved over time, as did their emotional experiences. The results highlight the notions of paradoxical injunctions and grieving for an ideal goodbye as relevant for understanding and supporting the bereaved, drawing avenues for therapeutic work (e.g., restoring agency by providing a secure space to create a meaningful rite). They also have implications for research, highlighting the need to broaden the understanding of “impact”, to include mediators assessing subjectivity, and to privilege person-centered qualitative and quantitative methods.

References: Boever, C., Zech, E., Arcand, L. & Verdon, C. (2025). What does it mean to have experienced the death of a relative in a context of social and funeral restrictions? Lessons from the pandemic for bereavement research and clinical practice, *Plos ONE*, 20(9). <https://doi.org/10.1371/journal.pone.0331946>

Chapter 4. What does it mean to have experienced the death of a relative in a context of social and funeral restrictions?

Lessons from the pandemic for bereavement research and clinical practice.

1. Introduction

This paper explores the experiences of grief following the loss of a close one during the pandemic, when funeral rites and social gatherings were restricted, and draws lessons for clinical and bereavement research. Grief refers to the set of responses to the experience of loss. In this article, this notion encompasses dynamic, ongoing, intrapersonal and interpersonal processes of adjusting to and integrating loss, as well as the emotional experience of this loss, giving rise to evolving psychological, physical, social, behavioral and existential reactions that are specific to each person (Boerner et al., 2015; Guldin & Leget, 2023). While the concept and experience of grief can be applied more broadly to any type of loss (Guldin & Leget, 2023), in this study, we limit our definition to the death of a close one.

In 2020, restrictions aimed at stopping the Covid-19 viral contamination have limited access to places of worship and care, and restricted social gatherings as well as funeral and mourning rites. Deploying historical, psychological or socio-anthropological arguments on the importance of funeral rites in adjustment to loss (Castle & Phillips, 2003; Souza & Souza, 2019), many authors anticipated that the impossibility of such rites, combined with other risk factors, would hinder grief processes, prevent mourners from realizing and making sense of the loss, from receiving social support (Carr et al., 2020; Wallace et al., 2020), and ultimately increase pathological grief reactions (Eisma et al., 2020; Gesi et al., 2020). Other authors (Clavandier, 2020; Zech, 2020) called for caution in predicting psychopathological outcomes, arguing that the performance of funeral rites (or their absence) does not show a consistent link with the intensity of grief reactions (Burrell & Selman, 2022), and that their meaning evolves and differs from person to person (Beard & Burger, 2017; Hoy, 2022).

Since then, numerous studies have addressed the initial and urgent questions about the impact of restrictions on grief. This has mainly been done from two angles: either by assessing grief reactions or by identifying the specific circumstances that affected the bereaved. First, authors have attempted to identify the consequences of losing a relative in these circumstances (for a review, see (Van Schaik et al., 2022), by estimating prevalences of diagnoses of pathological grief (Lee et al., 2021; Tang & Xiang, 2021) or assessing the intensity of grief reactions (Breen et al., 2022; Mitima-Verloop et al., 2022). However, due to differences in methodology, their results are difficult to compare, making it hard to

determine the effect of circumstances on grief reactions and the nature, extent, and meaning of that effect. Some qualitative studies have revealed that restrictions have been experienced differently by individuals, sometimes leading to feelings of relief, opportunities to rethink or create meaningful ways of accompanying and saying goodbye to the deceased, or to grieve more freely (Buckley et al., 2023; Long et al., 2022). Yet the main narrative that has emerged portrays circumstances as having a strong, and mostly negative impact on opportunities to say goodbye, rites, and the subsequent grieving processes (Aguiar et al., 2022; Cipolletta et al., 2022), provoking feelings of disbelief about the death (Cardoso et al., 2020), powerlessness (Buckley et al., 2023), guilt towards the deceased (Hamid & Jahangir, 2022), or a lack of recognition of grief (Ummel & Vachon, 2022). Secondly, studies have sought to identify the individual, relational and situational factors in the context of the pandemic that affected bereaved people or exacerbated their distress (Bovero et al., 2022; Neimeyer & Lee, 2022). Qualitative studies have revealed that the impossibility of accompanying the deceased at the end of life, the accumulation of other stressors and losses, social isolation, or the inadequacy of restricted in-person or virtual funeral rites particularly affected bereaved people (Aguiar et al., 2022; Koliouli et al., 2024). However, when the impact of these factors on grief reactions has been empirically tested, contradictions emerged: studies that have examined whether greater restrictions at the time of the loss were associated with more intensity of grief have yielded mixed results (Batista et al., 2024; De Vincenzo et al., 2024), as have those that tested whether distress increased when rites were more restricted (Bovero et al., 2022; Mitima-Verloop et al., 2022) or less satisfying (Boever et al., 2023; Cherblanc, Zech, Cadell, et al., 2025).

Those studies have partially described what bereaved people experienced during this period, outlined the possible consequences for their grief and suggested ways to support them therapeutically. However, the adoption of these two angles had several blind spots. First, they took a psychopathological perspective on grief: studies that have quantitatively examined grief during the pandemic have primarily looked for ‘symptoms’ or diagnoses of ‘pathological grief’ (Bovero et al., 2022; Lenferink & Boelen, 2023) (for a historical and clinical critique of the notion of pathological grief, see (Zech & Boever, 2025)). Some qualitative studies have also described the experiences in terms of particularly intense grief reactions (Aguiar et al., 2022; Koliouli et al., 2024). This relatively reductive approach to bereavement affects our ability to understand grief as a holistic, complex and multidimensional experience (Guldin & Leget, 2023). It leads researchers to look for psycho(patho)logical reactions, rather than exploring the experiential reality of the bereaved, whether distressed or not, thus reducing the possibility of observing diverse experiences. Yet, not only did circumstances vary enormously during the pandemic, but it is also known that even in similar circumstances, the ways people experience the death of someone close, find meaningful ways of saying goodbye, and grieve, are highly subjective, idiosyncratic, and inextricably linked to the meanings they give to it (Bonanno & Kaltman, 1999; Mahat-Shamir et al., 2021). One way of exploring this diversity of experiences is thus to acknowledge their singularity, by studying mediating processes of meanings, such as how people appraise the loss, interpret it and what sense they do make of it. Some studies took this perspective and showed how experiences of loss under restrictions prevented some people from finding

closure (Cardoso et al., 2020), were difficult to integrate and to give meaning to (Van Schaik et al., 2022), and led to incoherent narratives (Mortazavi et al., 2023). Other studies showed that some bereaved people were able to make sense of their experiences, by seeking comfort, gratitude (Vieveen et al., 2023), social connection, coherence and recognition (Guité-Verret et al., 2021), and that giving meaning allowed them to partially mitigate the effects of funeral restrictions on their grief (Batista et al., 2024).

Finally, most authors discussed their findings in the very specific context of the pandemic. It is true that pandemic grief appears to have unique characteristics (Ummel & Vachon, 2022), and that studying it can help us better understand what people experienced, provide appropriate support, and anticipate decisions and actions in similar future contexts (Torrens-Burton et al., 2022). We believe that the study of bereavement in an unprecedented context of changes and restrictions in the conditions of end-of-life, death and mourning also offers a unique opportunity to improve knowledge in a number of areas, namely the meanings of funeral rites and the functions they fulfil in bereavement, and the needs of the bereaved and how they react, adjust, create and reimagine when these needs are thwarted, as this can also occur in other circumstances (e.g., when the deceased had opposite wishes for their funeral than the bereaved, or when the close person cannot be present when the beloved person dies, such as in situations of migration or detention). In this way, studies can shed light on the specific context of the pandemic but also draw lessons for research or clinical work on bereavement in general.

The present study builds on these reflections and seeks to explore the experience of bereavement during this period of social and funeral restrictions from a meaning-making perspective. We aim to answer the following question: *“What meanings do bereaved people give to their experience of loss and grieving in circumstances of restricted funeral rites and social gatherings?”* by analyzing 12 interviews conducted with bereaved people using the method of interpretative phenomenological analysis (Smith & Osborn, 2008). By adopting a comprehensive approach, we aim to understand the meaning of lived experiences in all their uniqueness, complexity and nuance, while taking care to move away from the limitations mentioned above. First, by seeking the meaning given to experience, we aim to access what is less obvious in language, going beyond a descriptive and literal account of events and reactions to understand intimate and subjective experiences (Mahat-Shamir et al., 2021). Secondly, this study deliberately aims to explore a diversity of experiences, taking care not to look specifically for negative experiences or to adopt a pathologizing prism. Thirdly, it involves people who lost their relative 1 to 3 years before. This time lapse allows a temporal perspective that invites the interviewees to relate differently to their experience, and to address what has changed in the account of their experience and in the meaning they give to it. It also allows the researchers to step back from pressing issues and discuss the results from a more overarching perspective, looking for lessons to be drawn from these experiences for clinical practice and research in the field of bereavement.

1.1 Theoretical framework

This study uses a psychological framework and approaches grief as conceptualized in Bonanno and Kaltman's *Integrative Perspective on Bereavement* (Bonanno & Kaltman, 1999). This model considers the experience of grief as composed of different elements: the context of loss, the continuum of subjective meanings, the changing representations of the lost relationship, and the set of coping and emotional regulation processes. The model presents its components as interrelated, evolutive and specific to each person, acknowledging the complexity, singularity and diversity of grieving processes and trajectories. In this study, we focus our attention on the subjective meanings that the person gives to the experience of loss. As in the model, we refer to them as a continuum, encompassing subjective perceptions of circumstances and consequences of the loss, interpretations of the cause and meaning of death, and more existential questions about the bereaved's own identity, the place of the deceased or the meaning of life. However, we also acknowledge the importance of the other aspects of grieving experiences. Firstly, the context of loss, which we interpret in a broad sense, including the characteristics of the bereaved person, the deceased person, the circumstances of the death, the person's social, financial and cultural resources, and the socio-cultural context in which the loss and bereavement take place (Zech & Fernández-Alcántara, 2021). Secondly, the changing representations of the relationship, including the redefinitions, relocations and transformations of the bond with the deceased and the meaning given to this bond, inspired by Klass et al.'s theory of *continuing bonds* (Klass, 2023; Klass et al., 1996). Finally, the coping and emotional regulation processes through which, consciously or unconsciously, the bereaved attempt to cope with the myriads of negative and positive emotions aroused by the loss, its consequences and the relational and existential questions it engenders.

The present study is also grounded in the theoretical framework of meaning-making, developed by Park (2010) and inspired by the work of other authors (Janoff-Bulman, 1992; Neimeyer, 2001) and that specifically addresses how people make meaning of their experiences. This model posits that each person possesses a global meaning system that includes a set of beliefs, internal representations, values, feelings, knowledge, and expectations about existence, the world, and oneself, through which he or she consciously or unconsciously understands and makes sense of experiences. It postulates that when the situational meaning given to a lived experience diverges from the person's global meaning system and core beliefs, this can cause distress and initiate a process of meaning reconstruction aimed at reducing the perceived incongruence (Park, 2010). This meaning-making process can take different forms (Attig, 2001; Park, 2010), involve multiple levels of experience, ranging from practical, relational, and identity-related aspects to more existential aspects related to the meaning of life or one's role in it (Neimeyer et al., 2011), and lead to the generation of a multitude of meanings. In our study, we will consider meaning from a broad perspective, including the processes by which the person attempts to make meaning, the meanings that are formulated, and their evolution, as recommended (Park, 2010).

2. Methodology

To explore the meanings people gave to their experiences of bereavement in restrictive circumstances, 12 interviews with bereaved people were carried out and then analyzed using the method of interpretative phenomenological analysis (IPA, Smith & Osborn, 2008).

These interviews were conducted as part of a longitudinal and mixed-method study, conducted in Belgium and designed to explore the experiences of bereavement after the death of a closed one in a period of social and funeral restrictions. In this study, people who had lost a relative between March 2020 and January 2022 were invited to complete a questionnaire about the death of their relative and about their grief on three occasions, in February 2022, November 2022 and August 2023. Twelve of these people were interviewed face-to-face following the first questionnaire. This study is part of an international collaboration in which similar studies are being conducted (Cherblanc et al., 2022; De Vincenzo et al., 2024; Sani et al., 2025) and joint analysis projects are being pursued (Cherblanc et al., 2024).

2.1 Recruitment, selection and participants

The opportunity to be interviewed was offered to all 472 people who responded to the first questionnaire of the study, whose inclusion criteria were: to be over 18 years of age, to understand French, and to have experienced the death of a significant person in Belgium between March 2020 and January 2022. Recruitment was conducted from 1/02/2022 to 1/06/2022, through social media, the media, newspaper or association newsletters, word of mouth, and direct personal contact with bereaved people who were mentioned in Belgian digital obituaries. At the end of the questionnaire, 260 people (55.1%) expressed interest in being interviewed by the researcher. A purposive selection method⁸ was then defined to select a limited number of people from this group who would cover a wide range of experiences.

On the basis of their answers to the questionnaire, three binary criteria were defined. The first criterion targeted the intensity of grief and aimed at identifying people experiencing various levels of distress. This criterion, based on the total score in the *Traumatic Grief Inventory* + (TGI-SR +, Lenferink et al., 2022, translated and validated by Cherblanc et al., 2023), distinguished people whose score was above or below the cut-off defined by the authors (the theoretical threshold at which clinical concerns about so-called "prolonged" grief may appear (Boelen et al., 2019)). The second criterion focused on subjective satisfaction with the *pre-*, *peri-* and *post-mortem* rites, distinguishing between those who were fairly or very satisfied and those who were not very or not at all satisfied with the rites carried out for their relative. The third criterion concerned the practice of alternative rites, invented or adapted because of the restrictions at the time of death, and distinguished between those who had answered "yes" or "no" to the question "*Did you participate in other forms of rites before or after the death of your relative?*". By combining these three criteria, it was possible to identify 9 profiles of experiences, illustrated in Table 1. A total of 18 people were contacted,

⁸ Appendix 5 provides further details on this sampling procedure.

varying in gender, age, kinship to the deceased, and cause of death. Whenever possible, the researchers tried to meet at least one person per experience profile. Fifteen people responded positively and 12 were met (3 did not follow up), covering 8 of the 9 experience profiles.

Of the 12 interviewees, 5 were men and 7 were women. Their age ranged between 22 and 83 years old. They talked about the death of different relatives (a child, a parent, a spouse, a grandparent, a friend), who had died at different ages (from 8 to 101) and from different causes (illness, accident, suicide). Table 2 shows socio-demographic information for each respondent, as well as some descriptive details about the deceased, the death and their kinship.

Table 1. Profiles of experiences by combining the three binary criteria

	Criteria A (n)	Criteria B (n)	Criteria C (n)
People having accepted the interview N = 260	TGI>61 (96)	Satisfying rites (47)	Having created (10)
			Not having created (37)
		Unsatisfying rites (49)	Having created (26)
	TGI<61 (164)		Not having created (22)
		Satisfying rites (80)	Having created (33)
		Unsatisfying rites (84)	Not having created (47)
			Having created (32)
			Not having created (52)

Table 2. Socio-demographic data and information concerning the respondent, the deceased, the death and the conduct of the interview.

Respondents Name ^a , gender ^b (age range)	The deceased Kinship, gender ^b (age range)	Cause of death	Time since death at time of the interview	Context of the interview ^c	Length of the interview
André, M (60-70)	His partner, W (50-60)	Suicide	28 months	Research institute	1h55
Dominique, M (70-80)	His wife, W (60-70)	Cancer	19 months	Research institute (C+S)	1h04
Élise, W (30-40)	Her son, M (0-10)	Accident	29 months	Participant's home (C+S)	2h24
Henri, M (80-90)	His sister, W (80-90)	Cardiac arrest	31 months	Participant's home	1h33
Isabelle, W (60-70)	Her father, M (80-90)	Euthanasia	21 months	Participant's home	2h33
Jeanne, W (20-30)	Her father, M (50-60)	Suicide	24 months	Research institute	2h18
Louis, M (40-50)	His mother, W (70-80)	Covid-19	31 months	Research institute	2h05
Maria, W (30-40)	Her friend, M (30-40)	Covid-19	23 months	Research institute	1h36
Naomi, W (20-30)	Her father, M (40-50)	Covid-19	20 months	Research institute	2h11
Philippe, M (40-50)	His grandmother, W (100-110)	Covid-19	32 months	Public place	2h00
Sandra, W (60-70)	Her daughter, W (20-30)	Suicide	14 months	Participant's home (C+S)	2h36
Tania, W (30-40)	Her father, M (60-70)	Cardiac arrest	21 months	Participant's home	1h28

^aThe names are pseudonyms. ^bGender is specified as W for a woman and M for a man. ^cC+S means that the interview was conducted with the researcher and a trainee.

2.2 Ethical considerations

The complete study was approved by the Ethical Committee of the Cliniques universitaires Saint-Luc - UCLouvain (#2021/16NOV/483). Only the principal investigator, CB, had access to the identity of the participants and anonymized each transcript. In the results, participants are referred to by a pseudonym, allowing the reader to link the extracts to them. Additional information regarding the ethical, cultural, and scientific considerations specific to inclusivity in global research is included in the Supporting Information (S1 Checklist).

2.3 Data collection and analysis

The 12 interviews were conducted between July and November 2022, between 14 and 32 months after the death of their relative. The participants were interviewed at home, at the research institute or in a public place, according to their preference. Interviews lasted between 64 and 156 minutes ($M = 123.6$, $SD = 26.7$). All participants were interviewed by a female doctoral researcher (CB), trained as a clinical psychologist and trained in IPA as part of her PhD program. For training reasons, a clinical psychology student was present at 3 interviews. Beforehand, CB had an e-mail exchange with the participants to settle the details of the meeting. She explained the context and reasons for the study, the interview procedure, their rights as participants, the potential risks involved in taking part in an interview about their grief, and resources to turn to if they felt the need for more specific support. Before the interview began, the participants were verbally reminded of this information and signed the written consent form.

The interview followed an interview guide developed by CB and validated by EZ and CV, presented in Appendix 3. Its aim was to retrace as fully as possible the story of the relative's death and the interviewee's bereavement, exploring various themes such as relationship with the deceased, the period of the end of life and death, the gatherings, gestures and rites that may or may not have been carried out, how these were experienced, as well as the grief experience and its evolution up to the time of the interview. The interview guide suggested a list of questions and possible follow-up questions that were phrased in an open and exploratory way to let the diversity of experiences and unexpected elements emerge. The interview guide was developed before the researchers decided to include the perspective of meaning-making in the research question. For this reason, the questions in the interview guide did not focus on meaning. However, they aimed to retrace comprehensively the lived experience of the participants, from their own perspective, which is a way to access to latent meaning (R. L. Hayes, 2022). Examples of questions are: *Can you tell me what happened to the deceased? How were you able to commemorate the death of your loved one? What was important for you at that time? How did you experience this situation? Today, how do you think back to that time and the way you were able to say goodbye to your loved one? How are you feeling now? If so, how would you say it is different from before? Do you think that*

what you've experienced has changed your relationship with death, rite or mourning? CB explored the topics with flexibility, allowing for the spontaneous emergence or deeper exploration of topics not covered in the guide. Most of the time, the participants narrated spontaneously their experiences, and the guide was not followed as such. Follow-up questions were then used to gain a deeper understanding of their emotional experiences (e.g., *What do you mean by that?*). At the end of the interview, CB offered participants the opportunity to debrief and answered their questions.

The audio recording of each interview was transcribed by a psychology student or by CB using Sonix software, and each transcript was revised by CB to add expressions and non-verbal elements (e.g., silence, emotions, changes in speed or intonation), necessary for IPA. The transcripts were then analyzed using the IPA method. With its focus on capturing the way in which people make sense of their experiences (Smith, 2024), IPA enables the study of subjective and evolving meanings. It combines three dimensions of analysis: descriptive (what is said), linguistic (how it is said) and conceptual (what it means), to address the complexity of existential and relational experiences (Smith & Osborn, 2008). The analysis was carried out by CB using Nvivo software, in collaboration with CV and LA, specialists in qualitative research and trained in IPA. They followed the guidelines outlined by Smith and Osborn (2008), while considering the criticisms that have been levelled at them (Gyollai, 2020).

First, CB carried out close readings of each interview several times, to immerse herself in each participant's experience. Second, CB, CV, and LA conducted an analytical reading and coding of three interviews, generating descriptive, linguistic, and conceptual comments for each extract. For each disagreement in the interpretation of the data, they clarified their understanding and reached a consensus on meanings that were more consistent with the analysis and with CB's interpretation, who was most engaged with the data and the context of the participants' life. CB and CV identified convergences and divergences among the comments and developed initial and provisional units of meanings. Third, CB coded the following 9 interviews separately and generated comments reflecting their singular experience. Particular attention was paid to the expression of emotional warmth, blocking and repetition in each of the transcripts in order to stay close to the discourse, in all its novelty, unexpectedness and uniqueness (Nizza et al., 2021). For each interview, CB compared the generated comments with the previously developed units of meanings, identifying common or different aspects of each transcript in relation to the others, and making the units of meanings evolve with each analysis. CB discussed this evolution with LA. An iterative return to previous interviews was carried out, reading each experience in light of the new meanings found. Fourth, after the 12th interview, CB reduced and refined the set of comments and meanings, adopting a more interpretative reading of experiential and existential aspects (Nizza et al., 2021). The final set of meanings was then structured to develop themes and subthemes, guided by the research question and the theoretical framework. According to the principle of the hermeneutic circle, CB revisited the interviews to ensure that the final themes accurately represented the lived-experiences. Over the fourth step, the articulation, formulation and meaning of the themes were the subject of several discussions between CB,

CV and EZ before finally being validated by all the researchers. Thanks to a reviewer's comment, the themes further evolved during the revision of this manuscript, moving towards a more interpretive perspective. The methodology and results were written in accordance with the COREQ checklist and the guidelines of Nizza et al. (2021).

2.4 Epistemological and reflexive positioning

There is some debate in the literature about IPA and whether it unrealistically combines the philosophical foundations of Husserl's descriptive phenomenology and Heidegger's interpretative phenomenology (Gyollai, 2020). The present research has an interpretative aim, even if a descriptive analysis was initially necessary before meaning emerged through interpretation (Smith, 2019). In the interpretative paradigm, researchers cannot eliminate their preconceptions and theoretical assumptions (Lopez & Willis, 2004). On the contrary, these assumptions are *part of* the interpretation a researcher can make of a person's interpretation of his or her own experience (Smith & Osborn, 2008). In this sense, the principle of *bracketing* was not applied as a method to distance and suspend the researchers' preconceptions. Rather, it was applied as a method for acknowledging, discussing, and clarifying their preconceptions and assumptions through personal and collective reflexivity (Dörfler & Stierand, 2021). In this way, researchers could be (as far as possible) aware of how their assumptions guided their understanding of people's experiences, rather than letting them influence their interpretation in an untransparent way (Gyollai, 2020; Lopez & Willis, 2004). In this study, the authors' personal and professional experiences (a transparent account of each author's subjective position on the subject is presented in Supporting Information (S2)) taught them how diverse the needs of bereaved people are and how their reactions can vary in similar situations. This influenced their explicit search for diversity and the concern not to assume painful experiences, which guided the recruitment methods, the selection process, and the formulation of the questions.

To ensure rigor, the principal researcher, CB, was involved at every stage, from developing the interview guide to conducting, transcribing and analyzing the interviews. Her comprehensive involvement enabled her to gain in-depth knowledge of the interviews and the participants' life contexts. The co-analysis of certain transcripts, as well as numerous discussions with the co-researchers during the analysis, allowed for a transparent and reflexive triangulation which enhanced findings' credibility (Brocki & Wearden, 2006). In parallel, CB kept a detailed record of the analyses and themes development, as well as a reflexive journal, noting her personal reflections from the reading, and discussing them where necessary with the co-researchers. These exchanges enabled them to confront their interpretative frameworks, influenced by their respective theoretical and experiential backgrounds (Gyollai, 2020). As the analyses were carried out 2 years after the interviews, the participants were not asked for feedback on the results.

Furthermore, as stated in the introduction, the study was based on the theoretical framework of meaning-making. Initially, the aim was to explore the experiences of losing and grieving a relative under restrictions, without specific attention to meaning-making. This angle was chosen after having conducted the interviews, using an inductive approach. First,

recent analyses of the same study had suggested the importance of addressing the subjective meaning that bereaved people give to their own experiences to understand them better (Cherblanc, Côté, Mercure, et al., 2025b). Then, by reading the interviews and discussing with the co-researchers, CB realized that the search for meaning had guided her approach during the interviews, as they retraced deeply and openly the narratives of people's experiences from their own perspective (R. L. Hayes, 2022). It was then decided to use this theoretical framework as the basis for the analysis and the research question was refined to include meanings. The theoretical framework clarified what was included in 'meanings' and guided the selection of relevant comments, the formulation and articulation of the themes, and the discussion of findings.

3. Results

The analysis revealed three themes and their sub-themes (shown in Table 3), which try to capture the meaning the participants gave to their experiences of death and grief, by combining different dimensions of meanings (meaning-making processes and meanings made). The themes are illustrated by interview extracts.

Table 3. Themes and subthemes generated from the analysis

Theme 1: Contradictions between pandemic and mourning fields acted as paradoxical injunctions
<i>The technical rules that were imposed had to be reconciled with human needs</i>
<i>How could we make sense of a fragmented rite?</i>
<i>Everything was put on hold, although it was now or never</i>
<i>It made no sense to carry out social rites without getting together</i>
Theme 2: Experiences were very different from what had been imagined, for better or for worse
<i>A multitude of different expectations: between the ideal goodbye, the collective imagination and prescribed norms</i>
<i>A multitude of different possibilities for action: from freedom to powerlessness</i>
<i>A multitude of meanings: from the extraordinary goodbye to the stolen goodbye</i>
Theme 3: Experiences had multiple and evolving meanings
<i>"I am at peace now"</i>
<i>"I'll be angry all my life"</i>
<i>"This is death for society? It's horrible, horrible, horrible"</i>
<i>"I don't prefer my life now, but I prefer my vision of life"</i>

3.1 Contradictions between pandemic and mourning fields acted as paradoxical injunctions

In the account of half of the participants, it appeared that the experience of the end of life and death of a person under social and funeral restrictions confronted them with contradictions between two opposing fields: on the one hand, that of the social and health restrictions imposed during the pandemic, and on the other, that of the human and social needs at the end of life, the death and bereavement of a relative. These contradictions were revealed in 3 dimensions of the rites: humanity/inhumanity, temporality, and sociability.

3.1.1 ***The technical rules that were imposed had to be reconciled with human needs***

Through the content of the discourse or in the language the participants used, it emerged that the technicist, hygienist, mechanical and cold vision imposed by the restrictions was opposed to the beauty, humanity and sacredness sought at the end of life and death of their relative. The restrictions determined the rules to be followed during the *pre-*, *peri-* and *post-mortem* rites: both protocols to be respected (e.g. taking specific routes to the coffin, sitting in chairs designated by taping), and technical and managerial behaviors to be adopted (e.g. timing one's speech, selecting authorized attendees). For Jeanne and Philippe, these rules were opposed to their own needs and perspective of the mourning rites. Philippe expressed his frustration with '*saying goodbye to someone on an aluminium bench in the middle of a suburban cemetery*', although he, like Jeanne, needed beauty and solemnity in such moments. Jeanne described her father's cremation under restrictions as "*a dystopia*", "*violent in its inhumanity*":

I think I was very, very touched by beauty. (...) And then we arrived in a place that was already ugly (laughs) – really ugly - and not at all personal. And so, we arrived... Oh yes it was really, (...) an ugly, ugly room. They'd put tape on some of the seats, almost police tape, marking the distances we had to keep. (...) So at one point my aunt wanted to come and leave a flower and she didn't follow the right arrow and suddenly [the officer screamed] "NOT OVER THERE" (laughs). We were all there oooh. It was really... we did not know whether we should laugh or cry, we weren't sure.

In her discourse, the symbolic and behavioral fields related to the pandemic and to dying and mourning rites seem incompatible. As a result, the rite she lived, which was supposed to satisfy her need for warmth, beauty, and humanity in a context marked by ugliness and impersonality, appear paradoxical. Her need to navigate between these irreconcilable fields gave rise to experiences of absurdity, as evoked at the end of her extract. Tania, for her part, seemed to have internalized this managerial logic, as shown by the technical and mechanical lexical field (in bold) used when she recounted the organization of her father's funeral:

With my brother, for two days, [we had to] almost **evaluate** the relationship of friendship, family, to decide who deserved to be in the 15 people. (...) It became a bit of a **scientific calculation**, I don't know at all what **methodology** we defined, and when I had the final **list**, I had to call each person one by one. (...) And there I had no tact, because I had to call 15 people, so it was 'Thank you, you're one of the selected ones, you're coming or you're not, if you're coming, you'd better come. See you on Friday. Ok, next person.

Later, she added how '*horrible*' it was to '*be forced to turn into an automatic mode to handle everything*', revealing the emotional dissonance this forced state of mind had caused.

3.1.2 ***How could we make sense of a fragmented rite?***

Secondly, the rules forced people to modify the form of the rites by accelerating them, shortening them or fragmenting them, clashing with the whole process sought by the participants. Tania shared that restrictions had forced her to prepare and perform rites quickly, as she had "*30 minutes on the clock*" for her father's funeral. Yet Louis explained

how the time of the ceremony was necessary for the introspection that this kind of moment allows:

And it's in those moments, in those rites (...), when you can take a break for, I don't know, an hour or two, (...), that's the moment when you can think about it and say to yourself, if... What wouldn't I have done? What would I have liked to do? What must I definitely do first? Should I tell someone? (...) These are the moments when it's all about that (...). When you imagine a death, you know that there's a subject-verb-completion. (...) And there, very clearly, there wasn't.

For him, rites need time to allow him to reflect on life. However, the rites he lived at that time lacked certain steps, preventing them from fulfilling their existential functions. Philippe, too, described his grandmother's funeral as incomplete:

In a rite, things are already 'pre-set'. For example, I don't know, in a religious ceremony, there are stages, there's someone who speaks, then a reading, then this, that, then we say goodbye, and then we decide on the burial and so on. (...) But when there's none of that, you already arrive at the place where... I don't even know where she was before (...). I arrived alone and there was my grandmother, in a coffin, the funeral services, and a hole.

His extract shows how this truncated rite prevented him from making sense of his grandmother's death, leading to feelings of uncertainty and creating an incomplete narrative. As a result, like Henri, he experienced her death as a '*disappearance*':

It's more like a disappearance when in fact she died under very normal conditions for a person of her age in a nursing home following an illness. She was 100. It was normal, it was expected, it wasn't anything. It's not like a mother disappearing or someone taking to the streets and that's it. But I think that in the way it happened, it was more like a disappearance than a death.

By insisting on how his grandmother's death was natural and expected for a long time, Philippe revealed how illogical this sensation of disappearance was for him, and the nonsense this created. Louis illustrated this unreality and this confusion by drawing an analogy with his memory of the birth of his children by caesarean section:

This feeling of unreality (...), of not having been able to do what everyone else did, to take care of the body, to make the preparations. All that, not having lived it... I have an analogy with that: my children (...), it must have been a caesarean every time. And so, the 'um... what? Is it now? But I haven't experienced it!' Well, it's more or less the same.

In that excerpt, the difficulty of making sense of his experience seems to stem from how quickly it happened, but also from the fact that it had not experienced what he expected to live at that time. There were no points of reference to which he could associate his experience and integrate it. Maria, for her part, explained that the virtual rite after her friend's death made her feel like the death was '*not tangible*'. To help her concretize her friend's death, she had kept the death notice on her fridge, something she had never done before:

Every time, I'd say to myself, this is an obituary notice, that's why it's there. So, I think it was important for me to keep it because every time, and not in the creepy sense of the thing, but it reminded me of reality. And I think I probably needed it, given the particular context.

In conclusion, different participants questioned the meaning that these modified rites could still have for them. For Philippe, this fragmented rite *'doesn't allow you to do the work you have to do or to live. In the end you feel like you haven't really gone through anything. We didn't experience anything'*. Interestingly, this expression of *not having experienced anything* was also used by Louis in the extract above. This shows how these unsatisfactory modified rites, instead of helping them to understand, left even more holes and confusion in their stories, leading to a sense of unreality and meaninglessness.

3.1.3 *Everything was put on hold, although it was now or never*

During stricter periods, social and health restrictions suspended any possibility of collective rites, forcing people to find alternatives or to postpone them. However, this 'postponement' contradicted the participants' experience of a unique window of time, specific to the few days surrounding the death, which does not reappear later on and in which farewell rites and gatherings are found necessary. As Philippe said: *'when someone dies, you can't do it again. It's not like when you're going to redo your kitchen, then you can wait six months'*. This period of time around the death appeared as unique because of the psychological state they were in. Jeanne, for example, recounted the week following her father's death, insisting on how it was *'very special, as if time had stopped'*, as if *'life and death [were] crossing paths, intertwining'* and recalling herself as being *'only in the present, present, present, impossible to think of my life before, impossible to think of even a week later'*. In Jeanne and Louis's accounts, the specificity of this period also lay in the presence of the deceased's body, which contributed to the special atmosphere and without which there was something missing in the rite, as Louis explained: *'there was something about the rites, (...) that wasn't really there because we weren't able to form one body around my mum, we weren't able to do that.'*

3.1.4 *It made no sense to carry out social rites without getting together*

All the participants stressed their need to be surrounded, to share rites with others and to have comforting physical contact, whereas the restrictions reduced the number of people allowed and prevented physical contact and face-to-face meetings. Louis expressed quite clearly that the injunction of performing rites without being together was a paradox for him, pointing out the nonsense and absurdity of rites without social contact: *'We're talking about ancestral rites, aren't we? The aim of the game is social cohesion, isn't it? But then, what's the point of burying someone with religious rites and all that if we can't get together?'*. For Jeanne, the need for social contact was instinctive and vital, making it even more incompatible with these distancing rules: *'I didn't have much of a sense of "me" and I couldn't really be on my own (...). I couldn't sleep on my own or even go for a walk on my own (...). It was very instinctive behaviors like touching each other, sleeping next to each other'*.

In conclusion, the rules imposed, by appearing contradictory or even totally incompatible with instinctive needs or representations of mourning rites, acted as paradoxical injunctions: "find humanity in technicalized and sanitized rites", "honor your dead but quickly", "perform social rites but without getting together". Consequently, this led to experiences of paradoxical

rites, combining irreconcilable demands and needs and giving rise to feelings of absurdity, incomprehension, emotional dissonance or loss of meaning.

3.2 Experiences were very different from what had been imagined, for better or for worse

Eleven of the twelve participants' accounts revealed an experience of a gap between what was expected and what was possible around the death of their loved one, as Dominique summed up: *'So really the influence of Covid was the difficulty there was between what we could do at the time, with the restrictions, and what we would have liked to do'*. However, the extent, nature and significance of this gap was specific to each person, as what was expected and what was possible differed from person to person. The three sub-themes reveal the diversity of experiences in terms of expectations, possible/impossible actions and meanings.

3.2.1 A multitude of different expectations: between the ideal goodbye, the collective imagination and prescribed norms

The meaning people gave to their experience depended in part on what they had initially hoped for and what it meant to them. In their accounts, several people referred to what they had imagined they would do for their loved one. Not only did the content vary, but so did what seemed to drive this imagination and the value or affect attached to it. For some, what was expected came from the explicit wishes of the deceased or their own wishes, driven by hope or an ideal. Isabelle hoped to donate her father's body to science, as he had wished. Tania, for her part, had long imagined how she would like her father's funeral to be: *'It's something that's been going through our heads all these years, saying: "Well, the day Dad dies, what am I going to do? Who am I going to invite?" I imagined, I don't know, a funeral for a king.'* For others, what was expected was fed by collective visions of what a rite should look like, with no specific desire to follow these standards. Without the restrictions, for example, Élise would have *'done it the old-fashioned way. Meet at the church at 10. And then a sandwich in the hall'*, and André would have had *'an ordinary funeral, [as] you sometimes see in the movies, the hearse, with 2 people following, the rain, the whole thing'*. Louis, too, had imagined *'that moment of shock, the wake, when you welcome people who come to visit. I'm putting coffee back in the thermos, welcoming people... I didn't have that.'* In parallel, the importance of rites following prescribed norms varied from story to story. While for Élise and André, the restrictions offered an opportunity to *'leave room for whatever comes'*, for others, it was important for their way of saying goodbye to be rooted in tradition. When Jeanne and her family asked themselves how to create a rite, they concluded:

In terms of rites, my brothers said, "we're not going to do it in church", so we said, "we'll do it in a field". And in fact, all of a sudden we said to ourselves, "you can't just make that up, how do you do a ceremony, who's going to do what?", and then we said, "yes, rites are there for a reason, we are supposed to follow them, because you can't just invent something like that".

As this extract shows, the circumstances that limited or changed rites raised questions that needed to be answered: *How do we construct a rite? Why and for whom are we doing*

it? What counts in the rite? Who has a place in this rite? The answers to these questions varied from person to person, revealing what was considered important in those moments. As a result, what was prevented by restrictions took on a singular meaning. For example, Tania found it particularly difficult not to be allowed to hold a ceremony with a large audience, as this would have been a way of honoring her father's life and offering him something in return for what he had done for his children. Maria and Philippe regretted the impossibility of meeting and touching their relatives, while Louis deplored the lack of an informal moment, all three insisting on the importance of the rite to share memories, to support and care for each other. Isabelle and her siblings, for their part, had not planned a funeral after their father's euthanasia, as they did not consider them meaningful. Funeral restrictions were therefore of little importance to them.

3.2.2 A multitude of different possibilities for action: from freedom to powerlessness

Faced with the restrictions on possible actions and gestures, what was possible to do took on different meanings and realities for each participant, leading to various feelings of control and agency. Experience of one's agency seemed to be the result of a balance between the subjective importance and legitimacy accorded to restrictions and their perception of concrete and practical conditions to which they were subjected.

Firstly, our participants had very different subjective perceptions of the legitimacy and the importance of the restrictions, mostly regarding moral (are the restrictions acceptable and moral?) and legal aspects (is compliance with the law important?). For example, Jeanne, Élise and Philippe pointed out the immorality and the violence of the restrictions. Others, like Maria and Dominique, found them acceptable and justified, although, as Maria added: *'Just because we don't find them too strict doesn't mean we're satisfied with them. You can accept them and still feel that the situation is not ideal'*. In legal terms, the relationship with the law colored the subjective experience of complying (or not) with the restrictions. For example, Tania felt *'like a lawbreaker'* and *'extremely guilty'* for holding her father's hand when it was not allowed. The subjective positioning towards restrictions formed a representation that could be ambivalent and complex. Moreover, although most of the participants considered the restrictions and reduction of contamination important, some recounted how these restrictions lost their significance in the context of mourning. In the stories told by some participants, the death of their loved one shifted the order of priorities, as Élise when her 8-year-old son died: *'Everything I believed in, everything I thought was important, fell apart, including the Covid rules'*. Jeanne also described how non-compliance appeared obvious despite the importance she and her family attached to the measures before her father's death: *'There are a lot of doctors in my family, so they're really people who follow instructions (laughs). And there, there wasn't even a question of... Even my great aunt, there was no question of talking to her about distancing'*. Tania, for her part, noted how surprising and paradoxical it was for her when the restrictions suddenly lost their importance:

It's really paradoxical because I was the first, from the very first wave, to understand how dangerous it was, how viral, how we had to be careful, but there's nothing you can do, when something like that happens to you, you don't give a damn about all these rules.

Secondly, the experiences of our participants were also shaped by the external conditions and their perceptions of them, which fueled their sense of control over the situation. For three participants, the police or funeral directors allowed exceptions regarding the length of the ceremony or the number of people allowed to attend. In contrast, Naomi shared an account tinged with resentment, in which the police had come to check the number of people present on the day of the funeral. Tania, too, felt a sense of injustice in the face of the many refusals from those involved: *‘not once did I have the impression that a single doctor or nurse had a bit of pity, a bit of empathy, I really didn't get anything at all’*.

Thirdly, in addition to their perceptions of restrictions and external conditions, some participants described feeling stupefied and having difficulty taking action. Philippe, for example, explained how difficult it was for him and his family to organize the funeral, and how it led to moments of disorganization, creating *“a kind of completely absurd thing”*. Later, he said that he was unable to react when the nursing home burned his grandmother's belongings:

I didn't have the courage to do anything and at the same time I thought, what's the point? At least, if it had been today, it wouldn't have been any use, but she would have heard me already and I think it would have helped me to just go and say 'but what is this? It's nonsense, it doesn't make any sense'.

In conclusion, fueled by their subjective experiences and the external conditions, the possibility for some people, like Sandra, to take *‘all the freedom we could’*, contrasted with the experiences of Philippe, Naomi and Tania, who felt powerless or stupefied in the face of the measures, and had the impression that *‘we had no choice but to comply’* as Naomi put it.

3.2.3 *A multitude of meanings: from the extraordinary to the stolen goodbye*

The narrative surrounding the death and the emotions and meanings associated with it varied greatly, from an exceptional to a stolen farewell. Several people said that they had experienced an extraordinary goodbye, more intimate, authentic or spontaneous, which would probably not have happened in any other context. For Élise, who lost her son, the circumstances allowed her to *‘let go and make room for whatever came’*, and to live a meaningful moment:

And in fact, it was the Covid rules that made this possible. We would never have taken this great approach (...). We would have done it the old-fashioned way. Come up with something stupid that wouldn't have made sense. But here everything made sense. And it was so much like him, at home, in his garden. This is where he was conceived. This is where he was born, this is where he died. I mean, it's crazy.

André also noted that this specific context allowed for an intimate, creative and powerful goodbye, that helped him in his grieving process:

I think if it had been a normal funeral I wouldn't have experienced it like this (...) It was a final farewell with the family, it was powerful. I came out of it, I won't say the mourning was over, but I was relieved. The goodbye was over. I came out of it [he insists] serene.

On the contrary, other participants shared the feeling that they had been prevented from saying goodbye properly. When what was done did not meet their expectations, when the alternatives seemed insufficient or meaningless, when restrictions were perceived as unacceptable, and when they felt limited or powerless, participants seemed less able to find solace in the rites. Philippe found this farewell disrespectful for his grandma and Tania felt *'so disappointed and defeated by this farewell'*, adding that her father *'deserved better'*. However, not everyone said they were affected. Louis nuanced his comments by saying *'I didn't live through all that (...) Do I miss it? No. It's a story, that's all'*, which echoes Henri's words: *'We put it in a plastic bag and left. And that, even though I'm not a family man, shocks me terribly. But sad? I don't know'*.

In addition to the impact on the goodbye, restrictive circumstances also affected people's grief in other ways. For some, they have influenced the occurrence of the death itself, by worsening health conditions or limiting care or social support, like for Sandra's daughter and Jeanne's father. For others, they had an impact on longer-term grieving processes. In this respect, Tania and Naomi, who had a very negative experience of their father's farewell rites because of the restrictions, explained how much these same measures had helped them in their grief, allowing them respectively *'not to have to pretend'* and *'to feel more contained'*. Élise benefited from the greater availability of those close to her, and André said he appreciated being able to grieve *'without any troublemakers around'*. Jeanne, on the other hand, felt more vulnerable and weakened because the restrictions isolated her and reduced her activities. In conclusion, between different people and even within the same story, the experience was multiple and complex, difficult to reduce to a positive or negative impact of the circumstances or to satisfaction or dissatisfaction with the goodbye.

3.3 Experiences had multiple and evolving meanings

These experiences, very different from what had been imagined and sometimes unreal and incomplete, had to be given meaning. Because of the diversity of experiences and the novelty of the context, the search for meaning seems to have been a personal quest, with no common points of reference available. Different trajectories of narratives emerged; some moving towards appeasement, others marked by constant anger, and are represented in the first two themes. In addition, these trajectories combined various levels of meaning: relational, moral, existential, that are represented in the two last subthemes. The subthemes are illustrated by a participant's extract, but as explained for each, their meanings can be more broadly applied to other participants' experiences. This theme incorporates a temporal aspect, moving away from the moment of experience to capture how people made sense of what they had experienced and what, in their narratives, changed or remained the same over time.

3.3.1 "I am at peace now"

Various participants showed how their experience and interpretation of what they had lived through had changed over time towards a sense of appeasement. Élise was *'at peace'*, considering that *'we did what we could'*, while Sandra summed up: *'It's as if it was normal,*

as if that's how it should be'. Over time, they found ways to give a coherent and acceptable sense of their experiences. Firstly, when what had been done at the time of death was unsatisfactory, incomplete or unacceptable, some participants took concrete action to compensate. Élise, who felt that the farewell to her son had not been sufficient, was later able to devise and organize a ceremony that was appropriate for him, thus making up for her regrets: *'And now I'm at peace with myself. I've done... That's what I was saying about any regrets I may have had, well... (...) Celebrating afterwards allowed me to do... what I wanted to do'*. . Secondly, several people sought to situate their experience in relation to others. In this unprecedented context, other people's experiences seemed to provide reference points for assessing the normality/abnormality or seriousness of their own experience. Therefore, some participants put things into perspective by comparing it to situations they considered worse, experienced by themselves or others. Dominique relativized his wife's funeral by thinking back to his aunt's funeral, where the constraints were more severe. He insisted: *'It's not like the people who had Covid and died without being able to see their family again. Yes, it was not like that, ok?'*. Isabelle also compared her experience with that of other people:

Some people are still very sad because they weren't able to say goodbye the way they wanted to, they felt like they had finally been taken away from the last moments of their loved ones. And I say to myself that, that must be terrible. (...) In the end, we're happy with the way things turned out.

The last sentence of this quotation reveals that comparing her experience with others helped Isabelle to reinterpret what she had experienced and to orient her emotional experience, concluding that, in the end, she could be happy with it. André, too, emphasized how *'lucky and honored'* he was to have been invited to the ceremony when others could not be there, and how grateful for that he was. Thirdly, some participants reinterpreted their experience by choosing, more or less consciously, the memories, feelings, meanings and possible explanations put forward in their accounts, namely the responsibility of the covid situation (underlined in the next excerpts). Élise, when many of her relatives attributed her son's death - by accident - to the circumstances of lockdown, explained that she preferred to consciously decide on a narrative:

So, what I like to say to myself, and that helps me with what happened, with the guilt, with the grief I'm going through (...). I prefer to tell myself that it was [supposed to be] like that rather than tell myself that it could have been avoided, because that's worse. Let's say he had to die that day (...), well 'Thank you Covid' because he died at home, in a place he built with his dad, in his mum's arms.

Some people also described how elements at one point were significant and then had lost importance or had been interpreted differently. Élise, for example, said that certain obstacles, such as not being able to print a photo of her son for the ceremony, were *'a catastrophe'*, but *'afterwards, it's not a big deal'*. Jeanne, talking about the ceremony, added *'afterwards, we said to ourselves that it would not have been so intimate, (...) that maybe, it wasn't so bad after all'*. André, in turn, noted a change in his interpretation of his romantic partner's death by suicide. *'At first'*, he explained, *'I was complaining about this bloody Covid that prevented me from holding her hand, [thinking] that she might still be there'*, but that over time, he had

changed his interpretation, considering that she would not necessarily have been better in the end, and that it was ultimately her choice.

In conclusion, some participants like Élise, Sandra, André, Isabelle and Dominique were able to make sense of the death of their loved one in restrictive circumstances by repairing, relativizing, or reinterpreting their experience in a way that brought them peace or gratitude. This subtheme, by revealing the evolving and dynamic nature of meaning, also shows that these narratives may change in the future, allowing other emotions and significations to emerge.

3.3.2 "I'll be angry all my life"

In contrast, other participants expressed unrelenting feelings of anger, injustice, and unacceptability, revealing a difficulty in making sense of what they had experienced. Tania and Naomi shared feelings of anger that had not left them by the time of the interview. As Tania put it: *'I have this knot in my stomach that makes it difficult to move on and feel less angry'*, reflecting how this constant anger immobilized her and prevented her from moving forward. She later explained that she had considered organizing a postponed rite, thinking that it might help her soothing her anger, but she was afraid she could not bear another disappointment:

I regret so much not having experienced that moment at the right time, that when I think about it, I say to myself: "Well, you're still very angry, it would do you good to make up for it by having a ceremony where you can invite everyone". In fact, what I fear most is (...) that it again won't happen in the way I'd imagined. I've got the impression that it could be a double-edged sword: either it goes really well and some of my anger eases and I feel really good about it, or it's going to make me even angrier.

This excerpt reflects her sense of powerlessness over her own feelings and what she could do to soothe them, echoing her lack of control over her father's illness, death, and funerals two years before and mentioned in the previous theme. This contrasts also the sense of control that Elise and André seemed to have on the creation of their own narrative, when they chose, in the precedent subtheme, what to put forward in their accounts. Philippe, for his part, was also *'upset for a long time afterwards'*, even if his anger had diminished since then because *'time erases things'* and because he had been trying not to think about that difficult period overall. He added *'if we were doing well at that time, it would be okay to remember'*. This difficulty in thinking about the lived experience was also shared by Tania and Naomi, who respectively explained that they had resorted to antidepressants and alcohol to cope with the overwhelming feelings following their fathers' death. Yet, Tania pointed out how it was not supposed to be that difficult as she had been expecting her father's death, and had been preparing for it for years, revealing how difficult it is for her to make sense of that *illogical* experience:

It's horrible, but it's true that, psychologically, I was ready for my father not to live for years. I was already psychologically prepared for what I was going to experience in a few years' time, but nothing went as planned. Everything went horribly, inhumanly and illogically, in fact. And that's what makes me so angry and I feel a sense of injustice.

For Tania and Naomi, that anger came with the issue of responsibility. Naomi consciously chose to blame the hospital in order to direct her anger toward someone other than her own family:

I blame life, I blame the whole world. There is always someone to blame. I blame the hospital. I know they did everything (...) but it's my own way of reacting and choosing to blame them so that I don't blame the whole world and even less my loved ones who are in the same pain as me. So, it helps me to put the blame somewhere.

For Tania, the responsibility for her father's limited funerals was a complex issue she was still trying to figure out: 'I'm angry, but I don't know who I'm angry with, but I'll be angry all my life. It's like the government, the people who made those decisions, for not allowing me to bury my father with dignity'. Yet, her account was also tinged with a sense of guilt, when she said: 'the only thing I could offer him was to bury him in the same grave as our mother, but fortunately that was the only thing I was able to do properly', although adding 'even though I know it's not my fault'. 'In contrast to the experiences of Dominique and Isabelle, who put things into perspective by comparing their experiences with those of people who had gone through "worse", Tania, recounted the feelings of injustice and jealousy she felt when comparing her experience to others, and her resulting need for recognition:

In the months after my father's death, I was sometimes jealous of the people who were burying their loved ones when they started to increase the number of people allowed to attend. I was like, 'Oh, those people, they can invite 50 people, they're so lucky. (...) I mean, it's an absurd thing to say, but I really thought that. (...) Obviously, we talk about those who were victims of Covid. My father didn't die of Covid, but I have the impression that no one has ever taken an interest in all the people who have been affected by this situation

This subtheme shows how some participants felt overwhelmed and paralyzed by their anger, struggling to make sense of their experiences. It also reveals how similar processes of meaning-making may influence narratives and emotions in very different ways from person to person: they can be soothing for some, while fueling anger, fear and injustice in others.

3.3.3 "This is death for society? It's horrible, horrible, horrible"

Until now, the subthemes illustrated the meanings participants gave to their own personal experience and the one of their relatives: what they expected, what they were able to do or not do, how they were able to meet their needs and their loved ones and how it affected them. Other participants also incorporated a moral reading of the situation they lived, which colored their emotional experience. Jeanne for example, recounted on several occasions how deeply she had been affected by the treatment of death and dying she had observed. Over and above her personal experience of her father's death and what she and those close to her had been able to do, which overall were satisfying, what it said about the society strongly affected her and aroused a different kind of distress:

I think I have some... I don't know how to say it but a moral, a strong sense where I say to myself 'these are things that shouldn't be like this', I feel it strongly so there I was too, I said to myself 'this is death for society, it's horrible, it's horrible, it's horrible'.

Philippe, too, shared his indignation: he felt that the measures imposed by the authorities on funeral rites ‘*touched on our humanity*’, were ‘*almost anticonstitutional*’ and revealed a great ‘*lack of respect for the dead*’ and for traditions.

3.3.4 “I don’t prefer my life now, but I prefer my vision of life”

Another way of reading their own experience was by identifying what it had taught them about what matters when a relative is dying or in life in general. This meaning, more broadly existential, was brought by several participants. Some of them explained that their experience had changed what they thought was important on the death of a loved one. Philippe, for example, explained: ‘*I realized that the rite was necessary. I knew that before, but the fact that I wasn’t allowed to carry it out. (...) I experienced it for the first time*’. André, who experienced a very intimate farewell, said that it made him question the norms surrounding rites even more: ‘*Why do we have to make a funeral face at funerals? If we don’t have to follow a pre-established rite that might not suit us and we can do what we really want to do, I think that’s good*’. Louis, for his part, ‘*realized that we could do without this solemn thing*’ and confirmed that ‘*that’s what the rite is about, the important thing is the family reunion*’. Elise and Jeanne, for their part, explained that it had changed them and their vision of life. Jeanne explained how it changed her relationship to death, creating an openness to talk about it and a closeness with it, as well as a new sensitivity to the world. Élise described how it changed her vision of life, her consideration of what really matters and what does not: ‘*I don’t prefer my life now, but I prefer my vision of life now*’. Both of their experiences revealed a sense of existential growth, adding a new dimension to the meanings they already shared.

These subthemes show that the meaning the participants gave to their experience were rooted in their personal experience as well as in a more moral and existential reading of what it says about society, life, death and existence. The emotional experience that emerges therefore appears complex, as it intertwines emotions that may be different on distinct levels of meanings.

4. Discussion

With the aim of understanding the meanings that people gave to their experience of the death of a loved one and of grieving in circumstances where funeral rites and social gatherings were restricted, we carried out an interpretative phenomenological analysis of 12 interviews with bereaved people. What emerged was that experiencing the death of their loved one in these circumstances meant that (a) contradictions between pandemic and mourning fields acted as paradoxical injunctions, (b) experiences were very different from what had been imagined, for better or for worse, and (c) experiences had multiple and evolving meanings. Overall, some of our findings align with the literature on grief in this specific context, in particular the impression of a disappearance rather than a death, of unreality and intangibility of the death due to the distance and lack of rites (Hernández-Fernández & Meneses-Falcón, 2021), the feelings of an uncomplete and fragmented experience (Masur & Wertheimer, 2022), and, for some, a grieving experience marked by a

lack of social acknowledgement (Scheinfeld et al., 2021; Ummel & Vachon, 2022). That said, our results also provide new elements on which our discussion will focus.

The first theme of our findings highlights the contradictions between, on the one hand, the managerial and dehumanizing, accelerated and dissocialized approach to rites and dying imposed by the restrictions and, on the other hand, our participants's needs for humanity, beauty, sacredness, time, wholeness, and social and emotional closeness. Although limited to the context of the pandemic, they recall the antinomy Des Aulniers (2020) noted between the rhythm and depth required by funeral rites and the speed and technicality that sometimes characterize contemporary rites in recent decades. However, the difference here is that, in the participants' experiences, the technical and impersonal aspects were imposed by the restrictions and did not result from their own initiative in a process of progressive evolution. These aspects were in conflict with needs or obligations, whether external or internal, such as internalized norms, ethical or moral principles, or representations of *how rites should be*. As a result, having to live meaningful mourning rites in this context was experienced by some as paradoxical injunctions: *find humanity in technicalized and sanitized rites, find meaning in fragmented rites, honor your dead but quickly, perform social rites but without getting together*. Paradoxical injunctions, a concept developed by the anthropologist Bateson and taken up in systemic psychotherapy and in clinical sociology (Bourocher, 2019; Watzlawick et al., 2014), are defined as the imposition of a double constraint, made up of obligatory and mutually exclusive elements, and therefore impossible to satisfy. This contradiction, sometimes invisible, can create feelings of anguish, fear, guilt or paralysis, as the person is "*caught between two impossible demands*" (Bourocher, 2019, p.366). This is consistent with our findings showing feelings of guilt, stupefaction and difficulty in taking action. Paradoxical injunctions can also produce internal conflict and emotional dissonance, as shown in Tania's experience, when the injunctions were internalized. For people who had to combine these incompatible demands and needs, rites were experienced as paradoxical, absurd, illogical, and gave rise to feelings of incomprehension, disappointment, and loss of meaning. This raises the question of what function rites marked by so many contradictions can still fulfil. Other participants, however, were able to find solace in these constrained rites, noting the intimacy and authenticity they enabled. In that sense, our findings align with Burrell & Selman's (2022) reflection on the importance of the meaning rather than the form of rites. Our results suggest that this meaning is more likely to emerge when people perceived (or regained) a certain degree of freedom and agency. Conversely, powerlessness and the feeling of not having had a choice seem to contribute to the impression of '*having experienced nothing*'.

The second theme of the study reveals that the experiences our participants had of the death of their loved and their mourning rites were far from what they had originally expected. The extent, nature and significance of this gap was specific to each person, as what was expected and what was possible differed from person to person. In terms of expectations, while some people had a representation of the ideal goodbye, others based their expectations on collective notions or on internalized norms or traditions, with various affects associated. As these expectations had a specific and idiosyncratic meaning for each person, their

restrictions had different consequences and meanings, as Long et al. (2022) have also shown. In terms of possibilities, even during a similar period of restrictions, what could be done appeared to be specific to each person. Their sense of agency or powerlessness were influenced by their subjective representations of the restrictions, the external actors regulating their application, and a possible feeling of stupefaction as mentioned above. Consequently, some people felt that what they had done was better than they had imagined, while, for others, the obstacles were too great, and the discrepancy gave way to regrets, a sense of a missed or failed goodbye. This echoes the experience of '*violation of grief*' highlighted by Cipolletta et al. (2022), when people were unable to carry out the rites they wanted for their loved one. In our results, this feeling seems to be reinforced by the idea that '*you only die once*' and that '*you can't do it again*', and by the impression that the days surrounding the death were a unique and specific moment in which rites and social and emotional gestures were indispensable. This resonates with the Greek notion of *kairos*, which describes the ideal moment before which it is too soon and after which it is too late. In line with these ideas, we hypothesize that for some people, the fact that they were not able to carry out the desired gestures or actions around the death of their loved one led to a form of '*grieving for the ideal farewell*', especially when they considered that these actions should absolutely have taken place in the days surrounding the death and that, after that, it would have been too late. This echoes a recent study that showed that the loss of a relative during the pandemic was compounded by another loss: that of the desired farewell, resulting in overshadowed grief (Nierop-van Baalen et al., 2024). This grief for the ideal goodbye may be a particular form of *unfinished business* (Klingspon et al., 2015). Our findings suggest that the impression of having missed out on this goodbye may lead to feelings of guilt towards the deceased or towards other bereaved people, but may also play out on a psychological, moral or existential level. This hypothesis could help us understand the feelings of self-blame that many bereaved people experienced during the pandemic (Lee et al., 2022) and that are strongly linked to situations of unfinished business (Holland et al., 2020).

The first two themes, highlighting paradoxical rites and unfulfilled expectations, showed that people's representations had been shattered. In the literature on meaning-making, these *shattered assumptions* (Janoff-Bulman, 1992) arise when the experience does not match the set of beliefs, expectations, values, and representations with which the individual makes sense of the world. They are the conditions for triggering processes of meaning reconstruction (Park, 2010), whose aim is to reduce this incongruence (Neimeyer, 2001). The third theme highlighted that the participants needed to make sense of what they had experienced. It also showed that those meanings were constructed in different ways for each person, in interaction with others and that they evolved over time and were made up of several levels of meaning. First, the participants attempted to make sense of their experiences through various processes. While some people took action to remedy what could not have been done, others tried to make sense to it by comparing it to other situations, by emphasizing certain elements in their account rather than others, or by (re)attributing responsibility for the situation. Whatever the process, the meaning that was made varied from person to person and led to very different emotions, sometimes intertwined: relief, ambivalence, bitterness, anger, regret, gratitude, jealousy or a need for acknowledgement. This underlines the fact that the processes by which

meaning is given are diverse, and that they do not result in the same meaning or the same feeling for everyone: what people remember, interpret, and the resulting emotions differ greatly depending on the meaning that they have or have not managed to give to their experience. These results are consistent with a study that demonstrated the mediating role of meaning-making processes between the circumstances of the pandemic and grief reactions (Batista et al., 2024). Those processes were often constructed through interaction with others: by reacting to other people's discourse, comparing to other experiences in similar contexts, and retelling their own story. This demonstrates how meanings are not merely individual, intrapsychic processes, isolated from the social context in which they are created. Instead, they are co-created through interactions and shared narratives shaped by specific historical and collective contexts, as Neimeyer and his colleagues argued in their Socio-Constructionist Account of Grief (Neimeyer et al., 2014). In addition, our findings supported the evolving and dynamic nature of meaning, as some participants highlighted how their interpretation of their experiences had changed over time. Each participant had their own '*meaning trajectory*', an account of their experiences that evolved through different processes, as well as the emotional experience of it. Thirdly, our findings showed that our participants' narratives were composed of different levels of meanings. While most participants recounted their experience by making sense of their personal experience, focusing on their situation, their grief and their relationship with the deceased, others added a more moral or existential reading to their experience, by analyzing what their experiences revealed about the society, about what matters when a loved one dies, and about the existence in a broader sense. These shattered existential assumptions sparked growth or indignation and were interwoven with other levels of meaning to form a complex emotional experience. This illustrates the multitude of meanings assigned to an experience, aligning with Bonanno & Kaltman's (1999) conceptualization of a *continuum of subjective meanings*.

In conclusion, faced with the paradoxical injunctions of the pandemic context, each bereaved participant had a singular experience, far from what they had expected. While some experienced paradoxical rites to which it was difficult to give meaning, others found solace through different processes. The diversity of experiences of the death of a relative in restrictive circumstances has already been noted in other qualitative studies (Buckley et al., 2023; Long et al., 2022). However, the present study sheds additional light on this issue by suggesting various aspects that make these experiences unique, namely the initial appraisals, expectations and meanings given to the rites, as well as to the restrictions, or the perceived possibilities for action. As such, our findings align with Long and colleagues' suggestion to approach funeral restrictions in a neutral way, seeing them as a "*disruption*" rather than a deprivation (Long et al., 2022). This approach aims to remain in an exploratory stance, allowing us to capture people's experiences in all their diversity, whether they experienced these restrictions with distress, relief, strangeness, ambivalence or as an opportunity to reinvent and reappropriate practices. Moreover, our findings show the diversity that exists within a single account, revealing each person's experience as complex and ambivalent. On the one hand, as the experience of bereavement is multiple and multidimensional, the context may affect certain aspects or certain periods differently (Wilson et al., 2016): some participants felt that the circumstances had made the death of their loved one '*unfair*' and

'horrible', while at the same time feeling that they had helped them in their subsequent grief, or vice versa. On the other hand, some people explained that the situation had challenged their view of the world and society, provoking feelings of injustice or anger at a more existential level, without this being expressed in relation to their bereavement. In short, not only can circumstances affect the bereavement experience at different levels, but they can also affect people's experiences, meanings and representations without necessarily influencing the person's bereavement or their bond with the deceased.

4.1 Clinical and research implications

Our findings open up clinical perspectives. First, our findings showed that the contradictions between the fields of the pandemic and mourning might have acted as paradoxical injunctions. This provides avenues for understanding and addressing the feelings of guilt, absurdity, stupefaction, and powerlessness that were observed in some participants and that can emerge when these paradoxical injunctions are not perceived or acknowledged (Bourocher, 2019; Watzlawick et al., 2014). In a therapeutic setting, putting light on the incompatibility of the elements they contained, recognizing the impossibility of reconciling both may help to identify new points of reference that restore meaning and relieve the person of guilt. Secondly, our findings present the notion of grieving the ideal goodbye as a new perspective for understanding the grieving processes and possible forms of unfinished business that bereaved people may experience. They encourage clinicians to explore the gap between what was hoped for and what was done, and the meaning of renouncing this ideal goodbye, as well as to help the person disentangle feelings related to their loved one's death from those related to this renouncement. Our results showed that feelings of powerlessness might play a key role in the difficulty of grieving the ideal goodbye. Participants who felt powerless and felt that they did not have any choice recounted a farewell that was unacceptable for them, marked by a profound sense of injustice and unrelenting anger. This trapped them in an unevolving narrative, making it difficult to make sense of their experience or take potentially soothing actions. In that sense, therapeutic work may help them find agency and closure by providing a secure setting in which to experience potentially healing moments that make sense to them, such as individual or collective recreated rites, elegy or memorialization (see Neimeyer, 2012, part XVI). In general, our results show how idiosyncratic, complex, evolutive and diverse the experiences of the loss of a person and grief are, and therefore, encourage to focus on the experience of the person, without judgement or any attempt at prediction, recognizing and allowing contradictory options and ambivalent feelings to be experienced. In that sense, they support a person-centered approach (Larson, 2024; Schuurman & Mitchell, 2020; Zech, 2019) that acknowledges the singularity, subjectivity, and evolving nature of grief experiences and their sense within the person's frame of reference. They also align with Guldin and Leget's (2023) perspective, that insists on the multidimensionality of grief and its existential dimensions.

Our findings also have implications for bereavement research. First, they show how illuminating the notion of paradoxical injunctions is for understanding bereavement under restrictive conditions. This could be further examined in relation to the ambivalent and

meaningless feelings that may be experienced in other bereavement circumstances where bereaved people may be caught into paradoxical injunctions, due to the opposition of cultural norms, familial expectations and demands, and moral principles. More broadly, our findings suggest the necessity of exploring the shattered assumptions and existential tensions that arise when facing the death of a loved one. This includes the search for meaning and purpose for one's life, which was already investigated (Park, 2010), but also less obvious existential reflections about loneliness-belongingness, freedom-ineluctability of one and close one's life and partial controllability over what happens, with representations of moral concerns and socially constructed norms about what is right and wrong when someone dies (Zech et al., 2010). Then, they encourage further exploration of grieving for the ideal goodbye as a form of unfinished business, and its potential relationship to people's conception of a "good death" (Adinkrah, 2024). Our findings highlight that the meanings our participants gave to their experiences were strongly colored by their perception of agency and controllability they had, as well as the fairness and morality of what they have lived.

They also show that these perceptions might evolve over time, as well as the meanings and emotional experiences, and that they are anchored in historical, social and cultural contexts and co-constructed within shared narratives and social interactions. This encourages researchers to address the dynamic and subjective nature of grief processes, by including mediators in their studies, such as appraisals of the circumstances of death in terms of uncontrollability, injustice, general valence, as well as other mediators of meanings. The diversity and complexity of the experiences shown in our findings make it difficult to summarize them in terms of negative or positive impacts of the circumstances, or in terms of an increase or decrease in the presence of 'symptoms'. In this way, they offer a possible explanation for the contradictions that appeared in the studies assessing the impact of the circumstances of covid on the grief experiences. This great diversity calls for caution when generalizing shared experiences, and even more so when predicting a general common effect. In this sense, our results encourage the adoption of methods that focus on the person's singular experience, such as phenomenological qualitative approaches or person-specific approaches (Howard & Hoffman, 2018), or at least that recognize the heterogeneity between experiences, such as person-centered quantitative research methods, like latent profile analyses or growth mixture models (Howard & Hoffman, 2018; Laursen & Hoff, 2006). In addition, they lead us to broaden our understanding of the concept of *impact* and to question its study by bidirectional measures linking one or more predictors (e.g., level of restrictions, cause of death) and a dependent variable measuring an isolated indicator of grief (e.g., intensity of grief reactions, prevalence of PGD). As an example, among the participants who scored high on the TGI-SR, suggesting a high intensity of grief, some reported positive and meaningful experiences of the funeral and farewells, said they were '*at peace*' with the way things went after the death, while others gave an account tinged with anger and resentment. Similarly, among those who scored low on the TGI-SR, some shared their anger, had difficulty finding meaning and tried to avoid thinking about the death, while others were serene. These results call for caution when classifying reactions that appear to be similar on the basis of scales, and, even more so, when pathologizing them.

4.2 Limitations

Despite its original contributions, our study has limitations that should be kept in mind. First, the interviewees were selected to obtain a diverse sample in terms of profile and experience. Logically, the diversity found in the results can be linked to this selection process. However, we observed that this diversity extended beyond these selection criteria, even among experiences that could be considered similar according to these criteria. Second, when the interview guide was created, the research question did not initially focus on the meaning given to the experiences. The theoretical framework was adopted after the interviews. Therefore, the guide did not explicitly include questions about meaning. That said, direct questioning is not necessarily required, as meanings are largely latent. One way of capturing them is to explore people's experiences from their own perspective and to access their narrative as openly and fully as possible (R. L. Hayes, 2022), which was the aim of the interview guide. We recognize that our study contains a large sample for the IPA method. However, during the analysis, we took the necessary time to thoroughly and idiographically immerse ourselves in each interview, analyzing each extract individually to ensure our analysis reflected the lived experience of all the participants. Furthermore, although we encouraged a holistic perspective, our study sought to capture experiences in the context of the pandemic. To this end, the analyses focused on the elements of the narrative that were specific to these circumstances (e.g., restricted rites). For the sake of scientific clarity, this approach may have prevented a more holistic understanding of our participants' grieving experiences and their evolution over time. Finally, it should be noted that the researchers did not receive any feedback on the results from the participants.

5. Conclusion

In conclusion, this study showed that the contradictions between the fields of pandemic and mourning may have acted as paradoxical injunctions for some participants. For those who had to combine these two irreconcilable fields, this led to paradoxical and absurd rites, which were difficult to make sense of, especially when they felt they had no choice or freedom. Conversely, others were able to experience meaningful rites and found solace in the authenticity, intimacy and creativity allowed by the circumstances. The study suggests that the notions of paradoxical injunctions, the gap between what was imagined and possible and the grief for the ideal goodbye that may result may be illuminating for understanding experiences of the bereaved under pandemic. It also draws therapeutic avenues to address feelings of guilt, loss of meaning, stupefaction and powerlessness shown by some bereaved. Our results confirm the relevance of meaning-making as a theoretical framework, as they show how much people's representations had been shaken by their experiences and how they were able to find ways of making sense of them, revealing distress when it was difficult to find meaning or when the meaning found was unacceptable. This theoretical framework also makes it possible to recognize that people's representations of the world and society may have been affected, leading to feelings of injustice or anger, without these being expressed in relation to their bereavement.

In general, these experiences were diverse and complex, making it difficult to describe the impact of the circumstances as simply positive or negative. The results should encourage those working with bereavement, whether in research or clinical practice, to recognize the singularity, subjectivity, and complexity of these experiences, whatever the circumstances. In addition, they suggest that a more holistic understanding of the concept of impact should be adopted, and call into question the relevance of studying it by targeting isolated variables, particularly where bereavement is concerned.

Chapter 6

How do trajectories of grief and growth evolve over time?

Measuring the role of appraisals and coping strategies on trajectories

In this chapter, we will analyze how the grief reactions of bereaved individuals, as well as their growth, evolved over time. We will explore how their trajectories can be explained by various factors, including the ways bereaved individuals coped with their grief. To this end, preliminary analyses were conducted to validate the conceptual structure of a questionnaire designed to measure coping strategies. The first part of this chapter will present these analyses, which were published in *Death Studies* as part of this thesis' work. The second part of this chapter will present the longitudinal analyses of trajectories, using the new factor structure resulting from the preliminary analyses. This work has not been submitted yet.

References for the first part: Boever, C., Zech, E., & Cherblanc, J. (2024). Toward a better assessment of coping with bereavement: Applicability to diverse experiences and conceptual structure of the *coping with bereavement questionnaire*. *Death Studies*, 1-14. <https://doi.org/10.1080/07481187.2024.2420875>

References for the second part: Boever, C., Zech, E. & Cherblanc, . (2026). How do trajectories of grief and growth evolve over time? Measuring the role of appraisals and coping strategies on trajectories. [Unsubmitted manuscript].

Chapter 6. First part. Toward a Better Assessment of Coping with Bereavement:

Applicability to Diverse Experiences and Conceptual Structure of the *Coping with Bereavement Questionnaire*

1. Introduction

To date, most of the literature on bereavement has studied the grieving processes by investigating the reactions or “symptoms” of the bereaved, in terms of health, mental health, and intensity of grief (e.g., Djelantik et al., 2020), as well as risk or protective factors to explain or predict these reactions (e.g., Mancini et al., 2015). We do not call into question the importance of studying outcomes and their associated predictors. However, other elements are essential to understand how people react to the death of a significant person and how their grief evolves over time. These elements are called mediators, in the sense that they can partially explain and therefore modify the relationship between the risk or protective factors and the trajectories of reactions. Coping strategies are one of these mediators (Tang & Chow, 2017): it has been shown that the way in which the death of a significant person will impact a person over the short or longer term will depend more on the strategies the person uses or his/her flexibility in switching from one strategy to another than on the characteristics of the bereaved, the deceased, or the death (Delespaulx et al., 2013). This makes coping strategies a key element to be acted on, whether by the bereaved, by those close to the bereaved, or in a therapeutic setting, to have an impact on the evolution of the bereaved’s psychological state. Considering the strong influence of coping strategies on grief and the possibility of acting on them, it is important to be able to study them properly and to better understand their relationship with grief reactions, mental health, and growth.

The concept of coping strategies was developed by Lazarus and Folkman in 1984 to describe behaviors and thoughts used by a person to adapt to a stressful situation and to reduce the generated distress. Coping strategies are defined as “*constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person*” (Lazarus & Folkman, 1984, p. 141). This definition includes three essential components of the concept of coping. Firstly, “*appraised as*” emphasizes the subjective perception of the event as stressful. Coping strategies are relevant only when an event, whatever it may be, is evaluated as demanding the person’s resources and requiring adjustment. No event can be considered stressful *per se*, as it is only in relation to the individual’s own perceptions and experiences that it can take on this characteristic. Secondly, “*efforts to manage*” carefully defines the notion of coping by its intention rather than its effect. Behaviors and thoughts are coping strategies only when they seek to reduce the felt distress, regardless of whether they succeed or not. This

emphasizes that coping is a process rather than an outcome and that it should not inherently be defined as functional or dysfunctional. Finally, “*constantly changing*” indicates that coping is a manifold process that evolves over time. Bereaved people have been found to use different coping strategies in response to bereavement (Lundorff et al., 2019) and, faced with a given stressor, successively use multiple strategies until the distress is reduced (Ryckebosch-Dayez et al., 2016). As a multidimensional construct, coping strategies can be classified according to different dimensions that may intersect (De Ridder, 1997), such as the type of strategy (i.e., behavioral or cognitive), the focus they seek (i.e., emotion- or problem-focused), or the process in relation to the stressor (i.e., confrontation or avoidance). The use of one strategy rather than another depends on many factors, including the stressors encountered and how they are appraised by the person (Ryckebosch-Dayez et al., 2016), the person’s mental health (Nielsen & Knardahl, 2014), or the way in which the person has been socialized regarding emotion display (e.g., gender roles) (Carr, 2020).

The notion of coping has been used in relation to death and bereavement since the 90s (Stroebe & Schut, 1999). The death of a significant person triggers several reactions that may be intertwined with multiple and ambivalent feelings and that can vary in intensity and in duration from one person to another and require processes of adaptation and regulation (Stroebe & Schut, 1999). Although Lazarus and Folkman considered their model to be applicable to all situations, various authors claimed that the general coping model was not sufficient to address the issue of bereavement because of the specificity of the stressors encountered, particularly regarding the bond with the deceased (Van Heck & De Ridder, 2001), the simultaneity of stressors, and the irrevocability of the loss (Stroebe & Schut, 1999). They therefore argued for the need to develop coping models and assessment tools specific to bereavement and loss (Stroebe & Schut, 1999; Van Heck & De Ridder, 2001).

Consequently, Stroebe and Schut (1999) developed the *Dual Process Model of coping with bereavement* (DPM) that has become central to the literature. It sets out the different types of stressors that people may face following the death of a significant person. These stressors can be either “loss-” or “restoration-oriented.” Loss-oriented (LO) stressors are defined as stressors arising directly from the death of the person, i.e., the absence of the person, the memories, the transformation of the bond with the deceased. Restoration-oriented (RO) stressors are secondary stressors that may arise from the death and add stress to the burden of the loss. They refer to such things as the reorganization of life without the deceased, financial issues, the need to learn new tasks, to create new relationships, or to adjust one’s identity without the deceased. The authors postulate that, faced with the various and often simultaneous stressors encountered, people will sometimes use strategies to confront these stressors, whether LO (e.g., taking time to think about memories) or RO (e.g., seeking to forge new relationships), or to avoid them (e.g., avoiding passing by the cemetery). Importantly, according to Stroebe and Schut (1999), the helpful adjustment process implies being able to oscillate flexibly between these different strategies, between both types of stressors, and between coping and taking time off from grieving. The value of this model is that it does not fall into the trap of “*the fallacy of uniform efficacy*” (Bonanno & Burton, 2013, p.591), identifying one strategy as systematically more effective or beneficial than

another. On the contrary, the authors insist on the flexibility of coping and on the possibility that specific strategies or orientations may be prioritized depending on individual trajectories, cultures, genders, or time (Stroebe & Schut, 1999, 2010).

There are several ways of assessing coping strategies used by the bereaved. Given the changing and processual aspect of strategies, ecological measures using a qualitative approach such as interviews (Fasse & Zech, 2016) or daily diaries (Ryckebosch-Dayez et al., 2016) seem particularly appropriate and relevant (Stroebe & Schut, 2010). However, this type of measurement is particularly time-consuming and will usually focus on a very specific sample which may not be representative of the approach to coping of bereaved people more generally. An alternative less time-consuming and expensive method is the use of questionnaires. Various questionnaires have been developed to address coping strategies from two angles. First, coping scales address coping strategies in terms of behaviors, listing a set of behaviors which are considered *a priori* to be potentially constructive for the bereaved (e.g., *reading self-help books*, *visiting websites about grief*). In that sense, these scales, such as the *Coping Assessment for Bereavement and Loss Experiences* questionnaire (Crunk et al., 2021) move away from the definition of coping strategies as not inherently functional. Secondly, coping scales can measure coping strategies at a more abstract level, exploring the processes pursued. Some scales also feature a mixture of both angles, such as the *Coping with Bereavement Scale* (Sakaguchi et al., 2001), which assesses three coping approaches by presenting both behavioral items (e.g., *visiting the deceased's grave*) and more “meta” items (e.g., *making daily life a priority*). Scales based on the DPM fall into the second category because they address strategies in the form of confrontation or avoidance processes, rather than specific behaviors. Two questionnaires have been developed based on the DPM model: the *Inventory of Daily Widowed Life* (IDWL, Caserta & Lund, 2007) and the *Dual Coping Inventory* (DCI, Meij et al., 2008). Both scales seek to assess coping strategies through two dimensions: LO and RO. However, they have significant limitations. First, some items of both the IDWL and DCI represent grief reactions or symptoms (e.g., “*I feel lonely*,” “*I feel sad*”) whereas they are intended to assess coping strategies. Although grief reactions and feelings can become stressors to cope with, they cannot and should not be considered as strategies (e.g., you do not “intend” to feel lonely or sad to cope with the loss). This confusion between symptoms and coping strategies creates an overlap that can lead to spurious results. In several studies using the IDWL (e.g., Chami & Pooley, 2021; Lundorff et al., 2019), higher LO scores, supposed to show extensive use of LO strategies, were associated with higher intensity of grief. This is not surprising, since the items assessing the LO scores in the IDWL (e.g., “*I yearn for my spouse*,” “*I feel lonely*”) are almost exactly the same as those assessing the intensity of grief reactions (e.g., “*How often have you felt yourself yearning for the person you have lost?*” in the PG-13 (Prigerson & Maciejewski, 2008b); “*I have felt lonely a great deal of the time (...)*” in the ICG (Prigerson et al., 1995)). These pitfalls are important because they influence the results and their meaning, and therefore shape the way we understand coping strategies that appear to help or hinder bereaved people. Secondly, both scales aim to assess coping in a specific bereavement situation: the loss of a spouse in the IDWL and the loss of a child in the DCI. Therefore, some items refer to specific stressors that are typical of the loss of a spouse or a child (e.g., having to deal with financial matters) and might not be

relevant when one loses another relative. The risk, if scales containing items specific to certain types of losses are used for a wider population of bereaved people, is that the final score will depend more on the type and quantity of stressors encountered than on the strategy used. In view of the lack of a suitable scale based on a robust model of coping with bereavement and relevant to the experience of various bereaved people, Zech et al. (2009) developed the *Coping with Bereavement Questionnaire* (CBQ), taking care not to confuse symptoms, stressors, and coping strategies. To develop the scale, they relied both on the original description of the DPM in 1999 and on interviews with people bereaved of their spouse, describing their strategies for coping with the loss (Fasse & Zech, 2016). The CBQ contains 28 items subdivided into a LO and a RO subscale, both composed of avoidance and confrontation items. Items are rated on a 5-point Likert frequency scale, and a sixth answer is also possible when the item is not relevant for the person's situation. So far, this scale has been used in several studies (e.g., Delespaulx et al., 2013) but has never been subjected to a formal analysis of its factor structure, validity, or reliability.

The present study's aims were threefold. Firstly, we aimed to investigate whether the CBQ was applicable to the experiences of a diverse sample of bereaved people. To this end, as the scale was originally developed based on the experience of widows and widowers, we analyzed whether bereaved people who had lost an intimate partner¹¹ tended to answer the "not applicable" response less than other bereaved people. Secondly, we aimed to explore the factor structure of the scale and examine if the LO/RO distinction would emerge as the most relevant solution. To this end, exploratory and confirmatory factor analyses were conducted. Finally, we assessed the reliability of the scale. By analyzing the psychometric qualities of the CBQ, we hoped to improve our understanding and assessment of coping strategies as defined in the DPM.

2. Method

2.1 Procedure

This study encompassed two datasets collected in Belgium: one composed of people who had lost an intimate partner, and one composed of a diversity of bereaved people. The first dataset came from Delespaulx et al.'s (2013) longitudinal study that explored the mediating role of appraisal and coping between attachment and intensity of grief. From April 2009 to April 2010, 321 people who had lost an intimate partner due to a death (homogeneous sample) were recruited by the research team through announcements posted on online forums, related to bereavement or not, and, after giving their consent, completed an online questionnaire. Access to the dataset was provided by the initial research team. The second dataset was formed as part of an international study exploring the effects on grief reactions of restrictions on end-of-life conditions and funeral rituals (Boever et al., 2023). From February to May 2022, the authors recruited 691 participants who had lost a significant person (heterogeneous bereaved sample) in Belgium between March 2020 and January 2022.

¹¹ The term « intimate partner » is intended to include any couple relationship, regardless of duration or civil status. It was preferred over "spouse" or "widowed" which exclude unofficial couple relationships.

Different recruitment strategies were used, some without direct solicitation, through the media, social media, newsletters, and others with direct solicitation made by the research team based on obituaries published on the Internet. In total, 472 participants completed the questionnaire on the Qualtrics platform or in paper format, depending on their preference. This study was approved by the ethics committee of Cliniques universitaires Saint-Luc-UCLouvain (#2021/16NOV/483). Although the full questionnaire differed between the two studies according to the research questions, similar scales were completed by participants in both samples and are presented in the “Measures” section.

2.2 Participants

The sample of intimate partners was composed of 321 bereaved individuals, 285 of whom were women (88.47%). Most of the participants were French (74.77%) and the average age was 40.9 years old ($SD = 14.2$). They had experienced the loss of their intimate partner on average 2 years and 9 months before the study. The most common causes of death were illness (45.79%) or accident (26.79%). The heterogeneous sample contained 472 participants, with 367 women (77.75%), and the average age was 53.5 years old ($SD = 16.1$). These participants had experienced the loss of a significant person on average 15 months before the study. The most common cause of death was illness (79.03%). See Table 1 for more details.

Table 1. Sociodemographic Characteristics of Participants in Both Samples.

Characteristics		Bereaved intimate partners ^a			Heterogeneous sample ^b		
		<i>M</i>	<i>SD</i>	<i>range</i>	<i>M</i>	<i>SD</i>	<i>range</i>
Age of the bereaved		40.9	14.2	17 – 88	53.5	16.1	16 – 93
Age of the deceased		42.3	15.7	18 – 86	77.0	16.0	8 – 101
Time since death in months		30.7	57.0	0 – 461	15.1	7.4	1 – 28
		<i>n</i>			<i>n</i>		
Gender	<i>Women</i>	284	88.47		367	77.75	
	<i>Men</i>	37	11.53		102	21.61	
	<i>Non-binary</i>	0	0.00		3	0.64	
Study level	<i>Primary school</i>	6	1.87		4	0.85	
	<i>Secondary</i>	134	41.75		113	23.94	
	<i>Superior studies</i>	172	53.58		354	75.21	
Nationality	<i>Belgian</i>	37	11.53		441	93.43	
	<i>French</i>	240	74.77		14	2.97	
	<i>Other</i>	44	13.71		17	3.60	
Kinship to the deceased ^c	<i>Intimate partner</i>	321	100.00		68	14.41	
	<i>Parent</i>				240	50.85	
	<i>Sibling</i>				28	5.93	
	<i>Child</i>				11	2.33	
	<i>Other</i>				125	26.48	
Cause of death	<i>Illness</i>	143	44.55		373	79.03	
	<i>Suicide</i>	31	9.66		20	4.24	
	<i>Accident</i>	86	26.79		12	2.54	
	<i>Homicide</i>	9	2.80		0	0.00	
	<i>Others</i>	17	5.30		65	13.83	
	<i>Missing</i>	35	10.90		2	0.42	

Notes. ^a Sample of 321 bereaved people from Delespaux et al.'s (2013) study. ^b Sample of 472 bereaved people from Boever et al.'s (2023) study conducted in Belgium. "Heterogeneous" refers to the diversity of kinships with the deceased. ^c "The deceased was... to the bereaved".

2.3 Measures

In this section, specific variables that were used and studied in this study are presented.

First, a set of questions were asked about the characteristics of the bereaved person, the deceased person, their ties of kinship¹², and the circumstances of the death. In the heterogeneous bereaved participants sample, the kinship was recoded into two categories: (1) intimate partner (i.e., married or not, living together or not, girl or boyfriend), (2) another significant person (i.e., child, parent, sibling, grand-parent, cousin, aunt/uncle, step-sibling, step-parent, friend).

The *Coping with Bereavement Questionnaire* (CBQ, Zech et al., 2009) includes 28 items rated on a five-point Likert frequency scale, ranging from 1 (*almost never*) to 5 (*always*). A sixth answer is also possible for non-applicable situations (*this statement does not apply to the context of my life*), since participants may not face the stressor to be coped with (e.g., they do not have to acquire new skills that the deceased used to have). As this response meant that the strategy presented was not used, it was coded as 0. Fourteen items address LO coping strategies and 14 address RO coping strategies. Each strategy was presented in a confrontation or an avoidance version. For example, the LO subscale included items such as "*I try to understand and accept the death of this person*" and "*I avoid maintaining a contact or a bond with this person*", while the RO subscale included items such as "*I establish new projects that allow me to look forward*" and "*I avoid social and close relationships*". In both studies, items were presented to the participants in a mixed order and in French. In the complete scale, illustrations are added to items (see supplementary material). In accordance with the DPM, scale scoring could lead to two LO/RO subscales (14 items each), two confrontation/avoidance subscales (14 items each) or four subscales by combining the two (7 items each). For the first solution, the CBQ's creators recommended reversing the avoidance items to create the LO (LO confrontation and reversed LO avoidance) and RO (RO confrontation and reversed RO avoidance) subscales. In their study, the reliability of the subscales yielded a Cronbach's α of .85 for the LO and .86 for the RO subscale (Delespaux et al., 2013).

2.4 Data Analyses

Three phases of analyses were performed in this study, pursuing the three research aims.

2.4.1 Item Relevance and Generalizability

Two criteria were observed to assess the quality and relevance of each item for bereaved persons. Firstly, the proportion of people who answered "*this statement does not apply to the*

¹² The term « kinship » refers to the socio-structural relationship the bereaved person had with the deceased (i.e., child, parent, partner in a couple, friend, other family member).

context of my life” (*n/a*) informed about the relevance of each item for a heterogeneous sample of bereaved people. Based on other studies that addressed missing values (Lorenzo-Seva & Van Ginkel, 2016) and “non-applicable” answers (Cott et al., 2006), a proportion exceeding 25% of *n/a* was considered potentially problematic. Secondly, logistic regressions were conducted on the heterogeneous sample to ascertain whether the applicability of the strategies proposed in the items depended on the kinship with the deceased. The answer to each item was coded as a binary variable (1 = *n/a* checked, meaning that this item was not relevant to the person, 0 = the person did not check this box and rated the frequency of using the coping strategy on the Likert scale, meaning that the item was relevant to him/her). The kinship with the deceased person was a categorical predictor with two levels: (0) Spouse or intimate partner as the control category, and (1) Others. A logistic regression model was run for each item. Only participants who responded to the CBQ item were included in the model, reducing the sample to between 450 and 457 depending on the item. Conditions of collinearity, multicollinearity, and independence of responses were verified before interpreting results. To determine the quality of regression models, statistics concerning residuals were examined, including Cook’s distance, standardized residuals, and DFBeta values as recommended by Field (2018). If the regression was significant, the item was considered biased because its relevance was not random and concerned a specific audience. If both criteria were met, the item was removed from the scale, due to its biased applicability. For those items found to be problematic, a qualitative analysis enabled us to formulate hypotheses as to their lack of applicability.

2.4.2 Factor Structure of the CBQ

To explore the structure of the scale and investigate the emerging factors without preconceived expectations, exploratory factor analyses (EFA) were performed on the original sample of bereaved partners. To test the best factor structure of the CBQ, confirmatory factor analyses (CFA) were performed on the heterogeneous sample. With the *n/a* proposition recoded as 0, the Likert scale included six levels, enabling it to be treated as a continuous scale and thus to conduct analyses such as EFA and CFA, as recommended by Sellbom and Tellegen (2019).

For the EFA, assumptions of sphericity and sampling adequacy were verified using Bartlett’s test, KMO, and matrix correlations (Field, 2018). Correlations between variables were checked in correlation matrix to exclude extreme multicollinearity (if $r > .8$). The CBQ responses from the sample of bereaved intimate partners contained no missing values. The estimation method of principal axis factor was preferred at maximum likelihood (ML) because of the non-normality of the distribution, checked by Kolmogorov-Smirnov (K-S) and Shapiro-Wilk (S-W) tests. As recommended by Field (2018), the default rotation method used was oblique (oblimin), allowing correlations between factors, and if the estimated correlations were low, an orthogonal rotation (varimax) was applied. To determine the number of factors, the Kaiser, and the scree plot criteria were used. A threshold of $|\lambda| \geq .45$ was set at which loadings were interpreted: suggesting that the item shared at least 20% of variance with the factor (Field, 2018). Below this value, loading is considered poor and represents a low-quality item. To ensure that the subscales assessed different latent variables,

crossloading (items showing a loading $>|.45|$ on two factors) was excluded. The logistic regressions and the EFA were performed with IBM SPSS, version 27 (2020).

CFA were performed using the Mplus software. Because multivariate normality and linearity (K-S and S-W) tests showed non-normal data, maximum likelihood with a robust correction for non-normal data was employed (MLR). This estimation method has been shown as adequate when the number of categories exceeds four (Li et al., 2016, as cited in Sellbom & Tellegen, 2019) and when the dataset includes missing data. Participants who answered no items of the scale were excluded ($n = 14$) and the sample was reduced to 458. Four models were compared. First, the model resulting from the EFA on the sample of bereaved intimate partners was examined. Second, the two-factor model of LO- and RO-strategies initially proposed by the creators of the CBQ as hypothesized in the DPM (Stroebe & Schut, 1999) was considered. Third, a two-factor model differentiating strategies in terms of avoidance and confrontation behaviors was examined, as regularly suggested in the coping literature (See Stroebe et al., 2001). These three models were finally compared to a one-factor model. To enable comparison, only items that were included in the EFA results were included in the CFA. To evaluate the adequacy of the models, fit indices were examined and compared to thresholds-values (Brown, 2014). A good adjustment is estimated when: the root mean square error of approximation (RMSEA) is less than .06, the confirmatory fit index (CFI) and the Tucker-Lewis Index (TLI) are greater than .95 and the standardized root mean square residual (SRMR) is below .08. Values of χ^2 are reported for information purposes but are not relevant to compare models with MLR as the estimation method. Since the models were non-nested, parsimony fit indices were preferred for comparison, such as the Akaike information criterion (AIC) and the Bayesian information criterion (BIC). The best-fitting model, indicated by lower AIC and BIC, was then analyzed observing standardized loading factors.

2.4.3 Reliability Estimates

Finally, the reliability of the subscales was assessed using McDonald's omega recommended as more reliable than Cronbach's alpha (Hayes & Coutts, 2020). Estimates were measured using the OMEGA macro on SPSS (Hayes & Coutts, 2020), which estimates the 95% confidence interval around the omega value. An omega above .70 indicates acceptable reliability.

3. Results

3.1 Item Relevance and Generalizability

As presented in Table 2, the proportions of participants in the heterogeneous sample who checked the n/a response for each item ranged from 2.12% to 66.10%. Fourteen items showed a rate of non-applicability exceeding 25%. They were related to strategies initially RO (#1, #6, #9, #11, #13, #15, #18, #20, #23, #26, #28), for example, carrying out (or avoiding) tasks previously done by the deceased, as well as to initially LO avoidance strategies (#8, #10, #25) such as avoiding maintaining a contact or a bond with the deceased.

Table 2. Descriptive Statistics and Logistic Regressions Coefficients about the “*this statement does not apply to the context of my life*” answer.

Original subscale	Items of the CBQ	n/a ^a (%)	χ^2	β	Logistic regressions ^b			
					<i>p value</i>	OR	95% CI	<i>R</i> ² _L
LO confrontation	14. I try to understand and accept the death of this person	16.95	1.83	0.51	.198	1.67	[0.76, 3.65]	–
	2. I try to maintain a contact or a bond with this person	9.53	8.79	2.13	.037	8.39	[1.14, 61.99]	.03
	22. I take time to think about this person and his or her death	3.60	1.36	1.04	.315	2.84	[0.37, 21.77]	–
	4. I take time to think about the things I have experienced with this person	2.12	3.26	17.57	.999	–	–	–
	17. I try to regulate my emotions by talking about this person and the death with people around me	12.29	1.12	0.46	.314	1.58	[0.65, 3.84]	–
	7. I try to accept living on without this person	19.92	7.65	1.09	.014	2.97	[1.24, 7.11]	.02
LO avoidance	5. I try to let go of my emotions and accept them	7.63	11.93	18.92	.999	–	–	–
	3. I avoid thinking about the death of this person	16.95	0.32	-0.19	.567	0.82	[0.42, 1.60]	–
	8. I avoid maintaining a contact or a bond with this person	33.48	0.24	-0.14	.620	0.87	[0.51, 1.49]	–
	10. I try to distract myself from thinking about this person and his or her death	28.60	7.28	0.87	.012	2.39	[1.21, 4.72]	.01
	25. I avoid thinking about what I have experienced with this person	25.64	1.48	-0.35	.217	0.70	[0.40, 1.23]	–
	12. I avoid talking about this person with people around me so as not to trigger my emotions	23.31	0.00	0.01	.969	1.01	[0.55, 1.86]	–
	16. I avoid thinking about the absence and lack of this person	22.67	2.18	0.50	.156	1.64	[0.83, 3.27]	–
	27. I try to put my feelings and emotions aside	17.80	0.02	-0.04	.902	0.96	[0.50, 1.85]	–
	21. I try to accept the fact that I am a widow or an orphan or a bereaved person	21.40	7.01	0.99	.017	2.70	[1.19, 6.12]	.02
RO confrontation	19. I establish new projects that allow me to look forward	20.34	2.78	0.60	.114	1.82	[0.87, 3.82]	–
	23. I try to settle the administrative tasks that arise following the death	39.62	35.92	2.01	<.001	7.49	[3.34, 16.80]	.06
	1. I learn to manage the tasks previously carried out by this person	64.41	85.94	2.74	<.001	15.54	[7.82, 30.86]	.15
	6. I try to see the strengths that allow me to cope with the changes that follow the death	25.21	6.96	0.91	.015	2.49	[1.19, 5.20]	.01
	24. I try to be involved in social and close relationships (old and/or new ones)	16.95	6.63	1.09	.024	2.98	[1.16, 7.67]	.02
RO avoidance	11. I try to envision a future life without this person	26.70	2.87	0.54	.104	1.71	[0.89, 3.25]	–
	9. I avoid considering the strengths that would allow me to cope with the changes that follow the death	41.53	6.67	0.73	.012	2.07	[1.17, 3.65]	.01
	13. I avoid getting involved in the management of tasks previously done by this person	66.10	42.65	1.79	<.001	5.99	[3.43, 10.48]	.08
	15. I avoid getting involved in new projects	35.81	7.23	0.80	.011	2.22	[1.21, 4.09]	.01
	18. I avoid imagining a future life without this person	34.75	9.70	0.95	.004	2.59	[1.36, 4.91]	.02
	20. I avoid thinking about the administrative tasks that follow the death of this person	48.73	12.80	0.99	<.001	2.68	[1.53, 4.70]	.02
	26. I avoid thinking about the fact that I am a widow or an orphan or a bereaved person	33.05	1.32	0.33	.258	1.39	[0.79, 2.46]	–
	28. I avoid being involved in social and close relationships	25.64	0.68	0.26	.417	1.29	[0.70, 2.40]	–

Note for Table 2. Items are sorted by original subscale. When presented to the participants, items are sorted in a crescent order. In both studies, questionnaires were presented in French. In the complete scale, examples are added to items. French and translated complete versions are presented in supplementary material. a Reflects the proportion of participants who chose the n/a response in the heterogeneous sample (N = 458). b Significant models are in bold. The odds-ratio measures the change in odds of the event (ticking n/a) when the kinship variable changes by one category (from 0 = intimate partner to 1 = other). CI = confidence interval. Odds-ratio are not provided when $p = .999$. R²L = Hosmer & Lemeshow's indice (1989, as cited in Field, 2018), indicates the improvement of the model following the inclusion of the predictor "kinship" and is only reported when the test is significant.

Logistic regressions, presented in Table 2, indicated that the tendency to answer n/a was related to the ties of kinship with the deceased for 13 items (#1, #2, #6, #7, #9, #10, #13, #15, #18, #20, #21, #23, #24). For these items, having lost an intimate partner significantly decreased the likelihood of answering n/a compared to having lost another relative.

Regarding item exclusion, nine of the 14 items exceeding the 25% inapplicability proportion in the descriptive analyses showed significant results in logistic regressions, indicating that their inapplicability was more frequent for people who had lost someone other than their intimate partner (#1, #6, #9, #10, #13, #15, #18, #20, #23). Leaving them in the questionnaire would induce a bias, as the score would then depend on the kinship with the deceased rather than on the type of coping strategy used. Among those 14, four (#1, #13, #20, #23) were specific to the situation of having to manage tasks previously done by the deceased or administrative tasks related to the death. Two of them (#6 and #9) referred to considering strengths that would enable the person to cope with the changes caused by death. And three of them (#10, #15, #18) described strategies for avoiding thoughts or projects. Items with a high proportion of n/a responses not explained by kinship were not removed from the scale (#8, #11, #25, #26, #28) as the non-applicability was not related to a specific situation. Similarly, items whose applicability was significantly linked to kinship but whose proportion of non-applicability was below 25% were also retained (items #2, #7, #21, #24).

3.2 Factor Structure of the CBQ

After these nine items had been excluded, EFAs were carried out on the remaining 19 items. Kaiser's criterion (eigenvalue > 1) suggested a five-factor solution, which was explored. This solution was abandoned as only three factors were clearly distinguishable and the last two were mixed. The scree plot indicated a three-factor solution. A fixed three-factor solution was therefore relaunched with an oblique rotation (direct oblimin). In this solution, four items showed insufficient loadings (<|.45|) and were therefore excluded from the scale (#5, #8, #12, #17). Their communality values, .20, .41, .27, and .20 respectively, confirmed that they were not well defined by this solution. The analysis was relaunched without these four items. In this final solution, Bartlett's test of sphericity showed a significant value, χ^2 (df = 105) = 1706.66, $p < .001$, and KMO showed an appropriate sampling adequacy of .825. All individual KMO values were also acceptable. When oblique rotation was applied, factor 2 and factor 3 correlated at .27. Since this correlation was modest, an orthogonal rotation (varimax) was preferred and the results that correspond to this final solution are presented in Table 3. No crossloading was observed, indicating that all items included loaded exclusively on one factor.

Table 3. Three-factor Solution of the Exploratory Factor Analysis After Varimax Rotation and Crossloading Exclusion and Estimates of Reliability for each Factor.

Items of the CBQ	Factors		
	1	2	3
Items originally from LO confrontation subscale			
14. I try to understand and accept the death of this person	.56		
2. I try to maintain a contact or a bond with this person			.63
22. I take time to think about this person and his or her death			.74
4. I take time to think about the things I have experienced with this person			.65
7. I try to accept living on without this person	.76		
Items originally from LO avoidance subscale			
3. I avoid thinking about the death of this person		.51	
25. I avoid thinking about what I have experienced with this person		.64	
16. I avoid thinking about the absence and lack of this person		.65	
27. I try to put my feelings and emotions aside		.61	
Items originally from RO confrontation subscale			
21. I try to accept the fact that I am a widow or an orphan or a bereaved person	.67		
19. I establish new projects that allow me to look forward	.63		
24. I try to be involved in social and close relationships	.62		
11. I try to envision a future life without this person	.74		
Items originally from RO avoidance subscale			
26. I avoid thinking about the fact that I am a widow or an orphan or a bereaved person		.49	
28. I avoid social and close relationships	-.60		
% variance	24.5	16.9	5.35
ω estimates ^a	.831 ¹³	.819	.804
IC 95% lower limit	.793	.780	.764
IC 95% upper limit	.853	.847	.839

Note. N = 321. Extraction method was principal axis factoring with an orthogonal rotation (Varimax). Loadings under .45 are not reported. Factor 1 is “Trying to accept the death and look to the future”, factor 2 is “Trying to avoid thoughts and feelings”, and factor 3 is “Trying to maintain a bond with the deceased”. Only items included in EFA are included in the scale. ^a Estimates of reliability using Mc Donalds’ ω in heterogeneous sample.

After rotation, the three factors explained 46.72% of the variance. Factor 1 was called “trying to accept the death and look to the future” as it included confrontation items describing strategies aimed at understanding and accepting the death (#7 and #14) and the person’s identity as a bereaved person (#21), as well as strategies envisioning the bereaved person’s future life without the deceased (#11), by engaging in new projects (#19) and relationships (#24). It also included a reverse item (#28R) that represented not avoiding social relationships. Factor 2 was called “trying to avoid thoughts and feelings”. It was made up of five items describing strategies aimed at avoiding thinking about the death of the person (#3), his/her absence (#16), memories of him/her (#25), the bereaved person’s emotions (#27), and his/her new identity as a bereaved person (#26). Factor 3 was defined as “trying to maintain a bond with the deceased” since it brought together three strategies aimed at maintaining a contact or bond with the deceased (#2) and taking time to think about the deceased (#22) and the memories shared with him/her (#4).

¹³ ω estimate for Factor 1 was calculated without item 28.

In a second set of analyses, various models were compared using CFAs. Model 1 was a three-factor model coming from the EFA on the sample of bereaved intimate partners. It was composed of the three factors mentioned below. Model 2 was a two-factor model composed of an LO and an RO factor, based on the original DPM coping categories. Model 3 was a two-factor model differentiating strategies in terms of avoidance and confrontation coping. Model 4 was a one-factor model containing the 15 items. To enable model comparisons, only the 15 items included in the final EFA results were integrated as indicators in the CFAs. Items were not reversed in any of the models as they could load negatively. All models and indices of fit are reported in Table 4. Results of the CFAs indicated that the first model derived from the EFA (AIC = 22745.30; BIC = 22943.39) was a better fit than both theoretical models (Model 2's AIC = 23680.45 and BIC = 23870.29; Model 3's AIC = 23038.01 and BIC = 23227.86) or the one-factor model (AIC = 23678.45; BIC = 23864.16). Moreover, all fit indices of Model 1 were relatively good, whereas they showed poor adjustment for the other models.

Table 4. Results of Confirmatory Factor Analyses.

Indices	Model 1 ^a	Model 2 ^b	Model 3 ^c	Model 4 ^d
χ^2	306.34***	1058.21***	556.07***	1053.28***
df	87	89	89	90
RMSEA	.074	.154	.107	.153
95% CI	[.065; .083]	[.146; .163]	[.099; .116]	[.145; .161]
CFI	.886	.497	.758	.500
TLI	.863	.407	.714	.417
SRMR	.075	.143	.086	.143
AIC	22745.30	23680.45	23038.01	23678.45
BIC	22943.39	23870.29	23227.86	23864.16

Note. χ^2 , chi-square goodness of fit test; df, degree of freedom; RMSEA, root mean square error of approximation; CFI, comparative fit index; TLI, Tucker-Lewis index; SRMR, standardized root mean square residual; AIC, Akaike information criteria; BIC, Bayesian information criteria. ^a Model 1 (3-factor solution): factor 1 by #7, #11, #21, #24, #19, #14, #28R, factor 2 by #16, #27, #25, #26, #3, factor 3 by #2, #22, #4; ^b Model 2 (2-LO/RO solution): LO factor by #14, #2, #22, #4, #7, #3R, #25R, #16R, #27R, RO factor by #21, #19, #24, #11, #26R, #28R; ^c Model 3 (2-avoidance/confrontation solution): avoidance by #3, #25, #16, #27, #26, #28; confrontation by #14, #2, #22, #4, #7, #21, #19, #24, #11; ^d Model 4: one factor solution.

*** $p < .001$

In Model 1, all standardized factor loadings were significant ($p < .001$). They were above .50 for every item, except for item #28, which showed a value of .207, meaning that it explained 4% of the variance of the latent variable. As this suggested a poor fit of the item to the rest of the scale, it was excluded from the scale. The CFA model without item #28 was relaunched and showed an even better adjustment: $\chi^2 = 180.37$, $df = 74$, $RMSEA = .056$ [.046; .066], $CFI = .941$, $TLI = .927$, $SRMR = .049$, $AIC = 21290.75$, $BIC = 21476.46$. The “trying to accept the death and look to the future” factor contained six items (#7, #11, #21, #24, #19, #14) whose standardized factor loadings ranged from .529 (#24) to .739 (#14). The “trying to avoid thoughts and feelings” factor was composed of five items (#16, #27, #25, #26, #3) with standardized factor loadings ranging from .648 (#27) to .750 (#16). In the

“trying to maintain a bond with the deceased” factor, the three items (#2, #22, #4) had standardized factor loadings ranging between .699 (#2) and .855 (#4). Regarding correlations, Factor 1 was positively correlated with Factors 2 ($r = .28, p < .001$) and 3 ($r = .37, p < .001$), while Factors 2 and 3 did not correlate with each other ($r = .05, p = .258$).

3.3 Estimates of Subscales' Reliability.

Omega indices were estimated to assess the reliability of the three subscales (see Table 3). They were above .80, indicating relatively good internal consistency for all three subscales.

4. Discussion

The present study examined the relevance and the factor structure of the CBQ, developed from the DPM in 2009, to evaluate its suitability for assessing coping strategies after the death of a significant person. Three objectives were pursued in this study, using two different datasets: a sample collected in 2010 of 321 bereaved people who lost their intimate partner, and a heterogeneous sample collected in 2022 of 472 bereaved people.

The first objective was to determine whether CBQ could be applied to the experience of bereaved people, regardless of their kinship with the deceased. The results indicated that this was not the case for one-third of the items initially created (9/28 items): at least 25% participants had answered that these items were not applicable to the context of their life, and the applicability of these items depended significantly on the ties of the kinship with the deceased, with the items being more applicable to people who had lost an intimate partner than to other bereaved people. Several hypotheses can explain their specific relevance to the death of an intimate partner. Firstly, among the 9 items, eight described coping strategies addressing stressors initially categorized as being restoration-oriented (RO) and that are not systematically encountered, such as learning to manage tasks formerly performed by the deceased (#1 and #13) and taking care of administrative tasks following the death (#20 and #23). In Eisma et al.'s (2022) study, RO stressors, and particularly those related to practical issues, new roles and new tasks, were more likely to be encountered after a conjugal loss compared to other losses. Since these stressful tasks are not equally encountered in different bereavement situations, they do not systematically require coping strategies to deal with them. Secondly, the strategies presented in these items may have been considered as less applicable because they were irrelevant to dealing with the described stressors: two of these nine items described avoidant strategies such as strategies for avoiding imagining a future life (#18) or new projects (#15). Although theoretically relevant, these strategies seem to be used less by people who have lost a person other than an intimate partner. In their study, Ryckeboosch-Dayez et al.'s (2016) showed that confrontation strategies were more likely to be used to deal with RO or low-intensity stressors, while avoidance coping made less sense and was preferred for more stressful situations. It is possible that RO stressors such as envisaging future projects are more stressful for people who have lost an intimate partner than for other bereaved people and that avoiding these situations would therefore seem more

relevant and feasible. That said, kinship is not the only variable that may influence the negative appraisal of bereavement stressors. For example, the nature of the bereaved person's attachment to the deceased has been shown to be related to the evaluation of stressors (Delespaux et al., 2013). Further studies should also examine other predictors that are likely to be associated with the evaluation of certain stressors as being more or less distressing (e.g., gender). Thirdly, from a methodological perspective, Kulas et al. (2008) have shown that the tendency to choose n/a as an answer was related to the complexity of the item: after manipulating the complexity of items by changing their wording, they found that participants tended to choose the n/a option more often for more complex items. Two of the nine items described strategies for trying to see the strengths that would enable the person to cope with the death (#6 and #9). In both confrontation and avoidance forms, these two items are formulated in a convoluted way. We can hypothesize that having lost someone as close as an intimate partner may motivate the bereaved to make more effort to understand the item and overcome its difficulty. Leaving these 9 items in the questionnaire would induce a bias, as the score would then depend on the kinship with the deceased rather than on the type of coping used by the bereaved. Indeed, when the tendency to answer n/a is no longer random and depends on a specific variable, this can lead to a bias in the scale (Kulas et al., 2008), or even alter the conclusions of a study (Ben-Porath et al., 1991). Consequently, to make the scale more suitable for assessing coping in diverse situations of bereavement, these nine items were excluded.

The second objective was to investigate the factor structure of the scale. EFA revealed a 14-item scale with three subscales describing coping efforts to (1) accept the death and look to the future, (2) avoid thoughts and feelings, and (3) maintain a bond with the deceased. This three-factor model was compared to two theoretical models through CFAs, which revealed that it showed the best fit to the data. Neither the model addressing LO-RO orientations based on DPM (Stroebe & Schut, 1999), nor that addressing confrontation-avoidance orientations satisfied statistical standards of fit. Interestingly, the three-factor model is very similar to the three factors that Sakaguchi and colleagues (2001) found as underlying the "*Coping with Bereavement Scale*": (1) life orientation, (2) avoidance, and (3) retaining ties with the deceased.

In the present study, the first factor, "trying to accept the death and look to the future" contained six items describing confrontational strategies aiming to understand and accept the death and one's identity as a bereaved person, as well as to envision a future life without the person by engaging in new projects and social relationships. This factor interestingly combines concepts that are generally considered as opposites: it includes strategies for accepting the death, which are considered as loss-oriented in the DPM, but also strategies for building a future life, which are conceived as restoration-oriented. Similarly, Bonanno et al. (2011) contrast the idea of engaging in the future with the idea of processing the event, whereas this factor brings past and future together. However, combining the search for acceptance and the attempt to engage in new projects and relationships is not inappropriate. In grief literature, accepting the reality of the loss is presented as a task that the bereaved needs to complete to move forward (Worden, 2018) and to decrease the distress related to

the loss (Prigerson & Maciejewski, 2008a). Trying to accept the death may therefore be consistent with trying to look forward.

The second factor, “trying to avoid thoughts and feelings” was made up of five items describing strategies aimed at avoiding thoughts related to the death, the absence of the deceased, and the bereaved’s new identity and at avoiding memories and emotions related to the deceased and the death. The overall meaning of this factor comes close to loss-orientation coping, as it mainly includes emotions and thoughts directly linked to the absence of the deceased. However, it also includes aspects of the bereaved’s identity, initially considered as restoration-oriented (Stroebe & Schut, 1999). Again, this calls into question the porous boundary between loss and restoration orientations presented in the DPM. The notion of avoidance used in this factor is consistent with much of the coping literature, in which avoidance appears as one dimension of coping strategies used when facing a stressful event (Stroebe et al., 2001). In other DPM-based scales, avoidance and confrontation strategies are often treated as opposites and thus reversed (Caserta & Lund, 2007). However, the results of our study argue for another approach, in which confrontation and avoidance dynamics are differentiated qualitatively, given that this factor showed a moderate positive correlation with the accepting the death factor and no correlation with the maintaining bond factor, which are both confrontation strategies. In a study of the mediating role of LO and RO strategies, Tang and Chow (2017) found that these two angles were insufficient to understand the effect of traumatic grief and argued that a third dimension, “avoidance”, should be added to the model, which is in line with our results. In general, avoidance behaviors are a regularly debated issue in the literature on coping with bereavement: they are sometimes regarded as maladaptive or dysfunctional (e.g., Meij et al., 2008), and sometimes as beneficial in the short (Ryckebosch-Dayez et al., 2016) or longer term (Coifman et al., 2007). The DPM, however, was initially designed to counter the normative idea of confrontation as being *de facto* more adaptive than avoidance. We would reaffirm this position and the importance of not considering any strategy as inherently more or less adaptive. After all, reactions and the effect of strategies vary from one person to another, depending on culture, gender norms and, within the same person, on context, time, and needs (Stroebe & Schut, 2010). Furthermore, as mentioned above, conclusions about the strong association between avoidance and grief reactions should be drawn with caution, given the conceptual entanglement of these notions in the questionnaires.

The third factor, “trying to maintain a bond with the deceased”, was composed of three items related to what ties the person to the deceased such as thoughts, memories, and search of contacts. The meaning of this factor, seeking to maintain a form of presence or bond, is part of the broader concept of continuing bonds developed by Klass and colleagues (1996). However, this factor does not reflect the complexity and multiplicity of continuing bonds, which are not limited to individual coping strategies and include other aspects such as the transformation of the bond or its social and collective nature (Klass, 2006). From a temporal perspective, this factor includes stressors related to the past, whether it is the bond, memories, or the death. However, it was positively correlated with the “trying to accept the death and look to the future” factor. Finally, this third factor did not correlate with “trying to avoid

thoughts and feelings,” indicating that taking time to think about the deceased and avoiding thoughts related to the deceased are not necessarily opposing constructs but rather independent ones.

Interestingly, the proposal of a three-factor structure stands in opposition to the two-dimensional vision of the DPM (Stroebe & Schut, 1999). Although the oscillation between two types of orientations (LO and RO) or strategies (avoidance and confrontation) is theoretically very relevant, it does not appear to fit the experience of the bereaved in our samples. Our factors may call into question the relevance of the strict theoretical distinction between LO and RO strategies, by demonstrating the porous nature of the boundary between the two orientations. This is consistent with the findings of Fasse and Zech (2016) that the majority of interviewed widowed people felt that the strict distinction between LO and RO coping did not correspond to their experience. Rather, they often mixed the two orientations and made them undistinguishable. This suggests a more nuanced categorization of strategies and the need to study their relationship with mental health and bereavement outcomes. Overall, the results do not call into question the relevance of the loss and restoration orientations and their significance, but rather their strict distinction and duality. That said, the distinction between confrontation and avoidance coping strategies remained relevant, since two factors dealt with confrontation strategies, while the third dealt with avoidance of stressors.

Another observation is that the factors identified as structuring the CBQ are also constitutive processes of grieving. Processes such as trying to accept the death or to remember the deceased are also presented as grieving “tasks” which, when accomplished, allow the bereaved to go forward (Worden, 2018). This raises the question of the difference between coping and grieving: is seeking to accept the death an inherent aspect of grieving, or is it a strategy for coping with the loss and the emotions that arise from it? And if it is both, how are coping with the death of a loved one and grieving different? The potential consequence of this confusion is that the cultural representation of healthy or pathological grief inevitably influences the conception of adaptative or maladaptive coping strategies. From this point of view, there is a high risk of confusing symptoms with coping strategies, and of falling into hypothesis confirmation or pathologization of certain processes. We suggest that authors, researchers, and clinicians pay close attention to this standardized vision, which not only creates a conceptual overlap but also reinforces the view of certain ways of coping with bereavement as normative and others as pathological in nature.

Overall, our results showed good reliability for the three factors and for the total scale. We believe that the value of this questionnaire lies in its focus on processes rather than actual behaviors. The items describe the processes targeted by the strategies (e.g., “*trying to accept living on without this person*”), without defining the behaviors through which these strategies are applied (e.g., writing letters, talking to the person, going to therapy). This is valuable for various reasons. First, in terms of reliability, measuring processes rather than behaviors is more coherent with the conception of strategies as processes (Lazarus & Folkman, 1984). Secondly, this does not imply the presentation of behaviors as *a priori* beneficial and admits a greater possible diversity in the behavioral, cognitive, and affective strategies implemented

by the bereaved. Thirdly, in a clinical context, it can accompany a discussion of what the person is seeking by coping in this way and reflect on the function of certain processes.

4.1 Limitations

This study improved the relevance of the CBQ and highlighted its factor structure for assessing coping strategies in response to the death of a significant person. Although it shows good psychometric qualities, this questionnaire could still be improved: there are dimensions of coping that are not included in the final scale, as they were deliberately excluded or were not initially present. It is important to mention them, so that they can potentially be added and validated in future projects to improve the scale. First, we suggest including the notions of seeking social help or emotional support and of expressing emotions. Items referring to this were excluded (#12 and #17), but the importance of social support as coping strategy has been demonstrated (Bottomley et al., 2017), although emotional disclosure is not considered a systematic source of comfort for the bereaved (Stroebe et al., 2002). Currently, the strategies presented in the final scale are almost exclusively intrapersonal, yet it would be valuable to include interpersonal and social notions. Secondly, an item describing distraction (#5) was excluded, despite its relevance in providing another, more active dimension of avoidance that is worth integrating into the understanding of coping (Waugh et al., 2020). Thirdly, as other authors have already recommended (Fasse & Zech, 2016; Stroebe & Schut, 2010), we believe that the notion of respite, as described in the DPM (Stroebe & Schut, 1999, 2010), should be included in a scale measuring coping strategies in the context of bereavement. While bereaved people may seek to avoid or confront aspects related to their grief, they may also spend time and behave in ways that have nothing to do with the loss. These behaviors also inform us about how the bereaved are coping with their grief and the oscillation they may display.

In addition to the limitations of the scale itself, this study also shows other limits. An interesting aspect of this research is the use of different datasets, but this is also one of its limitations. Our study was carried out using samples differing in their composition and collection context. The heterogeneous sample was made up of people who had lost a relative in a specific context of restrictions on end-of-life conditions and funeral rituals. We can imagine that this context potentially modified people's experience and made certain coping strategies less accessible than others, which may have influenced the unequal applicability of the items. However, the fact that the three-factor solution emerged in the analyses of the partners' sample and remained the most relevant solution in the heterogeneous sample allows us to hypothesize the stability of this structure across different contexts. Nevertheless, we strongly encourage other researchers to carry out similar analyses in a non-pandemic context. Another limitation concerns the criteria used to remove items. Although we drew on studies already carried out (e.g., Cott et al., 2006), we have not found any empirical studies aimed at establishing a clear threshold beyond which the proportion of n/a responses would be problematic. In addition, although we described the second sample as "heterogeneous", it is important to note that it lacked representativeness, particularly with respect to gender, education or economic status, and non-heterosexual, ethnic, and religious minorities. In terms

of kinship with the deceased, few individuals had lost a child, which diminished the quality of our analyses including this predictor. Our study, composed mostly of educated white Western female participants and conducted by educated white Western female researchers, is limited to shedding light on this population's experience. Our results must therefore be interpreted in relation to this local context and in no way claim to be generalizable to other cultures and contexts, as coping strategies, grief, representation and meaning of death are specific to cultures (Silverman et al., 2021). It is therefore essential to be able to create items reflecting other cultural, socio-demographic and economic realities. Finally, our study did not investigate oscillation or flexible coping, or even address a way to measure it, although it is the most essential component of the coping process. It should be noted that measuring the oscillation process could be more complex with a three rather than a two-factor solution. Future studies should address this question.

5. Conclusion

To conclude, we recommend the use of the CBQ to assess coping strategies. Analyses led us to reduce the scale to 14 items, which can be used to measure coping strategies in three dimensions: trying to (1) accept the death and look to the future, (2) avoid thoughts and emotions and (3) maintain a bond with the deceased. Although the questionnaire still presents some limitations, we think that it could be useful and relevant in both research and clinical contexts. As Stroebe and Schut (2010), we consider that a scale is not the best way to assess coping strategies. We hope that those who use it will exercise the critical distance necessary when using such a method to assess a dynamic and processual construct such as coping. The CBQ nevertheless provides access to the processes by which bereaved people seek to reduce the distress associated with the death of a significant person. Future research should investigate how these coping processes mediate a person's trajectory in terms of mental health or growth.

General discussion

General discussion

1. General summary of the results presented in this thesis

Throughout this PhD thesis, a large-scale mixed-methods study was conducted among people who lost a significant person in Belgium between March 2020 and January 2022, with the aim of understanding the experiences of grief under social and funeral restrictions. This study, its methodology, and the theoretical and practical frameworks underpinning it are presented in **Chapter 1**. The various analyses conducted throughout the chapters have enhanced our understanding of the many ways in which these restrictions shaped people's reactions and grieving processes.

Chapter 2 presents preliminary analyses, with the main objective of exploring how restrictions impacted funeral and social practices, and how these alterations affected people's grieving processes. The findings revealed that the restrictions had significantly altered the funeral practices desired by the participants in our study: the majority had been unable to accompany their relative at the end of their life as they had wished or to perform the desired funeral rites. Our analyses revealed diversity in the experience of the rites ultimately carried out: while half of our sample reported being somewhat or not at all satisfied with the rites that were ultimately carried out, 20% of respondents were very satisfied, even in the case of restricted rites. To investigate whether these changes in practices had affected the way people grieve, we examined whether several indicators of grief differed depending on the circumstances surrounding the death and the funeral practices. Our analyses revealed no evidence that people experienced more intense grief reactions if they had lost a relative during a period of stricter restrictions. However, with regard to end-of-life accompaniment, those who had been *less* able to accompany their relative than they wanted to, and those who had accompanied their relative *more* than they wanted to, exhibited more intense grief reactions than those who had been able to do so as much as they wanted to. As expected, the presence or absence of restrictions on rites was not itself linked to the intensity of grief reactions. However, contrary to our hypotheses, performing rites that were deemed unsatisfactory was also not linked to a difference in the intensity of grief. Nevertheless, more specific analyses of the TGI-SR+ items showed that there were some differences in the difficulties experienced in accepting and coming to terms with the death, as well as in feelings of anger, which were more prevalent among those who were unable to accompany their relative or perform the desired rites.

These analyses also showed that, despite the restrictions, people had adapted and found various alternatives with which to carry out their rituals. Firstly, one-third of the participants had created or adapted their funeral rites. However, this creativity did not appear to be a direct response to the restrictions; rather, it seems to be part of a broader and long-term trend of evolving rituals. Another alternative that was specifically a response to the restrictions was to postpone rituals. In our sample, almost half of the participants had initially intended to

postpone their rituals, but only 30% of them actually did so. The analyses showed that finding an alternative was linked to greater growth, whether this involved creating a new ritual or postponing an existing one.

The second objective of this chapter was to estimate the prevalence of PGD among the sample of bereaved individuals, with the aim of addressing the concerns raised at the start of the pandemic. Although prevalence rates vary depending on the method used, they remain lower than those found in other studies conducted during the pandemic (between 10% and 20% at T1, between 2.3% and 5.7% at T2, and between 1% and 2.5% at T3).

In **Chapter 3**, mixed-methods analyses examined more specifically how experiences of refusing or circumventing restrictions in order to perform desired rites were experienced, and what they enabled or caused for the bereaved. It appeared that 40% of participants had circumvented measures in order to carry out desired rituals. Overall, disruptive behaviors were driven by a need to do the right thing, which was described as an easy or more difficult choice when values and norms conflicted. For some, this was associated with emotional or moral distress, while for others it seemed like an obvious choice. Although these behaviors varied widely and were experienced very differently by each individual, quantitative analyses showed that those who had circumvented the measures exhibited more intense grief reactions and a greater sense of guilt towards the deceased. We suggested several hypotheses to explain these results, which do not necessarily imply a causal relationship. In fact, they may be better explained by the circumstances in which these behaviors occurred, which were perceived as particularly consequential and unfair. Our results also showed that people who circumvented the rules experienced greater growth, but only when they were able to perform the desired rites. Overall, our findings suggested that, although they might have led to social disapproval and stigma, disruptions could have served as a form of self-empowerment, enabling people to resist constraints and meet their needs – as well as those of the deceased and other bereaved – in accordance with moral and ethical principles.

In **Chapter 4**, analyses explored the meanings that bereaved individuals attributed to their experiences of death and grief under restrictions through an interpretive phenomenological analysis of interviews conducted with twelve bereaved individuals. The results showed that the pandemic context appeared to be incompatible with the experience of dying and mourning, creating paradoxical injunctions for some participants. While some experienced feelings of guilt, powerlessness, and a loss of meaning, others were able to find solace in meaningful moments and farewells.

All experiences were far from what had been expected – for better or for worse – but very diverse in the end. Not only did people have different expectations about what they would have liked to do for their relative, but what was ultimately possible also varied greatly from one person to another. Consequently, the gap between the two, its importance, and its meaning varied from one account to another and seemed to fuel a range of feelings, from the impression of having experienced an unbelievable farewell to that of a stolen farewell. Based on our findings, we hypothesized that for some people, having been unable to perform the desired gestures or actions surrounding the death of their relative led to a form of *grieving*

for the ideal farewell, especially when they believed that these actions absolutely should have taken place in the days surrounding the death and that, after that, it would have been too late.

Finally, our findings showed that participants had to find their own ways to make sense of these unexpected experiences. The meanings they attributed to them were complex and multifaceted, combining different levels of meaning - personal, moral, societal, or existential - and evolved over time. They gave rise to ambivalent and multifaceted emotional experiences, making it difficult to describe the impact of the circumstances as simply positive or negative.

In **Chapter 5**, quantitative analyses examined how subjective appraisals of the circumstances of death mediate people's grief reactions, specifically in terms of yearning, anger, and shock. The analyses revealed that appraisals of uncontrollability, unfairness, and unpredictability were key mediators in understanding the relationship between the circumstances of death and the various emotional dimensions of grief. More specifically, the appraisal of uncontrollability mediated the link between circumstances (e.g., proximity to the deceased, the deceased's age, and restrictions on end-of-life accompaniment) and the intensity of yearning, anger, and shock. The appraisal of unfairness mediated the link between certain circumstances (e.g., proximity to the deceased, the deceased's age, and restrictions on end-of-life accompaniment and funeral rites) and the intensity of feelings of anger and shock. As for the appraisal of unpredictability, it mediated the link between certain circumstances (e.g., the cause of death and restrictions on end-of-life accompaniment) and the intensity of the feeling of shock. Our findings reaffirmed the importance of studying a person's subjective evaluation of the death and its circumstances, their impact, and their meaning in understanding their grief reactions, rather than the objective features of the death itself.

With regard to the restrictive circumstances of the pandemic, our findings showed that the inability to accompany a relative at the end of life did not directly affect any emotional dimension of grief, but had an indirect effect that was fully mediated by how people appraised the death in terms of uncontrollability and unfairness. Regarding participation in funeral rituals, our findings showed different effects on grief reactions. The ability to participate in post-mortem rituals was directly associated with greater feelings of shock and indirectly with less anger: the more people were able to participate in funeral rituals, the more they perceived the death as fair, and the less anger they experienced. Overall, these results revealed the extent to which end-of-life and funeral practices (and their restrictions) can influence grief through various direct and indirect mechanisms, with multiple and potentially conflicting effects.

Chapter 6, divided into two parts, presented analyses exploring how the coping strategies employed by bereaved individuals help to understand their trajectories of grief and growth. The first part consists of a validation of the conceptual structure of the *Coping with Bereavement Questionnaire*. On the one hand, with the aim of improving the applicability of the items to a more diverse population of bereaved individuals, our analyses identified items specifically addressed to bereaved spouses and led to a reduction in the scale's length to 14 items. On the other hand, the factor analysis revealed a three-factor structure distinguishing

coping strategies describing the bereaved's efforts to (1) accept the death and look to the future, (2) avoid thoughts and feelings, and (3) maintain the bond with the deceased.

The second part of this chapter took a longitudinal approach to examining the various trajectories of grief intensity and growth followed by the bereaved individuals in our sample. It explored how these trajectories were explained by their appraisals of the circumstances of the death and by their coping strategies. Our findings showed that grief trajectories were characterized by two recovery patterns: one higher and one more moderate. The type of grief trajectory pursued was explained by the person's level of education, perceived social support, the age of the deceased, and how close they were. Growth trajectories, on the other hand, followed divergent paths: one high and increasing, and the other low and stable. The type of growth trajectory pursued was explained by the person's level of spirituality, gender, and the age of the deceased. Our results showed that the people's appraisals of the death of their relative and their ways of coping with the loss played different roles in grief than in growth. Some strategies, such as trying to maintain a bond with the deceased, were associated with greater growth and more intense grief, while others, such as trying to accept the death and look forward, were associated with greater growth and more peaceful grief. Furthermore, our results showed that the effects of coping strategies varied depending on the trajectory of grief or growth that individuals appeared to follow, confirming that specific strategies are neither inherently adaptive nor maladaptive.

2. What do the results of this thesis teach us about experiences of grief in the context of restrictions?

From the outset of the pandemic, one of the first challenges was to quantify the impact that the circumstances of the pandemic had on bereaved individuals, their reactions, and their grieving processes. A large part of the quantitative studies published on grief during the pandemic since 2020, as well as an initial objective of this thesis, was to *measure the extent of this impact* to answer urgent questions of whether these restrictive circumstances had led to complications in the grieving process. A second challenge was to understand how these circumstances had shaped people's experiences of grief, exploring how people had lived through these experiences, how they had coped with them, and the meaning they had managed to give them. This thesis has attempted to address these various objectives. In this section, findings of the thesis will be compared with the current literature.

The order in which the questions and results are presented below does not necessarily reflect their relevance or importance, but rather attempts to transparently represent the chronology and evolution of the research process pursued in this thesis. For this reason, it begins with relatively closed questions, marked by an attempt to quantify "impact," and continues with a more comprehensive, phenomenological perspective.

2.1 To what extent did the social and health restrictions during the pandemic affect the grief of people who lost relatives during this period?

2.1.1 *Has the pandemic context led to an overall increase in pathological grief reactions?*

One of the most pressing questions that many studies, including this thesis, have attempted to answer is whether the specific circumstances in which people lost a relative during the pandemic led to an increase in grief complications, characterized by an increased prevalence of *prolonged grief disorder* (PGD). These concerns fall within a *deprivation model*, quite dominant in the literature on grief during the pandemic, and described by Long et al. (2022) as a perspective that “*emphasizes what funerary restrictions take away – and the distress, both short- and long-term, that this can cause*” (p.479).

Since the start of the pandemic, three literature reviews identified respectively 55, 15 and 28 studies which assessed the psychopathological consequences of losing a relative during the pandemic (Keyan et al., 2025; Kustanti et al., 2023; Reitsma, Killikelly, et al., 2025). The estimated prevalence of PGD varied widely across the samples, ranging from 22.4% (Mitima-Verloop et al., 2022) to 87% (Abadi et al., 2024). Lee and Neimeyer identified a set of specific symptoms that would be particularly prevalent among people grieving during a pandemic and which would characterize “dysfunctional pandemic grief”: a wish for death, identity confusion, apathy, difficulty remembering positive memories, and a feeling of meaninglessness (Lee & Neimeyer, 2022). Several studies have estimated the prevalence of this « dysfunctional pandemic grief » in bereaved individuals, ranging from 13.5% (Evren et al., 2022) to 72% (Breen et al., 2022). These prevalence rates are consistently higher than the rates of 10% and 20% of PGD (depending on the method) found in our study at T1, and which decreased significantly at subsequent measurement times (2-5% at T2 and 1-2% at T3).

Overall, in grief literature, there is a growing consensus that these results confirmed concerns about a “shadow pandemic of grief complications” (e.g., Breen et al., 2023; Keyan et al., 2025). These prevalences are indeed beyond those of 10% usually observed in pre-pandemic periods (e.g., Lundorff et al., 2017; Maciejewski et al., 2016). And yet, it is necessary to approach them with caution.

Firstly, the methodology used varied greatly from one study to another. In fact, studies differed in terms of their cultural contexts, their temporal criteria of PGD (6 months vs. 12 months), the scales they used, the cut-off points they determined, and the average time since death of the sample. Some of these studies were conducted with people recently bereaved, with an average time since death around 3 months (e.g., Breen et al., 2022) while others, like ours, were conducted with bereaved people who lost their relatives on average 15 months (Boever et al., 2023) or 24 months before the study (Gang et al., 2022). The period over which data were collected also differed, with most studies being conducted in the first year of the beginning of the pandemic (between September and November 2020), during periods when restrictions were still in place, when the virus was less known, more uncertain and

uncontrollable (e.g., Bovero et al., 2022; Breen et al., 2021; Lee & Neimeyer, 2022; Tang & Xiang, 2021). Others, like ours, were conducted later, from one to two years after the beginning of the pandemic (Harrop, Mirra, et al., 2023; Mitima-Verloop et al., 2022). It is very possible that this period of data collection influenced people's psychological state, given that restrictions were less present, a greater variety of coping strategies were more available, the Covid-19 was more known, controllable, and levels of mortality were less high.

Secondly, in Keyan et al.'s (2025) review, all but one of the 55 studies were based on samples that were recruited using nonrandom and convenient sampling methods. A recent review highlighted that the PGD rates varied significantly depending on the sampling method used, and that studies using non-probability sampling methods tended to report higher rates, i.e., 16% instead of 5% for probability sampling (Comtesse et al., 2024). As shown in chapter 2, our study, which mixed various recruitment methods to compensate for their respective biases, have found higher prevalences of PGD among people recruited through social media (31.9%) and through recommendations from professionals (50%) than through other methods, such as through obituaries (between 10% and 21%). This suggests that our sample may be more representative in terms of prevalence than those recruited exclusively through social media (e.g., Mitima-Verloop et al., 2022; Tang & Xiang, 2021), through bereavement support network professionals (e.g., Breen et al., 2023), or those who reported accessing the study while researching about bereavement care (Gang et al., 2022).

Ultimately, the question is not so much whether the reactions to the death of a relative in such circumstances were pathological or not. In fact, the use of the PGD attempts to determine, with a binary perspective, whether reactions constitute a disorder by using criteria of intensity and duration of reactions obtained from specific samples (middle-aged white women who have lost a spouse to natural causes) and applying them regardless of the context of the loss (Thieleman et al., 2025). However, by demonstrating that certain circumstances of loss, whether the cause of death (e.g., Djelantik et al., 2020), or the relationship to the deceased (e.g., Fernández-Alcántara & Zech, 2017; Thieleman et al., 2023), would lead to much higher prevalences of PGD, studies have suggested that these particularly intense and lasting reactions observed in certain circumstances may be more proportional to the experience of a particularly impactful loss, rather than pathological (Thieleman et al., 2025). While these general prevalence rates offer insight into the potential average trend of increased grief complications, their contributions are relatively weak in the understanding of what particular circumstances may have impacted people's grief and how. The relevant question that arises is rather to **clarify** this impact by exploring what was particularly painful or difficult, and to **qualify** it by exploring how these circumstances may have affected people and how they adjusted.

2.1.2 *Did the specific restrictive circumstances lead to stronger or more intense grief reactions?*

Following a risk-factor perspective, consistent with the *deprivation model* (Long et al., 2022), numerous studies (including our Chapter 2) have attempted to identify the specific circumstances of the pandemic that led to more intense or stronger grief reactions. Several

recent literature reviews have attempted to summarize the impacts that these circumstances have had on people's grief (e.g., Kumar, 2023; Rosas & Esperandio, 2025; Van Schaik et al., 2022). Like our study, they focused on specific circumstances that were identified as potential risk factors at the beginning of the pandemic: the inability to say goodbye and accompany relatives at the end of life, restrictions on desired funeral rites, and measures more generally restricting social gatherings (and accordingly social or community support).

With regard to end-of-life accompaniment, various qualitative studies have shown that being prevented from saying goodbye to a relative and accompanying them in their final moments was particularly painful for the bereaved (Van Schaik et al., 2022). However, quantitative studies appeared to be relatively inconsistent as to whether being prevented from this accompaniment seems to have led to more intense grief reactions (Rosas & Esperandio, 2025): while some studies, like ours, have found that people who were unable to accompany their relatives showed more intense acute grief reactions (Eisma & Tamminga, 2020), other studies have not observed such an effect (Selman et al., 2022; Zou et al., 2023).

With regard to funeral rites following death, Chapter 2's findings are consistent with studies showing that restrictions have, in many cases, altered the possibilities for carrying out the funeral rites that people wanted for their relatives (Cherblanc et al., 2022; Rosas & Esperandio, 2025; Van Schaik et al., 2022). Our initial hypothesis, as well as Burrell and Selman's (2022) anticipated that, in secularized countries (such as Belgium), satisfaction with rituals would be more closely linked to grief reactions than their performance (or their reduction) *per se*. Consistent with this hypothesis, the reduction in funeral rites did not appear to systematically lead to more intense general grief reactions (Rosas & Esperandio, 2025; Şimşek Arslan & Buldukoğlu, 2021; Zou et al., 2023). In fact, results are contradictory, the possibility of participating in funeral rites in this context was sometimes associated with more intense (e.g., Mitima-Verloop et al., 2022), less intense grief reactions (Bovero et al., 2022; Chen, 2024), or had no link to indicators of grief (Boever et al., 2023; Şimşek Arslan & Buldukoğlu, 2021). However, contrary to our hypothesis, the subjective satisfaction toward rites did not appear to be associated with the intensity of grief reactions in our analyses and those of Mitima-Verloop et al. (2022), although it was in other studies conducted in Quebec and Italy (Cherblanc, Zech, Cadell, et al., 2025; De Vincenzo et al., 2024).

More generally, concerns anticipated that, beyond specific restrictions on funeral rites and accompaniment, severe restrictive measures would more generally impact grief by restricting access to resources such as social support and collective coping strategies. An Italian study have indeed found that grief reactions were more intense for people who had lost their relative during more critical periods of restrictions (De Vincenzo et al., 2024), while our study, as well as another in Portugal (Batista et al., 2024), did not find that.

In conclusion, it seems difficult to determine clearly the extent to which the restrictive circumstances of the pandemic led to more intense grief reactions. And yet, the dominant narrative in the literature is fairly unanimous in saying that the restrictive circumstances of the pandemic, by altering how people were able to say goodbye to their relatives and mark their deaths, affected their grief (Rosas & Esperandio, 2025; Van Schaik et al., 2022). Many

authors agree that these circumstances have generally “aggravated” and “complicated” the grieving experience for *the majority* of people (Buckley et al., 2023; Masur & Wertheimer, 2022). The more comprehensive approach adopted in the rest of this thesis and in other studies has shed light on these results, which at first glance appear rather inconsistent.

2.2 How did people adjust to the restrictions?

Another approach often used in studies on grief during the pandemic follows the “*adaptation model*” (Long et al., 2022), recognizing the potential impact of restrictions, but also considering how people adjusted to the restrictions, how they were able to cope with them in a resilient and creative way, and giving them a more active role. Numerous studies, including our own (in Chapters 2, 3 and 4), have shown that many people have found alternative solutions to meet their needs in times of restrictions.

The first type of alternative solution identified by our study and others was finding ways to ritualize the death while respecting restrictive measures. This included finding ways to accompany their relatives or participate in rituals symbolically, or remotely, by using digital technologies, by gathering outside, forming a guard of honor along the route of the coffin, symbolizing the presence of those absent from the rituals, as well as adapting or creating new rituals, or postponing them until a later date (Cherblanc et al., 2022; MacNeil et al., 2023; Rawlings et al., 2022). At the start of the pandemic, these solutions were presented as potential resources that could help people perform rituals despite the restrictions in place, potentially easing their grief. In terms of grief intensity, our quantitative results (Chapter 2), as well as those of Mitima-Verloop et al. (2022), did not find that people who had implemented these alternative solutions had different grief reactions than those who had not. In fact, our qualitative results (Chapters 2 and 4) and those of other studies revealed that these “alternative solutions” took many different forms and were experienced very differently by each individual.

On the one hand, adjusting to restrictions may have provided bereaved individuals with an opportunity to reinvent or revisit practices, to experience unique rituals that they would not have experienced under other circumstances (e.g., outdoor or small-scale ceremonies), and to embrace these alternative forms of rites (e.g., Long et al., 2022; Rawlings et al., 2022; Riley et al., 2023). As in Chapter 4, this may have led to feelings of relief or gratitude towards the circumstances (Long et al., 2022). This is consistent with Lowe et al.'s (2020) reflections on how restrictions may have accelerated the evolution of ritual practices, although it is unclear the extent to which these changes will be permanent (Rawlings et al., 2022).

On the other hand, these alternative solutions may have been the “lesser evil” in order to compensate for restrictions without enabling meaningful practices. While some considered them “*better than nothing*”, others described them as bizarre or expressed bitterness and frustration (Rawlings et al., 2022; Riley et al., 2023). For instance, our Chapter 4 qualitative findings, along with those of other studies, revealed that using digital technologies to say goodbye to close ones or broadcast ceremonies remotely may have provided comfort by enabling people to reconnect socially or reduce isolation (e.g., MacNeil et al., 2023; Van

Schaik et al., 2022). However, it was also experienced ambivalently (Koliouli et al., 2024), or negatively, when perceived as “*impersonal voyeurism*” (Rawlings et al., 2022), and an American study even found it associated with higher levels of distress (Chen, 2024). Similarly, being able to perform a postponed rite was experienced by some as a form of balm or reparation which provided relief (Hernández-Fernández & Meneses-Falcón, 2021), while for others it seemed insufficient or useless, like “*a plaster on wood*” (Boever, Zech, et al., 2025).

Furthermore, our Chapter 2 findings showed that the implementation of these alternative solutions was associated with greater growth among bereaved individuals. Whether or not these solutions were satisfactory, implementing them may have enabled people to take action and regain control (Van Schaik et al., 2022). In addition, our Chapter 4 findings showed that it has encouraged discussions within families and prompted them to consider their needs explicitly. This may have enabled individuals to feel more aligned with their needs and beliefs, strengthen relationships with others, or grow spiritually.

The second type of solution, adopted by 40% of our sample, was to refuse to follow the measures in order to perform the rites they deemed necessary, as shown in our mixed-method Chapter 3. This tendency does not appear in many studies. Although some extracts reported individual disruptions to the measures (e.g., Cherblanc et al., 2022; Redondo-Armenteros et al., 2023), they are rarely discussed in literature, and the narrative often depicts the opposite²⁰ (Conway, 2023). In our findings, these disruptions were often motivated by a need to do *the right thing*, by moral imperatives, or by the need to care for or receive support. They were more likely in situations where the death was experienced as more unbearable. As with other alternatives, these behaviors were experienced differently depending on various factors (e.g., the context, the reactions of those around them, the role of authority figures, people's relationship with the restrictions and any associated value conflicts), and could lead to feelings of relief or gratitude, but also discomfort or experiences of social disapproval. Our results showed that these refusals to comply with measures may also have facilitated growth, but only when they ultimately allowed participation in rites.

These first elements of responses already show how diverse bereaved individuals' experiences were, depending on how they had adjusted and how these alternative solutions had been experienced. They also suggest that these behaviors may have led to growth and a multitude of emotions, without their effects being apparent in terms of the intensity of grief.

²⁰ This contrast may be due to cultural differences. The Belgian context may have made the population more likely to reject or underestimate the rules (Luyten & Schokkaert, 2022) than populations in other contexts, such as England (Conway, 2023). In addition, ethical considerations may deter researchers from explicitly studying these experiences, as suggested by the editorial board's response to our submission of Chapter 3, in which they requested additional ethical safeguards due to the sensitive nature of the subject.

2.3 How were social and funeral restrictions experienced subjectively, and how does this help us understand the consequences they may have had on grief?

Several recent literature reviews have suggested that Covid pandemic has changed the way people experience grief (Rosas & Esperandio, 2025; Van Schaik et al., 2022). Our results indeed indicated that people's experiences were “*far from what they had imagined*”. The results (presented in Chapters 4 and 5) showed that social and funeral restrictions were perceived very differently by bereaved individuals, and that these subjective perceptions are a key factor in explaining the consequences they may have had on people's grief.

2.3.1 Social and funeral restrictions were experienced in multiple ways

Regarding restrictions on funeral rites, our findings showed that some people experienced them very negatively, feeling that they had been prevented from saying goodbye properly, while others found a form of comfort in them or were able to make sense of them. The feelings of being prevented from saying goodbye seemed to arise when *pre-*, *peri-* or *post-mortem* rites were absent, unsatisfactory, or meaningless. Our qualitative analyses (Chapter 4) and other studies suggested that this was particularly the case when funeral rituals were rushed (Ummel & Vachon, 2022), distorted (Mortazavi et al., 2023), or dehumanized (Cardoso et al., 2020) by restrictive measures. When the goodbye was deemed unsatisfactory, some individuals felt they had “*missed a step*” (Cardoso et al., 2020), or had been unable to “*find closure*” (Fernández & González-González, 2022). Distorted and inauthentic rituals seemed less capable of facilitating the realization, acceptance, and integration of the loss (Guité-Verret et al., 2021), which may explain experiences of “*ambiguous*” (Aguiar et al., 2022), “*fragmented*” (Ummel & Vachon, 2022) or “*floating*” losses (Menichetti Delor et al., 2021) described by many authors. Some people also considered this lack of meaningful goodbye to be a sign of disrespect towards the deceased and a failure to recognize their value (Ostadhashemi et al., 2022). Our mixed-method findings indeed showed the feelings of guilt or anger for having been unable to provide the funeral “*that the deceased deserved*”. These findings echo those of Selman et al. (2021) and Ummel and Vachon (2022), who suggested that when rituals were meaningless, they can be experienced as “*devastating travesties*”, not only failing to fulfill their functions, but also causing suffering, guilt, or shame.

That said, restricted rites have not always been experienced negatively. Some people were satisfied with restricted funerals, considering themselves lucky to have been able to “*do something*”, and even found comfort and benefits in them (Riley et al., 2023). As our qualitative findings showed (Chapter 4), people found that reduced rites offered a form of intimacy and authenticity (Rawlings et al., 2022) and considered that “*it wasn't so bad after all*”. In other studies, these reduced rites may have been a relief because they limited the economic and logistical costs of traditional rites, such as those of the Samoan culture in New Zealand, for example (Long et al., 2022). As shown in the previous section, restrictions may also have prompted the reinvention of practices, enabling people to embrace unique

experiences they would not have otherwise had, which may have given rise to feelings of relief, gratitude, and even growth.

Similar findings emerged with regard to social restrictions, as shown in our qualitative results (Chapter 4), and in Rosas and Esperandio's (2025) review. First, being prevented from gathering, socializing and sharing human moments may have led to feelings of loneliness and exclusion (Hernández-Fernández & Meneses-Falcón, 2023), resulting in more intense grief reactions (Selman et al., 2022; Zou et al., 2023). In addition, restrictions may have created a conflict between the desire for socialization and human contact and the fear of the virus transmission (Mortazavi et al., 2023), as well as a lack of recognition of their lived experiences (e.g., Buckley et al., 2023; Ummel & Vachon, 2022). However, these social restrictions could also have been a positive experience, allowing people to grieve at their own pace, with fewer external expectations and pressures (Buckley et al., 2023; Helton et al., 2020).

In conclusion, these results demonstrate that restrictions – whether funeral or social – were experienced in highly variable ways and, consequently, shaped people's grief in diverse ways. While they have caused distress and hindered grieving processes for some, others found them to be a source of relief or even growth. The following section will adopt a more analytical perspective to clarify the specific contribution of this thesis to understanding this diversity of experiences.

2.3.2 *Analytical contributions of this thesis in understanding the diversity of experiences*

In general, this diversity of experiences is evident in a number of studies (e.g., Helton et al., 2020; Long et al., 2022; Masur & Wertheimer, 2022; Van Schaik et al., 2022). Our mixed-method findings presented in Chapters 3, 4, 5 and 6 provide avenues for explaining this diversity. Their integration (Maxwell et al., 2015) enables us to draw three interrelated insights that help to understand how these circumstances were experienced, and why they may have led to either painful or relieving experiences.

Firstly, the restrictive context introduced a new framework of behavioral and moral reference points that contrasted with the one usually surrounding death, rituals, and mourning. Secondly, the multiple consequences of these experiences depended on individuals' subjective appraisals of the circumstances surrounding death and on the broader meaning they constructed. Thirdly, people's experiences intertwined dynamic processes of grief and growth.

A new framework of reference points

A first insight from our qualitative findings (Chapters 3 and 4) is that the pandemic has disrupted the reference points that guide how to act when a relative dies (Aguiar et al., 2022; De Vincenzo et al., 2024; Mortazavi et al., 2023). The times of death and funeral rites are generally marked by cultural norms, moral expectations and personal needs, which people reconcile and negotiate to determine the “right way to act” when a relative dies (Dartiguenave & Dziedziczak, 2012). While these practices and behaviors are becoming increasingly

diverse and personalized, cultural and moral norms may still provide reassurance and structure, helping individuals to regulate their behaviors and emotions and give meaning to their experience (Romanoff & Terenzio, 1998). Our results show that the new system of behavioral references imposed during the pandemic conflicted with the moral, cultural or traditional references that people usually rely on. This echoes Ratcliffe (2023), who pointed out that restrictions had removed the “scaffolding” that usually regulates and structures mourning and grief. While these moral norms may be followed as “obvious” practices and taken for granted, being deprived of them may disrupt a person's core assumptions and certainties – an effect that bereavement alone may already produce (Fasse et al., 2014). We believe this is what Mortazavi et al. (2023) refer to when they argue that restrictive conditions “widened” the psychological “gap” already created by loss.

Our findings showed that what was dictated by social and health restrictions (i.e., short ceremonies, social distancing, screening attendees), contradicted with what is usually expected or required when a relative dies (i.e., warmth, humanity, sacredness, time). In this thesis, we proposed that these contradictions may have generated **paradoxical injunctions** for the bereaved, urging them to “*find humanity in technicalized and sanitized rites*”, “*find meaning in fragmented rites*”; “*honor your dead but quickly*”, and “*perform social rites but without getting together*”. The concept of paradoxical injunctions, borrowed from systemic psychotherapy (Bourocher, 2019; Watzlawick et al., 2014) describes the imposition of two opposing yet mandatory constraints. This framework may help to explain experiences of uncertainty, bewilderment, meaninglessness, values conflicts, and guilt reported by our participants and other bereaved individuals in various countries (Lee et al., 2022; Mortazavi et al., 2023; Ummel & Vachon, 2022). This notion of paradoxical injunctions also resonates with Vachon et al.'s (2023) notion of an opposition of responsibilities. They conceptualize this tension as a conflict between “social responsibility” – oriented toward the “common good” – and “existential responsibility” – grounded in an “ethic of care” –, which resulted in what they described “an ethical crisis”. However, our results suggest that the consequences of these paradoxical injunctions varied between individuals, depending on their broader relationship with rituals and restrictions, and the importance they attached to these behavioral and moral reference points. For some people, prioritizing one system of reference over the other was obvious – for example by circumventing or refusing to comply with certain measures because they considered them less important than caring for the deceased or sharing affection with family and friends. Conversely, when individuals attached importance to the morality embedded in both systems of references (i.e., caring for the dying and caring for the livings), choosing to comply with one rather than the other may have generated ethical dilemmas or conflicts of values, causing significant moral distress (Vachon et al., 2023).

One reflection that emerges from our findings is that this loss of reference points may have led to even greater individualization (in the sense of increasing individual responsibility and autonomy) in terms of behavior and practices. To explain this, we can draw a parallel with the socio-anthropological analysis conducted by Dartiguenave and Dziedziczak (2012) on the broader dynamics of rituals evolution. According to them, the loss of religious and institutional reference points in ritual practices, allowed by the secularization of

contemporary society, gives families greater freedom and autonomy, allowing them to take a more active role in developing diverse, personalized and meaningful practices. However, this openness to a wider and less determined range of possibilities also brings a certain amount of uncertainty, and greater responsibility for families to choose what to do. In the context of the pandemic, this additional upheaval in reference points, while bringing constraints to the bereaved, may also have opened up a range of possible adjustments, giving the “freedom” (and therefore the responsibility) to decide which reference points to rely on, how to adjust, and how to make sense of this unprecedented experience. In this sense, circumstances may have reinforced the individualization of practices and mourning, urging people to find their own ways of mourning when “traditional” reference points were less available. This provides some insight into why, despite these constraints being imposed by an *external authority*, numerous studies, including our own, showed strong feelings of guilt and self-blame that they have led to (e.g., Chen, 2024; Lee et al., 2022; Torrens-Burton et al., 2022; Vachon et al., 2023; Van Schaik et al., 2022).

Various subjective appraisals and broader meanings

The first insight helps to understand why the experiences were far removed from what had been imagined or expected. For some people, these experiences constituted a *bad goodbye*, which echoes experiences of *bad deaths* reported by several authors (Buckley et al., 2023; Carr, 2020; Guité-Verret et al., 2021; Selman et al., 2021), leading to painful emotions of renunciation and regret. *Grieving the ideal goodbye* is a concept introduced in this thesis. It aims to capture the experience of bereaved individuals who had to give up what they would have wanted/expected/imagined to do surrounding the death of their relative. We suggest it is as a form of *unfinished business* (Klingspon et al., 2015) reinforced by the thought that “*you only die once*”. This concept resonates strongly with “*the loss of the desired opportunity to say goodbye*”, formulated in the same period by Nierop-van Baalen et al. (2024, p.930). This form of “*mourning experience of what should have been*” has also been suggested in relation to peripartum experiences under restrictions (Shuman et al., 2022). However, some people were able to experience a *good enough* – or even *very good* – goodbye, which helped them to accept and even be grateful for what had happened.

In our mixed-method results (Chapters 3, 4, and 5), three elements of the subjective experiences seem to play a particularly key role in understanding why this led to painful experiences for some people and less so for other ones.

The first element is the **experience of powerlessness and lack of control**. In fact, as in many other studies (e.g., Buckley et al., 2023; Guité-Verret et al., 2021; Myers & Donley, 2022; Vachon et al., 2023; Vieveen et al., 2023), our findings have shown that feeling powerless and having no choice made it difficult to accept what had happened, find comfort, and make sense of it. Our quantitative results (Chapter 5) specified that feelings of powerlessness and lack of control were central in explaining painful experiences, and particularly reactions of shock, bewilderment, and sadness when end-of-life accompaniment and care were limited. In fact, two forms of powerlessness can be identified in bereavement experiences – in addition to other forms powerlessness experienced at societal and existential

levels in the context of the pandemic (e.g., Palitsky et al., 2021). On the one hand, powerlessness imposed by *external factors* refers to experiences of loss of autonomy (Albuquerque et al., 2021) and lack of freedom due to constraints and restrictive measures. It was experienced by people who were unable to do what they wanted, who felt prevented, dispossessed of their grief (Long et al., 2022) or who felt that their grief had been “stolen” (e.g., Kentish-Barnes et al., 2021; Myers & Donley, 2022). Our results suggest that this powerlessness depends on subjective perceptions of restrictions and concrete environmental factors, such as the role of authority figures in enforcing measures, which illustrates a certain inequality between experiences. On the other hand, a form of *internal* powerlessness refers to accounts of astonishment, paralysis, confusion, and to the sense of being overwhelmed, which may help to explain feelings of shock and disbelief. It can be explained by paradoxical injunctions, loss of reference points, ethical dilemmas, and moral conflicts (Vachon et al., 2023) mentioned in the previous section, but also by feelings of overload caused by an imbalance between the presence of multiple stressors and losses to manage (Nierop-van Baalen et al., 2024), and the limited resources and coping strategies available (Buckley et al., 2023).

The loss of agency is a feeling that may be encountered in any experience of bereavement (Poxon, 2023). However, the circumstances of the pandemic may have reinforced these two forms of powerlessness, explaining the bereaved’s feelings of being stuck, trapped, or obstructed in their grief (Buckley et al., 2023; Guité-Verret et al., 2021). These experiences contrast with those of people who perceived a form of agency (external or internal) at the time of loss, or who were able to find it later (i.e., by repairing what could not be done, actively reconstructing their narrative to make it more complete and coherent) and who seem to have been better able to find solace in their experiences (Vieeven et al., 2023).

The second element that explains why certain experiences were particularly painful is the **sense of injustice** that people may have felt. Our results suggest that these *bad deaths* and *bad goodbyes*, when linked to a sense of injustice, whether relating to the deceased or oneself, have fueled unrelenting anger towards the situation, the authorities, health professionals, or society in general. Again, this could have prevented people from accepting and making sense of what they have gone through (Cipolletta et al., 2022; Menichetti Delor et al., 2021; Selman et al., 2021). As shown in Chapter 5, appraising the circumstances of death as being unfair indeed fully explained the feelings of anger that arose from being prevented from accompanying a relative at the end of their life and from performing the desired funeral rites.

These senses of injustice were experienced on a personal level, when people considered the measures to be disproportionate, when they felt they had been treated unfairly compared to others, or when they did not feel sufficiently recognized or considered in this painful experience²¹ (e.g., Guité-Verret et al., 2021; Ummel & Vachon, 2022), leading to feelings of

²¹ The need to be recognized in this experience of injustice was illustrated during the conduct of this study. A person who had lost a relative shortly before March 2020 contacted us to let us know that the inclusion criteria for our study – seeking people who had been bereaved since March 2020 – once again illustrated exclusion, the lack of consideration and recognition she was subjected to when people told her she was “*lucky* to have experienced the loss of her father before COVID,” even though she was also grieving under restrictive circumstances.

bitterness or jealousy. Feelings of injustice could also be experienced on behalf of the deceased, when the bereaved felt that their relative had been treated in a dehumanizing, disrespectful manner, and that they had been abandoned (Kentish-Barnes et al., 2021; Sola et al., 2023). In addition, our study showed that these experiences of grief during the pandemic may also have given rise to a sense of injustice on a socio-moral level, which did not directly concern the deceased, but emerged when the vision of society was disrupted, causing anger and indignation that was more societal or existential in nature.

Finally, a third element explaining the emotional consequences that emerged is the **broader meaning** that people gave to their experience (Myers & Donley, 2022). The use of the theoretical framework of meaning-making (Neimeyer, 2019; Park, 2010) in our analyses enabled us to show that the narrative that people constructed of their experiences, which evolved over time, guided what they remembered, how they interpreted it, and the emotions that emerged. Seeking to make sense of one's experiences is a common process in many grief experiences, particularly when the death – and the circumstances in which it occurred – have disrupted more general beliefs about the world (Gillies & Neimeyer, 2006b).

Our qualitative findings (Chapter 4) showed that some people were unable to give a meaning – or an *acceptable* meaning – to their experience, and their narrative was fueled with injustice, anger, or incomprehension. Several authors have indeed noted that experiences during the pandemic, due to their incomplete nature, the ethical dilemmas they have raised, the lack of agency encountered by individuals, and the many ways in which assumptions have been shattered, have made it all the more challenging – albeit necessary – to construct a coherent narrative (Guité-Verret et al., 2021; Vachon et al., 2023; Vieveen et al., 2023). In our results, some people have managed to give an acceptable meaning to their experiences, particularly by taking action to remedy what could not have been done, emphasizing certain elements in their account (i.e., deciding *what matters*), (re)attributing responsibility for the situation, or identifying what they have learned from these experiences. This was also done through interactional processes, by reacting to others' discourses, comparing their experiences with those of others, retelling their stories. Integrating their experience into an acceptable and coherent narrative seems to have helped them in their grief, potentially mitigating the effects of the circumstances.

In general, our results showed that the narratives constructed by people were complex, blending contradictory and ambivalent feelings toward restrictive circumstances that may have both helped and hindered their experiences. They also combined different levels of meaning, whether psychological, relational, spiritual, as well as existential and moral, intertwining various emotions on these different plans (e.g., distress, relief, ambivalence, bitterness, anger, regret, gratitude, indignation, or growth).

Experiences intertwined dynamic processes of grief and growth

The third insight derived from our findings is that integrating perspectives on both grief and growth helps to provide a more comprehensive understanding of the diversity of the bereaved's experiences. Our qualitative findings suggest that disruptive experiences may have led to different subjective experiences depending on whether individuals were able to

derive growth from them. In this respect, our findings align with those of Cherblanc et al. (2026) by showing that the pandemic may have constituted a potentially fertile ground for growth. And yet, few studies have combined the prism of growth with that of emotional distress to study experiences of grief during a pandemic (Reitsma, Killikelly, et al., 2025).

Our findings further highlight the existence of distinct trajectories of reactions of grief and growth over time. Regarding grief, the longitudinal analyses presented in Chapter 6 revealed generally reassuring patterns. Grief trajectories followed a pattern of gradual overall appeasement, even among individuals who experienced intense grief reactions. In this sense, our results appear more reassuring than those reported by Reitsma, Mooren, et al. (2025), who observed that 18% of bereaved participants followed a stable trajectory pattern. Regarding growth, our results showed that the majority of our participants had increasing levels of growth over time. This was particularly the case among younger, more spiritual individuals and women. These findings are also more reassuring than the very low levels of growth found in recently bereaved participants in Italy (Carson et al., 2023).

As expected and in line with Zech and Fernández-Alcántara's (2021) model of grief, the trajectories of grief and growth depended on various variables that extended beyond the circumstances surrounding the death. These variables included the subjective appraisals already presented in the previous section, as well as the ways in which people coped with the loss and its consequences, including their efforts to maintain a continuous connection with the deceased, to avoid thoughts related to death, and to accept the death. In this respect, our findings put into perspective the prominent role often given to the circumstances of death in the literature. Our findings do not imply that restrictions on funeral rites and *bad goodbyes* did not impact the initial experience and longer-term grieving processes. Rather, they indicate that other factors (such as appraisals, coping strategies, the broader meaning given to the experience) also contribute to shaping the trajectories of grief and growth.

Taken together, the three insights presented in this section suggest that the diversity of experiences can be understood through several interrelated factors: individual's expectations regarding end of life and rites for their relatives, the ways in which they subjectively appraised the circumstances of death, particularly in terms of perceived powerlessness and injustice, the broader meaning they gave to their experience, and the ways they coped in the short and longer-term. Our findings join other studies (e.g., Long et al., 2022; Nierop-van Baalen et al., 2024; Vieveen et al., 2023) in helping to apprehend the complexity of experiences, showing how the loss of a relative during a pandemic may have led to multiple griefs, elicited ambivalent reactions, affected individuals on emotional, moral, spiritual, and existential aspects, intertwined distress and growth, and evolved over time. We believe that this is what Long et al. (2022) encouraged researchers to do by urging to “*write against singularizing (in the sense of oversimplified) narratives of the pandemic*” (p.488).

More broadly, the diversity of experiences and the multitude of conflicting impacts that can be found both in “grief reactions” (as represented in grief intensity questionnaire items or the 'symptoms' listed in international classifications), and beyond this limited conception of the adjustment to bereavement, demonstrate the difficulty of summarizing the impact in a

single way. They thus provide clues to explain the contradiction between quantitative and qualitative results concerning grief during the pandemic and demonstrate the need to combine perspectives and methodologies in order to understand a phenomenon as complex as grief.

2.4 Conclusion

2.4.1 *From deprivation to disruption, from general to singular*

The various sections of this discussion have outlined the research process pursued in this thesis. Drawing on the terminology used by Long et al. (2022), one urgent aim of this thesis was to address concerns rooted in a *deprivation* perspective that considered the restrictive situation *de facto* as a risk factor that could potentially alter grief. Our position was already critical toward this perspective, maintaining that restrictive circumstances alone are not sufficient to explain grief reactions and suggesting the necessity to include mediators (i.e., appraisals, adjustments, coping strategies) to understand their various and evolutive impacts (Zech, 2020; Zech & Fernández-Alcántara, 2021). Furthermore, we suggested the possibility that a diversity of experiences could emerge, therefore arguing for an exploratory and open perspective, in line with Long et al.'s (2022) *disruption* model, and in contrast with most of the literature at that time. This has, for example, guided our decision to recruit participants by combining various methods, with the aim of accessing diverse profiles and experiences.

With this in mind, the initial analyses aimed to test the deprivation perspective and showed how the psychopathological emotional consequences of restrictive circumstances were difficult to grasp quantitatively. One explanatory factor was that many participants had actively adapted to restrictive conditions by finding alternative solutions, highlighting the potential relevance of the *adaptation* model (Long et al., 2022). At this stage, the perspective, although exploratory, aimed to outline the general consequences of the restrictions and population-level patterns, relying mainly on quantitative methods.

The qualitative analyses in Chapter 3 marked a turning point. They revealed the diversity of phenomenological experiences that do not necessarily correspond to the researchers' initial questions (i.e., the spectrum of experiences led us to reconsider our binary opposition of transgression vs. compliance with the measures) and that cannot be captured by standardized scales. These results not only confirmed the need for an open position as described in the *disruption* model, but also underscored the need to address singular, subjective, and idiosyncratic experiences. As a result, the research perspective shifted from an initial "mass" and general understanding toward a more nuanced and refined understanding capable of honoring – as much as possible – the full complexity of experiences. A more detailed description of the evolution of the reflexive process provided in Appendix 9.

2.4.2 *What is specific to these situations of pandemic?*

We believe that the study of these specific and singular experiences allows us to explore what these major upheavals can reveal on a broader scale. In this sense, it establishes a dialogue with sociological approaches that examine how disruptions to social systems can expose hidden processes or norms and encourage awareness, questioning, adjustment of these

norms (Gamba et al., 2020; Servais, 2020). From a psychological perspective, the question that arises from our findings is whether they inform us “only” about experiences of grief during a pandemic, or whether more general insights, applied to other situations of bereavement, can be gleaned from them.

Several authors have noted that the context of the pandemic and the experiences it has brought about take on special and unique features (e.g., Ummel & Vachon, 2022).

For example, some authors have argued that the specific conditions of the pandemic may have made it particularly difficult for people to feel recognized and acknowledge in their singular experiences of grief (Scheinfeld et al., 2021). This may be explained by the massive media coverage of deaths, the narratives surrounding the covid and its stigmatization, creating a hierarchy of causes of death (“*at least it's not Covid*”) (Scheinfeld et al., 2021, p.2827), or the fact that “*the world was grieving*” (p.2833). While these experiences are unique, studying these new forms of disenfranchisement (Ummel & Vachon, 2022) may inform us about emotional and relational processes that may arise in other situations of bereavement (for example, when someone suffers from a minimization of their suffering because the death was a *good death*).

Secondly, the distortion of funeral rites into cold, technical and rapid practices during the pandemic echoes a dynamic concerning contemporary rites already described by Des Aulniers (2020). In this specific context, however, these distortions were explicitly imposed by an external instance, rather than being the result of deliberate choices linked to changing values, norms, or technologies (Conway, 2023). This may have made experiences of paradoxical injunctions and ethical dilemmas all the more striking. While these experiences were more visible in this context, they could also be found in other situations of bereavement. Grief and mourning are governed by moral, ethical and cultural principles in which individuals’ needs can conflict with those of others, or with the values or expectations of the family, institution, culture or country in which the death occurs. Indeed, it is only “recently” that families have reappropriated rituals, transforming them into spaces for negotiation (Dartiguenave & Dziedziczak, 2012), with the possibility that the outcome may differ from everyone’s expectations. In this sense, *grieving the ideal goodbye* is a fundamentally current issue, probably reinforced in a context of national restrictions imposed by an external authority, but which can also occur in non-crisis context (Nierop-van Baalen et al., 2024), when rituals do not correspond to what we would have wanted.

In conclusion, experiences of grief during a pandemic have unique features (Ummel & Vachon, 2022). However, certain aspects of these experiences may reveal characteristics of the grieving process that seem less obvious (or less explicitly reported) but potentially present in other circumstances. In other words, current frameworks for understanding grief may not be sufficient to capture experiences of grief during a pandemic (Nierop-van Baalen et al., 2024), but what we learn from these specific experiences can enrich, broaden, and add complexity to our models for understanding grief (Scheinfeld et al., 2021).

3. What do these findings reveal more broadly about grief processes? Back to the theoretical framework

This thesis's research process was initially based on the theoretical model developed by Zech and Fernández-Alcántara (2021) and presented in Chapter 1. The results are consistent with the model in several respects, while highlighting certain limitations and opening up prospects for improvement and implications for grief-related research. Although our findings are based on data collected in a specific context, this section attempts to outline what they might reveal more broadly about grief processes. It is necessary to interpret this section with caution and keep in mind the context in which these suggestions arose.

Regarding predictors, the results align with the model by showing that the grief reactions experienced by bereaved individuals were influenced by certain predictors related to the bereaved's situation: their socioeconomic resources (lower income and educational levels were related to higher intensity of grief reactions), the anxiety they may experience in their attachment to others, and the social support. By showing that restricting social contacts can lead to loneliness and disenfranchisement, but also to relief by reducing the external pressure that such contact can represent, our results align with other studies (Stroebe et al., 2005) showing the complex relationship between social support and grief. Therefore, they underscore the importance of addressing the *perceived quality* of social support rather than its objective presence. They also confirmed the importance of predictors related to the deceased and the death, and particularly the age of the deceased and the relationship the bereaved person had with the deceased (both in terms of kinship and in terms of subjective proximity).

Our results also align with the model by adding that, beyond these fixed (and often objective) predictors, our participants' grief reactions were even more strongly explained by the meaning they gave to their experiences (i.e., their appraisals of the circumstances, their representations of rites and restrictions, and the meaning they gave to their overall experience) as well as by the ways in which people had adjusted to the death and its consequences (i.e., the alternatives rites they found at the time and their longer-term coping strategies). This therefore supports the importance of these mediating variables of meaning and coping, as emphasized by the authors in the model. In addition, the qualitative results highlight the evolution of meaning over time through various processes of social interaction, reinterpretation or restorative actions, which aligns with the dynamic evolution of grief and the changes in meaning that are represented by the feedback loops of the model (Zech & Fernández-Alcántara 2021).

However, several aspects of our results do not fit into the conceptualization proposed by the model. The following subsections will present these aspects and attempt to draw out some implications. First, we will address that the notion of "grief reactions" in the model does not capture the complexity of grief experiences. Next, we will suggest that notions of meaning are a lens through which to interpret all aspects of the model and go beyond the mediating role of appraisals. Thirdly, we will argue for greater consideration of the cultural and

normative context in the model. Then, we will outline what our findings might inform about the role of rites in grieving processes. Finally, we will discuss the notion of coping in grief.

3.1 The complexity of grief experiences is not represented in the concept of “grief reactions” as “adjustment criteria”

In their model, Zech and Fernández-Alcántara (2021) identify psychological reactions (cognitive, emotional and behavioral), physiological changes and somatic complaints, and social reactions as “criteria of adjustment and non-adjustment”. In psychological research, as in this thesis, identifying a potential impact on grief experience is often based on these psychological “criteria”(Pearce & Komaromy, 2022) – for example by quantifying the intensity or duration of these reactions. However, our results showed that focusing solely on these “grief reactions” and their intensity (and duration) was insufficient and often provided an incomplete understanding of people's experiences.

Using a phenomenological framework has enabled us to gain a better understanding of the complexities of grief experiences, capturing their emotional, moral, social, existential and spiritual dimensions, as well as the distress and the growth they encompass, which are not reflected in the terminology of grief “symptoms” and “reactions”. This explains why many aspects of the experiences can be impacted without them being reflected in changes in an overall grief intensity score. This echoes the words of Fasse and her colleagues (2014), wondering “*whether this experience of grief, whether ‘normal’ or pathological, can be elaborated on and expressed in all its complexity. Are the tools for assessing grief reactions (self- or hetero-assessment) not, in a sense, ‘dead letters’, only able to grasp a few particularly salient symptoms?*” (p. 308). This observation has several implications.

Regarding the theoretical model, this involves expanding the concept of “grief reactions” and “criteria for adjustment” to include additional dimensions. The model developed by Guldin et Leget (2023) is an interesting source of inspiration in this regard, as it takes a holistic approach to grief based on the *total pain* model used in palliative care. The concept of total pain suggests that experiential suffering comprises different forms of struggle, which relate to emotional, physical, cognitive, social and spiritual dimensions. In this model, the authors associate an existential tension with each dimension (Guldin & Leget, 2023). This reminds us that grief incorporates a fundamentally existential dimension, bringing the person back to dilemmas and tensions concerning their own existence and questions of belongingness vs isolation, embracing life vs accepting death, meaning of life vs meaninglessness, undergoing vs taking responsibility (Guldin & Leget, 2023). Our qualitative results suggest that these tensions can manifest on both a personal/identity level and a societal level. Based on our findings, the issue of moral distress or suffering could also be added, since death and grief are situations where norms, expectations, and ethical and moral principles may collide, sometimes contradicting what is possible to do, and giving rise to moral conflicts. Finally, our results also confirmed the need to take into account the growth and transformations that may have developed following the loss, on personal, social, spiritual, and existential (Calhoun et al., 2010).

This observation also has implications for the concept of “pathological grief” and the attempt to capture it in a set of symptoms. In fact, the terminology of “symptoms”, and even more so that of prolonged grief disorder (PGD), fails to capture the experiential complexity of grief. On the contrary, by categorizing experiences as either normal or pathological, it tends to smooth over the rough edges and disparities that characterize the experience of grief, and to obscure the multiple ways in which grief can be a source of struggle – and therefore the multiple reasons why people would seek help.

More broadly, this invites us to expand and broaden the concept of impact, by incorporating more facets of the experience, rather than reducing it to a change in “*a specific, quantifiable dimension*” measured by a scale that “*captures only a part of the phenomenon in question*” (Fasse et al., 2014, p. 300). Adopting a phenomenological perspective that considers how people perceive, experience and interpret their own experiences enables us to capture greater complexity, uniqueness and unexpectedness (Nizza et al., 2021), and provides a more comprehensive understanding that unifies the various facets of the phenomenon.

3.2 Broadening the notion of meaning

Overall, our results confirmed the view that grief reactions are fundamentally linked to the range of subjective meanings that people attach to their experiences. First, our results showed that specific appraisals of the circumstances of death were key mediators in explaining people's grief emotional reactions. Although this may seem obvious in light of the literature on emotions, subjective appraisals of circumstances are still underrepresented in studies on predictors of grief (e.g., Burke & Neimeyer, 2013; Buur et al., 2024). Our results argue for taking subjective experiences into account and offer a critical perspective on the study of objective circumstantial factors as de facto “risk” or “protective” factors. In this sense, they are consistent with Zech and Fernández-Alcántara (2021) who primarily refer to this dimension of meaning when they discuss “the meanings and significance of loss”.

However, our findings suggest that the concept of meaning should be broadened to encompass other forms. Until now, informed by emotion theory (Frijda, 1986), appraisals in the model have mainly concerned the “triggering event” (death) and its circumstances. And yet, meanings and appraisals address *all* predictors and elements of the experiences, as a “*continuum of subjective meanings*” (Bonanno and Kaltman, 1999): the person’s resources and vulnerabilities, their past experiences, their relationship with the deceased (encompassing their shared experiences throughout life, the bond that continues to exist and what it represents for the person, consciously or unconsciously (Klass, 2023)), their relationship with the others, their socio-normative context of life (the expectations, norms, moral and social rules) (Neimeyer et al., 2014), their cultural and spiritual beliefs and representation of life and death (fueling the importance and functions of funeral rituals) (Martin, 2023), the narrative of their whole experience of grief and the experience of their distress (Fasse et al., 2014).

In other words, while the use of emotion theory invites us to study grief as the consequence of *one* emotional event, empirical findings suggest that the experience of grief

includes a *multitude* of “events” that can take on various importance or meaning depending on the individuals, and together influence their grief reactions. This echoes and expands on Stroebe and Schut (1999, 2010) idea that grief has multiple consequences (stressors in their terms), which affect the grieving process differently depending on each person's subjective assessment.

Our findings, informed by other theoretical, empirical, and clinical contributions, suggest that the current model's conceptualization of meaning as a mediator between predictors and coping strategies (inspired by an emotional perspective) is insufficient. While this was not tested in the thesis, we propose that a more suitable approach, supported by phenomenological (Fasse et al., 2014), socio-constructivist (Gillies & Neimeyer, 2006b; Neimeyer, 2019) or socio-constructionist (Neimeyer et al., 2014) perspectives, would be to view meaning as a lens through which to view every aspect of the model.

3.3 Greater consideration of the cultural and normative contexts

In general, in the field of psychology, grief as a set of reactions and processes is still often considered individually, without considering the historical, social, and cultural context in which it is rooted and shaped (Lund, 2021; Neimeyer et al., 2014). Due to pandemic-related regulations, the normative context surrounding bereavement experiences was particularly apparent in our study. This gave us access to processes of negotiation of these norms that form part of grief experiences. These norms, grounded in familial and cultural contexts, are important to consider as they can shape the bereaved's experience in many ways.

On the one hand, they concern *ways of acting*, behaviors, practices, and funeral rites. Our findings showed how bereaved people were driven by the need to *do the right thing*, which proved to be difficult as various ethical norms contradicted each other. On the other hand, these norms also concern the *ways of grieving*, and the feelings, thoughts that people think they are supposed to experience. This was illustrated by one of our participants who reported that the dominant negative emotions in his grief were elicited by the thought that the little sadness he felt did not meet social expectations, fearing that this would reveal a “*lack of empathy*” on his part. Therefore, whereas regarding their behavior (mourning) or their subjective experience (grief), these norms can guide and regulate the means of expressing grief and the actions surrounding it (Lund, 2021). However, they can also weight on individuals and create pressure that may amplify suffering (Broom & Peterie, 2024) when the person feels that what they are doing/experiencing (or would like to) does not correspond to the broader normative narratives of grief.

In addition, considering the context in which the loss occurs can help us understand the meaning that people give to it. In our study, people constructed their own narratives of loss, by negotiating with broader cultural, political, and spiritual narratives (Klass, 2006), as well as inspired by or in response to other stories of loss to which they had access (Neimeyer et al., 2014). With regard to the theoretical model, our results therefore argue for greater consideration of the cultural and social contexts in which people find themselves, the

normative references it embodies, and the symbolic meanings it inspires, in order to better understand how these can be a resource but also a source of distress, anger, indignation, taboo, or guilt. They also argue for the consideration of a collective dimension of grief processes that views grief not only through an individual lens, but also recognizes its nature fundamentally rooted in social connections, relationships, and interactions. This is why the socio-constructionist model developed by Neimeyer et al. (2014) makes a valuable contribution, as it integrates explicitly the influence of familial and cultural contexts and the social interactions in the creation of meaning of the bereavement experience.

3.4 The link between rituals and grief

By exploring how bereaved individuals experienced and adjusted to the prevention of rituals, our study cautiously offers suggestions for understanding the role of rituals in grief.

Firstly, the various consequences of restrictions on end-of-life presence and funeral rites on people's experiences of grief, and their efforts to find alternative ways to live them, highlight the importance of being able to say goodbye, celebrate and honor the deceased *in the way one wishes*. In this respect, our findings contribute to the debate on possible “deritualization” and support the thesis of some sociologists (e.g., Clavandier, 2009, 2020; Déchaux, 2009; Servais, 2020) that rituality persists, even though practices are becoming more personalized, diversified, and autonomous (Dartiguenave & Dziedziczak, 2012). In addition, in the participants' accounts, the functions that “rituals would have had” were diverse: performing a ritual that was meaningful to them would have helped them to come to terms with the reality of death, to ensure respect and dignity for the deceased by giving them “*the farewell they deserved*”, to let them go “*in peace*” and be “*at peace*” themselves, to feel that they had done the right thing, to give meaning to the death, to find support and nurture bonds with other loved ones, and to respect traditions. Overall, our qualitative results are consistent with the multiple psychological, social, and moral functions that psychologists and sociologists attribute to rituals (e.g., Bromberg, 2000; Hoy, 2022; Martin, 2023; Romanoff & Terenzio, 1998; Souza & Souza, 2019; Thomas, 1985), while emphasizing that these functions may differ from one person to another.

Three elements stand out from our results to help understand the role of rituals in grief and that might be considered in the model: their temporality, their importance, and their meaning.

In terms of temporality, our results agree with Kokou-Kpolou et al. (2020) in showing the particular importance, for bereaved individuals, of the end-of-life period and of the possibility of accompanying one's relative before their death, *to an extent that suits the person*. The few days after death also appear to be a critical time, due to the psychological state of the individuals involved and the physical presence of the body, during which the performance of rites appear to be particularly important, and after which, for some people, it may be *too late*. In fact, several scholars emphasize the importance of the presence of the body (or coffin) in the ritual, which helps to recognize and symbolize the reality of death and loss (Martin, 2023) and to embody the passage symbolized by the ritual (Hoy, 2022).

In terms of importance, our findings showed that the importance attached to rituals differed greatly from one person to another. The importance that people attached to rituals seemed to depend on the nature of their expectations, where those expectations came from (e.g. traditions, beliefs, shared imagination, popular culture) and the affects associated with them. Furthermore, the importance of rituals may also depend on the circumstances of the death. Our findings indeed suggested it could have been even more important for the bereaved to carry out the desired actions if the death was experienced as a *bad death*. For example, people sought alternative solutions or refused measures, especially when the circumstances were perceived as unfair or more consequent. The functions of rituals, by restoring a form of structure in the chaos (Baudry, 2005; Romanoff & Terenzio, 1998), by providing a place for collective symbolization and helping to give meaning to death, may indeed be all the more necessary when the “psychic gap” (Mortazavi et al., 2023) in a person’s fundamental beliefs is greater.

In terms of meaning, our results align with the reflections of Burrell and Selman (2022), suggesting that, beyond their content, form or performance *per se*, what matters in rituals is the meaning that people find in them. In fact, our results showed that they could also be a source of ambivalence, regret, bitterness, and guilt when people did not find them meaningful. Even more, they suggested that when rituals were distorted, dehumanized, stripped of their sacredness, beauty, time, authenticity, and humanity, they did not seem to fulfill their functions and even seemed to do more harm than good. A recent review has indeed showed that rituals could also be experienced as disturbing, intrusive, or meaningless, for example when participation was governed by restrictive norms that people felt obliged to comply with, or when rituals left no room for ambivalence or did not allow for genuine recognition (Mercure et al., 2025). Our findings suggest that people were more able to give meaning to rituals when they found them to be authentic, when they resembled the deceased, when they were in line with the person's values and expectations, and when people found a certain freedom and agency in them.

It should be noted that, from a quantitative perspective, the empirical link between the performance of funeral rites and the intensity of grief reactions is still unclear (e.g., Burrell & Selman, 2022; Rosas & Esperandio, 2025). Our findings suggest that the effect of restrictions depends on how they were perceived. However, we found no link between satisfaction with rituals and less intense grief. Other analyses that we conducted on Canadian data with Cherblanc, Côté, et al. (2025) found that a greater satisfaction with rituals was associated with lower intensity of grief reactions. In the Canadian study, the measure of satisfaction was more precise than ours, as they measured satisfaction in relation to a series of specific rituals. It is possible that our measure of satisfaction (a general item) was not sufficiently precise or that the term “satisfaction” did not resonate with the ability of finding meaning in rituals.

A parallel can be drawn with the concept of social sharing of emotions developed by Bernard Rimé. While, in general, people feel that sharing their emotions with their surroundings helps them to find relief through a cathartic effect, the link between social sharing and emotional relief appears complex and is difficult to identify in studies (e.g., Brans

et al., 2014; Rimé, 2009; Rimé et al., 2020; Zech & Rimé, 2005). This could be explained by the fact that the effects of this social sharing of emotions depend on how the emotional episode is shared and how it is received, as well as by the fact that its effects may extend beyond the immediate emotional relief, encompass other intrapersonal *and* interpersonal effects (Rimé et al., 2020). Regarding funeral rituals, it is indeed possible that they, under certain conditions, may help to find meaning, support, recognition, a sense of “*having done the right thing*”, and a sense of growth, without directly impacting emotional grief reactions.

Returning to the theoretical model, our findings encourage the authors to give greater consideration to funeral rites, considering their temporality, their importance and their meaning, and to view them as potential resources while recognizing the ambivalence, pressure, and regrets they can cause. While, in the current model, funeral rituals are presented as both “predictors” and “social responses to bereavement” (adjustment criterion), our results suggest that they could also act as a form of mediator between the death and grief reactions.

3.5 On coping with bereavement

The analyses conducted as part of this thesis enabled us to deepen the understanding of the role of coping strategies in bereavement.

Firstly, the validation of the conceptual structure of the *Coping with Bereavement Questionnaire* (CBQ) departed from the dual structure proposed by Stroebe and Schut (1999, 2010), instead suggesting a conceptualization comprising three factors: trying to accept the death and look to the future, trying to avoid thoughts and feelings related to the loss, and trying to maintain the bond with the deceased. Longitudinal analyses showed the relevance of studying these three dimensions, suggesting that they played a different role in grief reactions and in the experience of growth.

Second, our longitudinal analyses confirmed the idea that the coping strategies people use are not inherently good or bad, although many studies continue to consider some strategies adaptive and others maladaptive (e.g., Høeg et al., 2017; Smith & Ehlers, 2023). This is consistent with the initial position of Stroebe and Schut (1999), who considered that beyond adopting a certain type of strategy, that what seems helpful is being able to oscillate between different types of strategies over time and according to the situation (or stressor). Our analyses did not address this aspect of oscillation, which should be further explored, especially with this three-dimensional proposal.

Although coping strategies are a concept widely used to theorize the experience of grieving (e.g., Bonanno & Burton, 2013; Bonanno & Kaltman, 1999; Stroebe & Schut, 2010) and to empirically explore how people cope with loss (e.g., Buqo et al., 2022; Carr, 2020; Fiore, 2021), our results have revealed a paradox. In fact, the three dimensions of coping that emerged can also be considered as constituent dimensions of grief: attempts to accept death have been conceptualized by Worden (1991, 2018) as part of the “tasks of grief,” attempts to maintain a connection with the deceased as one of the ways in which grief manifests itself (Hewson et al., 2023), and attempts to avoid thoughts related to grief are considered a “symptom of grief” in international classifications (APA, 2022; WHO, 2022). This

conceptual overlap has several implications that must be taken into account when attempting to study the role of coping strategies in grief.

A theoretical implication is the need to clarify the nature of these actions: are “coping strategies” actions aimed at reducing distress (as implied by the concept itself) or ways of expressing and experiencing grief? And if both, how is coping with loss different from grieving?

A methodological implication is that similar constructs are found in “coping strategies” and “adjustment criteria”. In fact, in the most commonly used scales assessing grief reactions (e.g., Comtesse et al., 2024; Djelantik et al., 2020; Keyan et al., 2025; Lundorff et al., 2017), items address concepts such as (1) difficulties in acceptance (e.g., “*I have trouble to accept the loss*” in the TGI-SR (Boelen & Smid, 2017), “*I cannot accept this person’s death*” in the TRIG (Fashingbauer et al., 1977), “*I feel I cannot accept the death of the person who died*” in the ICG (Prigerson et al., 1995)); (2) avoidance tendencies (e.g., “*I avoid places, objects, or thoughts reminding me of the death*” in the TGI-SR (Boelen & Smid, 2017), “*Do you avoid reminders that the person who die dis really gone ?*” in the PG-13 (Prigerson & Maciejewski, 2008), “*I go out of my way to avoid reminders of the person who died*” in the ICG (Prigerson et al., 1995)); or even (3) difficulties of avoidance (e.g., “*I can’t avoid thinking about the person who died*” in the TRIG (Fashingbauer et al., 1977)). On the one hand, since these reactions can also be considered coping strategies, the results of analyses can quickly reflect tautological realities. On the other hand, this raises the question of the direction of causality. Does a person feel worse because they avoid thoughts related to death? Or is it because the pain is so great that it feels necessary to avoid it in order to be able to experience other things? Does a person feel better because they accept the death? Or does acceptance become easier when distress takes up less space? Are avoidance and grief, or acceptance and grief, “*two sides of the same coins*” (Prigerson & Maciejewski, 2008a)?

In general, the paradox inherent in the concept of coping strategies in grief contributes to highlighting the limitations of conceptualizing grief from a “stress perspective”. The stress perspective tends to consider the death of a relative as a *de facto* “stressor” and views grief reactions as the consequences of this stressor. First, although this may be the case, the concept of “stress”, and even distress, does not capture the multidimensional upheaval, as well as the relief or liberation, that death can bring. Second, the stress perspective seeks to predict reactions and identify risk factors, with the aim of finding ways to reduce, treat, and prevent the distress caused by loss. This perspective may be useful in offering therapeutic approaches that address the grief symptoms. However, it is limited by the fact that, while the death of a relative may be immensely upsetting, the “desired” trajectory does not necessarily include a reduction in this distress. In fact, part of the distress in grief has an individual and collective function (Broom & Peterie, 2024), as it is inherent in attachment to the other (Archer, 2001). These injunctions to reduce suffering, partly rooted in neoliberal dynamics of restoring productive and functional value to individuals, can themselves be a source of suffering, anger, and isolation (Broom & Peterie, 2024). Extending Rattner and Berzoff’s (2016) reflections on the end-of-life period to the domain of grief, helping a person through their grief does not

necessarily involve reducing distress; on the contrary, recognizing and validating it can also be a real relief.

While recognizing the value of considering mediators such as coping strategies in order to assess interindividual and intraindividual variability, it is a theoretical, methodological, and ethical challenge to question these conceptualizations, both of *adjustment* and *coping strategies*, to rethink their “linear” causal links and their intertwining, in order to avoid producing tautological statements and feeding prescriptive discourses on “good grief”.

One way to address the criticisms levelled at the concept of coping and the stress perspective in grief would be to examine the literature on emotion regulation. The concepts and frameworks of emotion regulation and coping are relatively similar in that they refer to regulatory processes related to emotions and affects (Compas et al., 2014). While coping refers to all strategies aimed at reducing stress or distress caused by a situation that is assessed as exceeding a person's available resources, emotional regulation describes strategies and processes aimed at regulating different aspects of emotions (e.g., their occurrence, nature, duration, and expression), in both stressful and non-stressful contexts (Compas et al., 2014). Some authors, such as Gross (2014), consider emotion regulation and coping to be distinct elements of a larger whole (affect regulation), while others, such as Compas et al. (2014), suggest that coping is a specific subtype of emotional regulation in stressful contexts. Throughout this thesis, all processes and strategies for regulating and adapting to the distress of grief have been considered in the context of coping rather than emotional regulation, following Zech and Fernández-Alcántara's (2021) theoretical model and Stroebe et Schut's (1999) approach on coping with bereavement.

The relevance of using the concept of coping in the context of grief is that it provides a more extensive temporal perspective than the concept of emotional regulation, the latter of which focuses on more specific and shorter-term emotional experiences (Trudel-Fitzgerald et al., 2024). Coping also encompasses a wider range of efforts and strategies aimed at addressing a situation (Compas et al., 2014). In this sense, coping is relevant for studying the experience of grief because the multiple emotional experiences that follow a person's death take place over a long period of time (Gross, 2014), as do the retrospective appraisals to which they are linked (Bonanno & Kaltman, 1999). Secondly, coping involves efforts to reduce distress. This enables us to study how people cope with grief and try to reduce the associated pain and distress, and thus identify “helpful” strategies for each bereaved individual. However, as mentioned above, our results and reflections suggest that this element of the definition also constitutes a limitation of the use of the concept of coping in grief, since it considers grief to be *de facto* a source of stress and the reduction of this stress to be the goal of a person's actions.

It is particularly in this area that the concept of emotional regulation offers a different and potentially complementary perspective. Indeed, as Ratcliffe and Byrne (2021) point out, emotional regulation concerns a multitude of emotions, without necessarily considering the goal to be the reduction of negative emotions and the increase of positive ones. In this sense, it accurately reflects the reality of grief, characterized by a variety of emotions and “a sense

of indeterminacy and lack of direction” in regulating these emotions (Ratcliffe & Byrne, 2021, p.4). They also note that emotional regulation encompasses strategies and efforts deployed *consciously* or *unconsciously*, by bereaved individuals themselves (*intrinsic*) or others (*extrinsic*), either *individually* or *collectively*, thus capturing aspects of the grief experience that are not included in the concept of coping (Ratcliffe & Byrne, 2021).

Consequently, as Trudel-Fitzgerald et al. (2024) suggest more generally, it would be beneficial to further combine the fields of research on coping and emotional regulation in order to understand and measure in a more complex way different regulatory aspects of the grieving experience, namely long-term emotional processes and multiple specific emotional episodes, conscious or unconscious, extrinsic or intrinsic, intra-, interpersonal, or collective strategies for regulating them, while recognizing their potential lack of direction in itself.

Klass (2006), writing about *continuing bonds*, points out that in order to understand the role of continuing bonds in grief, the dynamic and interactive links between continuing bonds, the meaning given to life and death, representations of oneself and the world, and family and cultural belongings must be understood through the prism of *multidirectional causality*. Currently, the sequential representation proposed by Zech and Fernández-Alcántara's (2021) model runs counter to the representation of grief as an experience combining multiple dimensions that are interconnected, interact with each other, and evolve over time, such as

- the relationship with the deceased and the continuing bonds that remain and are transformed after death;
- the symbolic, relational and practical upheavals in the bereaved's life;
- the resources and pressures constituted by the social, cultural and normative contexts;
- the individual and interpersonal modes of adjustment;
- the emotional reactions and behavioral modes of expression;
- the relational needs;
- the religious, spiritual, moral and existential questions and tensions;
- the physical sensations and repercussions;
- the various forms of growth that may emerge from the struggle;
- and the subjective meanings that encompass all these aspects

Therefore, attempting to represent grief sequentially leads to conceptual overlaps and repetitions of variables (e.g. funeral rites as resources, mediators and a social response; connection with the deceased as a predictor, coping strategy and form of expression) and an expectation of causality far removed from experiential reality. Our results and the above reflections call for a fundamental review of the model's form in order to evolve it into a network model that would address this *multidirectional causality* and better capture the complexity of bereavement experiences. In this regard, the model developed by Guldin and Leget (2023) can serve as inspiration once again.

4. General limitations

In addition to the specific limitations mentioned in each chapter, certain limitations specific to this thesis must be considered.

A first structural limitation of this thesis is that the analyses carried out are based on a single study and therefore rely on mixed data from a single sample. Although this approach has made it possible to explore several facets of people's experiences (through cross-sectional, longitudinal quantitative and qualitative analyses), it remains dependent on this sample and its biases. Given the specificity of the sample and the context in which it was conducted (and the limitation of the very principle of generalization (Hamilton et al., 2022; Willemsen, 2022), the objective of this study is not to generalize the results to all bereaved individuals – even only those from French-speaking Belgium. However, it is all the more necessary to keep this limitation in mind when extracting the results and implications.

The composition of the sample constitutes the second limitation of this thesis. Although several recruitment methods were employed to mitigate potential biases, the resulting sample lacks diversity in several respects. Firstly, as in many studies on grief (Zech et al., 2025), our sample is characterized by an overrepresentation of women, although the obituary method helped to reduce the gender imbalance. It also contains an overrepresentation of people with higher education qualifications. The length, density and wording of the questionnaire made it less accessible, and constitutes a significant bias in this study. Thirdly, our sample has very little cultural and religious diversity, which is a significant limitation when studying rituals and grief. This bias hampered the investigation of the influence of culture and religion in this study. The focus was on the personal experience of the meaning of rites and the subjective experience of restrictions of *desired* practices. While addressing the broader experiences of restrictions on “*what was desired*” allowed us to focus on subjective experience and personal meaning, this approach disregarded collective representations and the family and cultural significance of certain rituals. This could lead to an *assumed uniformity* (Martin, 2023) that does not reflect the specific normative and collective realities surrounding rituals.

The third limitation of this thesis is the lack of ecological and temporal validity of the findings, which is inherent to questionnaire-based studies. On the one hand, the three-stage assessment conducted at six-monthly intervals does not allow for the dynamic and evolving nature of the grieving process to be considered. On the other hand, the variables of this study, although measured simultaneously using the questionnaires, were, theoretically and experientially, located on different temporal planes. For example, questions about the subjective proximity between the bereaved and the deceased referred to their relationship during the deceased's lifetime. Questions about appraisals of the circumstances of death or satisfaction with rites referred to the time of death. Self-assessment of grief reactions referred to the time of the questionnaires. Although these variables are treated as occurring at different points in time in the analyses (e.g., in the SEM), it should be borne in mind that they were measured at the same time and were probably subject to reassessment, since they influence each other and evolve over time.

One of the consequences of this thesis being based on a single longitudinal study is the limited flexibility of the protocol and the restricted possibility of iterative evolution in data collection. For example, several qualitative themes – such as paradoxical injunctions, conflicts of values, grieving the ideal goodbye as a form of unfinished business – could have been explored in greater depth during subsequent data collection. However, the short time interval between measurement times and the rigidity of the longitudinal protocol – which was pre-registered and approved by the ethics committee – limited the possibility of adapting the collection based on emerging findings.

However, while the iterative approach was limited in terms of data collection, it took place in the research process, both in the analysis and interpretation of results. Indeed, the progressive analysis of data, particularly qualitative data, led to an evolution in the epistemological framework, marked by a shift towards a more phenomenological, interpretative, and socioconstructivist perspective, and by a distancing from the initially post-positivist and variable-centered approach. The contrast between the rigidity of the “closed” longitudinal design and this reflexive evolution constitutes an inherent tension in this thesis, which articulates questions and perspectives that do not lie on the same temporal or epistemological plane. This tension is particularly evident in the paradox of understanding grief as a set of dynamic processes and a complex holistic subjective experience, while mobilizing – among other things – variance-centered analyses and compartmentalized modeling (Broom & Peterie, 2024) that break down its dimensions into quantifiable variables (Fasse et al., 2014; Karpatschhof, 2007). However, this confrontation between different perspectives and “mental models” (Maxwell et al., 2015), and the dissonance this can cause, is described by some as being inherent to mixed methodology (Greene, 2007).

Furthermore, a fundamental limitation of this thesis lies in its initial approach to studying *the empirical effects of rituals*. The original title of this thesis – “*The effect of funeral rituals on adjustment to grief*” – suggested a direct examination of the impact of rituals on grieving processes. However, the results of this thesis provide more information on the consequences of *restrictions* on funeral rituals rather than on the effects of their *presence*. Therefore, inferences about “the effect of rites” are not the central focus of this thesis and should be treated with great caution.

Firstly, the logic of inferring the function of rituals from the consequences of their restrictions has its limitations. It is true that studying these restrictions informs us in various ways (i.e, the diversity of expectations associated with funeral practices and the emotions invested in them, the various needs according to the person and the situation, as well as certain psychological and emotional consequences of their prevention). However, inferring the role of rituals in grief from the consequences of their restriction carries a risk of overinterpretation. An analogy can be made with the “lesion method”, long used in neuroscience to infer the functions of certain brain regions from the consequences of their alteration (Rorden & Karnath, 2004). However, this method has been criticized because the consequences of a lesion often go beyond the simple loss of the function supposedly performed by the damaged area. They may include, for example, the reorganization of the system to adjust to this loss, indirect effects on other regions, high interindividual variability

(Rorden & Karnath, 2004), and possible pain associated with the lesion. Furthermore, the functions performed by the damaged area could also be performed by other areas of the brain, and would therefore not appear in the observed consequences (Rorden & Karnath, 2004). This reasoning by “deprivation” allows us to better assess the effect of a lesion, a “gap”, or an impediment, rather than positively inferring the effects of *what would have been present*.

Applied to rituals, we cannot conclude that, because restricting rituals is associated with anger, distress, feelings of shock and unreality, meaninglessness, incomprehension, and guilt, their presence would necessarily, conversely, mitigate these reactions. Such an inference would disregard the specific effect of the constraint, the imposed deprivation, regardless of the absence of the rites themselves. It is therefore difficult to disentangle what is due to the absence of rites and what is due to the forced prevention of their performance. For this reason, the findings on the role that rituals play in grief are presented cautiously and focus more on analyzing what people were actively seeking – particularly through their alternative solutions – and what they would have liked to find in these rituals, rather than on the consequences of the restrictions.

Furthermore, it is important to note that our findings shed light on only some of the potential functions of funeral rites. The approach adopted in this thesis, which focuses on grief reactions and individual processes of adjustment to grief, tends to favor an intrapsychic and individual approach to the effects or functions of rites. However, rites cannot be reduced to individual psychological functions as they fulfill collective, community, and societal functions (Legare & Nielsen, 2020), and thus go far beyond the experience of grief. Rites as collective practices, have been performed for over 100,000 years (Baudry, 2005), while the individual psychological perspective on the grieving process, and the focus on “adjustment”, adaptive strategies, and the appeasement of these grief reactions, has only “recently” emerged (Berthod, 2009; Lund, 2021) and is rooted in a specific - western and neoliberal – societal and scientific context (Broom & Peterie, 2024; Hamilton et al., 2022). It is, of course, important to seek to understand how rituals help in individual experiences and what they can represent as resources or sources of ambivalence, but they should not be reduced to this. In our quest to quantify the “effects of rituals” empirically, let us remember that some sociologists describe their effectiveness as “*extra-empirical*” (Bussi res, 2010, p.36). Claude Riv re, in his definition of rituals, specified that their “*expected effectiveness does not stem from a purely empirical logic that would be exhausted in the technical instrumentalization of the cause-effect relationship*” (1995, p.11).

Finally, the results presented in this thesis must be interpreted in light of the specific context in which the study was conducted. The pandemic has caused major and unprecedented upheaval in social, health, economic, political, and symbolic terms (e.g., Clemente-Su rez et al., 2020; Gerstein & Rami, 2022). In such a context, the experiences of grief observed cannot be attributed solely to the social and funeral restrictions on which this study focuses. In fact, the relational, normative, and symbolic changes caused by the pandemic have potentially altered the relationship to death, sociability, traditions, and collective norms. For example, the uncertainty and instability experienced in this context may have reinforced, in some people, the need for stability and continuity that can be sought in

“traditional” rituals. In addition, the tension between the need for sociability and the fear of human contact and virus transmission (Mortazavi et al., 2023) may have complicated the already complex role of social support in grieving processes (e.g., Bottomley et al., 2017; Stroebe et al., 2005). In addition, in a context already marked by a loss of agency and experiences of injustice, the effects of appraisals of uncontrollability and injustice on emotional reactions of grief may also have been amplified compared to a “ordinary” context. Finally, the pandemic context itself may have constituted an upheaval of fundamental assumptions about the world and fertile ground for growth, making it difficult to distinguish between growth linked to the experience of grief and that associated with going through a global pandemic. In conclusion, even though the period of data collection was rather broad (from February 2022 to December 2023) and included bereavement situations that occurred in various periods of the pandemic from March 2020 to January 2022), all of our findings must be considered with the possibility that they may have been amplified, attenuated, or qualitatively transformed by the characteristics of this exceptional context.

5. Recommendations for research and clinical practice

This section presents broader perspectives for future research, clinical practice and societal implications. These are in addition to the clinical and research implications developed at the end of each chapter based on specific results and the reflections that emerged from them, as well as the perspectives presented in the previous section to improve understanding of grief based on Zech and Fernández-Alcántara's (2021) model.

5.1 Recommendations for future research

5.1.1 *Exploring how grieving the ideal goodbye interacts with the experience of grief and how they evolve over time*

One emerging research perspective from this thesis would be to deepen our understanding of experiences of grieving the ideal goodbye, how they interact with grief for the person, and how they evolve over time. Nierop-van Baalen et al. (2024) suggested that having to renounce to a desired farewell could have elicited thoughts and emotions that overshadowed the grief of the deceased person. According to them, the pain related to the loss may be eclipsed by the pain related to the lack of goodbye, preventing the person to process feelings of the loss.

However, we do not know what place the grief of the ideal goodbye (the pain associated with the circumstances and the missed goodbye) takes into the grieving processes for the person (the integration of the loss, the continuing bond with the deceased, and the emotions that arise from them). We do not know how the emotions and thoughts associated with grieving the ideal goodbye interact or intertwine with those elicited by the death itself, whether they amplify or “overshadow” them, or whether they evolve in parallel.

In the questionnaire at T3 (on average 33 months after the death), we asked participants whether, and to what extent, they felt that the way they were experiencing their grief had changed over time, and whether they considered themselves to be still “grieving”. These two

fairly open-ended questions provided exploratory access to participants' subjective assessment of their own trajectories of grief. Among the responses to these questions, which have not yet been formally analyzed, several people reported that they still experienced difficulties when thinking about the circumstances of the loss and of the farewell, while specifying that the sadness associated with the loss had diminished or that they had accepted it. Here are a few examples:

"I still feel so much grief when I think about the circumstances of her death. She didn't deserve to die alone, far from her loved ones. I can't accept that fact. I have mixed feelings. I have more or less accepted her death, but it's still painful when I think about the circumstances. I miss her terribly and I wish I could tell her why it happened that way"

"My anger about the way he left remains intact, but his absence has become normal."

"The grieving process was longer and more painful, and still is, because of Covid and all the restrictions that were imposed on us. It was inhumane and therefore very difficult to grieve under these conditions."

These examples suggest various forms grieving the ideal goodbye might take. In the first, it seems to be strongly related to the bond with the person (with the wish to see her again and to explain what happened), although it did not prevent the person from "more or less accepting the death". The second illustrates two different emotional processes evolving in parallel. The third suggests that the pain related to the circumstances may have amplified the pain related to the loss.

One question that could be explored further in such research would be to outline how these experiences of grieving the ideal goodbye coexist and interact with the continuing bonds that people maintain (and transform) with the deceased. In our study, the issue of continuing bonds was not explored in depth, even though it lies at the very heart of the grieving experience (Klass, 2023; Klass et al., 1996) and funeral practices (Perichon, 2020). It would therefore be interesting to explore how grieving the ideal goodbye affects the continuing bond with the deceased, and conversely.

A first possibility for exploring these experiences of grieving the ideal goodbye would be to conduct qualitative case studies from our longitudinal data already collected as part of this thesis. A large amount of qualitative material can be found in the open-ended questions in the questionnaire and has not yet been analyzed in depth. Several questions added in Q2 and Q3 focus on the experience of continuing bonds and explore the presence of this bond, its nature, and how bereaved individuals subjectively experience it.

Furthermore, subsequent meetings in the form of focus groups could provide an opportunity to explore these experiences in greater depth and see how they unfold from one person to another. The collective aspect of focus groups would, on the one hand, allow the co-construction of meanings by letting commonalities and differences emerge from the interactions between participants. On the other hand, Vachon et al. (2023) argue that participatory research can provide a therapeutic space allowing to normalize and socially acknowledge the struggle people may live, to share common experiences, to find collective support, and to evolve the meaning they give to their own experiences.

Knowing more about these experiences of grieving the ideal goodbye may help draw clinical implications to support people who are still struggling with regret, anger, and bitterness surrounding the circumstances of their relative's death and the (missed) goodbye, whether due to the context of the pandemic or not.

5.1.2 Exploring the phenomenological experience of suffering in grief, its different facets and sources, and the meaning given to it

In the literature, the prism of “pathological grief” is frequently used to study grief distress (e.g., Buur et al., 2024; Heeke et al., 2017; Lundorff et al., 2017; Maciejewski et al., 2016; Smith & Ehlers, 2023). However, several methodological, clinical, epistemological, and ethical criticisms, some of which presented in this thesis (pp. 20, 104, 176, 209, 223), have been made against it (e.g., Eisma, 2023; Lund, 2021; Thieleman et al., 2025, 2025; Zech & Boever, 2025).

In a recent book chapter (Zech & Boever, 2025), Emmanuelle Zech and I critically examined the assumptions that underlie major models of grief and of the conception of pathological grief. We point out the lack of validity of the concept of pathological grief, which is measured using arbitrary norms or statistical methods designed to *always* find a minority that deviates from the norm. We also highlight how this perspective is rooted in a culturally conditioned, productivist view of society, in which the perception of pathology is fundamentally linked to expectations of growth, functionality and individual happiness among its members. As noted earlier in the discussion, we also question the relevance of considering *pathological* reactions that appear frequent in certain situations of loss and rather could be proportional to the severity of the loss or its circumstances. Then, we reiterate that the studies which theorized this perspective were based on highly specific samples (*Western, Educated, Industrialized, Rich and Democratic*), and that the conclusions drawn from them in the form of “universal laws” are far removed from clinical and experiential realities. Finally, we concur with other authors’ descriptions of the consequences of this pathologization, particularly with regard to the medicalization of grief (Eisma, 2023), the (self-)stigmatization of individuals diagnosed with prolonged grief disorder (Thieleman et al., 2025; Zammit et al., 2023), and the normative pressure to engage in “good grief”.

Another criticism, supported by this thesis, is that it tends to offer a uniform view of the struggle that bereaved individuals may experience. In such perspective, the struggle is characterized by the high intensity and duration/persistence of the “symptoms” listed in the descriptions of the disorders (APA, 2022; WHO, 2022) and included in the grief intensity scales. This uniform view of “grief complications” reduces the possibility, for researchers and clinicians, of conceiving that these experiences of intense and lasting reactions can be experienced as anything other than a pathological experience. It also reduces the possibility of envisaging other forms of grief-related struggle or suffering and, consequently, other possible clinical approaches to addressing suffering (Fasse et al., 2014). Our results, by showing the experiential complexity of grief, contradict this uniform view of these experiences.

Firstly, testimonials from clinicians received during this thesis also reminded us that, for bereaved individuals, feeling this distress can be meaningful and may even provide comfort by representing a form of connection with the deceased, especially when they feel that the person has been “forgotten” or that their death has gone largely unrecognized. Our results do not specifically address this issue, but they do reinforce the fundamental importance of the meaning given to the experience, which does not appear in the “objective” assessment of grief reactions. In their article on the suffering inherent in the end of life, Rattner and Berzoff (2016) suggest to rethink the place, legitimacy, and inevitability of suffering in end-of-life and death situations and to question our tendency to want to alleviate it as quickly as possible. We believe that this reflection is more than relevant to the deconstruction of our own assumptions as researchers in the psychology of grief (Zech & Boever, 2025).

Secondly, our findings echo those of other authors in emphasizing that the experience of grief is multifaceted. They combine experiences of suffering and growth, which can occur on different levels and combine individual, relational, moral, societal, and existential aspects. In fact, in our qualitative results, the sources of suffering did not necessarily correspond to the grief reactions described in the international classifications, but could also include the fear of being judged by others for one's own reactions and behaviors toward grief, the impression of not suffering enough in relation to norms, anger and indignation towards society for the way it treats death, and the moral suffering of not having known or been able to do what was right. We believe that there is a clinical and ethical value in studying the complexity of grief from a phenomenological perspective, attempting to highlight the various forms of suffering that may arise. On the one hand, this would shed light on the different types of suffering that coexist in grief, and how they interact and potentially reinforce each other. On the other hand, it would allow us to explore the subjective relationship of bereaved individuals to their own suffering and to distance ourselves from the necessarily pathological view of this suffering. Such a study should be conducted in an open manner, also exploring the positive aspects of the grieving experience, which are less represented in the studies, and in common representations of grief – and that may be morally sanctioned or considered socially unacceptable.

5.1.3 Untangling the complexities between grief processes and coping strategies, both in their conceptualization and operationalization.

This thesis also raised the fundamental question of what constitutes coping with bereavement. We believe that extended theoretical and empirical work is needed to help untangle the complexities between grief processes and coping strategies, both in their conceptualization and operationalization. Twenty years ago, Schut and colleagues (2006) expressed similar thoughts on the overlap between the concept of continuing bonds and the intensity of grief. To address this issue, they conducted several studies to examine the perception of this overlap among bereaved individuals and grief experts (using scales designed to measure each construct), attempted to reduce this overlap (by removing problematic items), and verified whether the empirical link between the two constructs diminished after this conceptual disentanglement. At the end of this study, they concluded

that, despite the reduction in overlap, “*the results indicate that we are still dealing with related constructs*” and that “*it is even possible that continuing bonds are an intrinsic aspect of grief*” (p.764). A few months later, Klass (2006) reviewed their work, regretting that it had not led to the abandonment of the thesis of causality between continuing bonds and grief or allowed for the development of a more complex model. Drawing on this example, we believe that empirical work with grief experts and bereaved individuals would help clarify the similarities and differences between the concepts of coping strategies, grief processes, and grief reactions. This could aim to determine whether these concepts are indeed different and, if so, propose a conceptualization that better distinguishes them and honors the complexity and multidirectionality of their links (such as the network model suggested earlier). We believe that in this endeavor, a critical distance from the tendency to find “adaptive” coping strategies and “adjustment” criteria would be helpful.

5.1.4 Studying, from a multidisciplinary perspective, the role of rituals in grief

As discussed in the limitations section, the results of this thesis only partially shed light on the role that funeral rites can play in people's grief. While recognizing the possible limitations of attempting to link the two, I continue to believe that there would be theoretical and clinical value in understanding how these rituals, and their subjective experience, shape people's grief and how they can be a resource or a burden for those who are bereaved. These questions could concern funeral rituals (surrounding death) as well as grief rites, which may take place over a longer period of time and can also be included in therapeutic practices (i.e., journaling, creation of a memorial object, organization of a spontaneous memorialization or other group rituals) (Neimeyer, 2016; Perichon, 2020). A mixed-method approach would seem appropriate to address these issues. An initial qualitative study could be conducted with bereaved individuals, funeral home staff, and funeral celebrants, to explore with them their experiences of funeral rites, the role that rites can play in grief, and the conditions under which they can be a source of comfort or discomfort. The meaning given to the rituals could be explored, either in psychological, social, relational, spiritual, existential, moral or normative terms. Specific attention should be given to access a diverse sample of experiences, particularly in terms of cultural and religious diversity. To that respect, the design of the study and recruitment methods should be co-created in dialogue with researchers and bereaved individuals from diverse religious and cultural standpoints in order for the approach to be relevant to their lived experiences. Such study could be conducted by a multidisciplinary team, combining psychological, sociological, and anthropological perspectives, in order to cross the views about the normative, institutional, multicultural, collective issues embedded in rituals (and in grief).

Subsequently, a quantitative study could aim to understand how rites may influence the experience of grief, and how these effects could be mediated according to people's perceptions of them. While our results suggest that feelings of powerlessness and injustice play a key role in explaining the consequences of restrictions on accompaniment and rituals, future studies could explore whether, conversely, agency and justice (in the sense of alignment with values) found in the rituals performed can explain their potential effect on

bereavement experiences. “The impact” should be studied broadly, incorporating the emotional, moral, spiritual and existential aspects of grief, the meaning that the person attaches to death and their continuing bonds with the deceased, as well as the different forms of growth that they may experience. We also believe that, to study the role of funeral rites in grief, combining psychological, sociological, and anthropological perspectives would provide a more accurate understanding of the collective, normative, and institutional issues that structure experiences of rites, in addition to personal expectations and experiences.

5.2 Clinical implications

Clinical implications have been proposed throughout the thesis. To conclude this thesis, a few broader implications can be reiterated, which are broadly consistent with the clinical concepts and recommendations formulated by Emmanuelle Zech (2019), Donna Schuurman and Monique Mitchell (2020).

First, they highlight how diverse and unique experiences of grief are, fundamentally linked to the meaning that the individual attaches to them. This observation encourages professionals to adopt a person-centered perspective, by encountering, in an open and humble way, the frame of references and meanings of the person. Professionals must be aware that the person's frame of reference will not necessarily correspond to their own. As Laura Perichon (2020) observed in her thesis, professionals sometimes explicitly avoid addressing such topics for fear of “*encouraging*” beliefs they do not share. This highlights the responsibility of professionals to question, explore, and adopt a reflective stance toward their own relationship to grief, death, suffering, and the beliefs and norms surrounding these topics. Professionals also need to be aware of their own normative assumptions about “the good grief”. As one participant pointed out during an interview, the therapeutic space can also be a place of normative pressure:

And for me it became really complicated [...] it was as if I didn't fit in with her (her therapist) thing. At first it was perfectly normal that things weren't going well, but as the months went by, it started to bother her [...]. I came there because in all other areas of my life I was brave and everything that was expected of me, and in fact I came there to be anything but brave [...] Knowing that this space is the only place where you can take off your superhero cape, and it hurts a lot when you feel that the person helping you wants you to keep it on.

This reminds us of the need to normalize what the person is going through, to remember how diverse, complex, and ambivalent experiences of grief are and how they do not correspond to the standardized and linear representations that are still conveyed in society (Corr, 2021). A further implication of this observation is that what impacts one person, positively or negatively, will not have the same effect on another. Indeed, throughout the thesis, our results remind us that coping strategies are not adaptive or maladaptive in themselves, like funeral rituals, but that their effects depend on the situations, the people, and the meaning they give to them. In clinical terms, this invites us to maintain a critical distance from standardized interventions (e.g., Buck et al., 2020; Shear et al., 2016) and the assumptions that underlie them (e.g., linear grieving processes following stages, the need to

confront the reality of the loss, the restructuration of “maladaptive cognitions”) (Breen & O’Connor, 2007; Zech, 2019).

Secondly, our findings reiterate that experiences of grief are multidimensional and complex, combining psychological, emotional, spiritual, social, and existential aspects. This also means that suffering can exist on certain levels and coexist with other experiences or emotions. This implies exploring, with the person, the different dimensions that make up their experience of grief, while recognizing its complexity, ambivalence, paradoxes, and contradictions.

Thirdly, experiences of grief are places where norms, ethical and moral principles, and personal and relational needs come into conflict. For practitioners, this highlights the need to approach the person's experience as openly and non-judgmentally as possible, in order to create a space where the potential conflict between these norms and the moral suffering that may result can be considered. Furthermore, it invites us to be aware of the family, cultural, institutional, legal, and societal contexts in which patients find themselves and from which these norms may emerge.

Our findings also suggested avenues for supporting bereaved individuals who have experienced a death within the context of social and funeral restrictions. These avenues include rehumanizing the loss experienced, providing a space to restore agency, recognizing the potential inextricability in which people may have found themselves due to the paradoxical injunctions they might have been caught up in, and acknowledging the difficulty of finding ways to act ethically in these circumstances (Vachon et al., 2023). They also suggest addressing experiences of grief for an ideal goodbye, and untangling, if needed, the struggle arising from this renouncement from the struggle arising from the person’s absence. Given the experiences of injustice and lack of recognition that characterize the experiences of certain bereaved individuals, our findings invite professionals to consider group-based approaches that enable participants to rediscover a sense of solidarity by sharing common experiences and find acknowledgment and collective support. This might enable to elevate the level of individual narrative of injustice to a socially recognized collective level, and potentially offer a form of reparation within the groups.

In this regard, Belgian actor Etienne Van der Belen has staged a one-man show called “Celebration(s)²²”, in which he recounts the end of his father's life and death under pandemic restrictions. Drawing on his personal experience of a “stolen moment”, he reflects on the place of the dead and rituals during the pandemic, but also more broadly in our society and in other parts of the world. At the end of the play, he invites the audience to take part in a shared ritual, offering an opportunity for collective reparation for the missed or incomplete rites that each person has potentially experienced (during the pandemic or not). This artistic experience, in which I have participated twice, seems to be a deeply therapeutic space, offering potential moments of connection, recognition, and reparation.

²² <https://etiennevanderbelen.com/celebration-s.php>

5.3 Societal implications

From a societal perspective, our findings highlight the need to disseminate various narratives about grief, that illustrate the complexity of these experiences and take a distance from the major normative assumptions that continue to structure and guide, sometimes unconsciously, the common representation of *the right way to grieve*. The taboo surrounding death, grief, and suffering, underlined by some of our participants, contributes to inhibiting the sharing of diverse experiences and narratives. Recent social movements, such as the *Death Positive* movement, offer an alternative approach to death and bereavement. Introduced by Caitlyn Doughty, an American thanatopractor, the movement aims to reduce the taboo surrounding death by providing “funeral education”. Since its creation, in 2013, the *Death Positive* movement has given rise to the emergence of collective spaces and moments where people can openly discuss about death, such as podcasts or “mortal coffees”, i.e. informal meetings dedicated to this topic. The movement seeks to allow the topic of death to exist in the public sphere, as a subject a subject of discussion and reflection. Concerns have been raised that *death positive* discourse could create new norms for “good grief” and “good death,” increasing individual responsibility in the face of death and mourning (Koksvik, 2020). This thesis supports the need for more nuanced and singular narratives around death and bereavement to emerge. However, it also acknowledges that attention must be paid to the possibility that these new standards of good death may add pressure on bereaved individuals, reinforcing feelings of guilt or grief for an ideal farewell when these norms cannot be met.

6. General conclusion

This thesis aimed to study how the funeral and social restrictions implemented to contain the Covid-19 virus affected the grieving experiences of individuals bereaved in Belgium during the pandemic. While early expert discourses anticipated a “*shadow pandemic of grief complications*”, this study deliberately adopted an exploratory approach, being careful not to predict *de facto* negative consequences and taking a critical stance toward the tendency to view grief as pathological.

To this end, a longitudinal, mixed-method study was conducted among 472 people who had lost a significant person between March 2020 and January 2022 in Belgium. It combined repetitive measurement times through questionnaires with in-depths interviews, enabling the identification of cross-sectional and longitudinal patterns of associations, and the exploration of the subjective meanings bereaved individuals attributed to their lived experiences.

Our findings showed that experiences of bereavement during the pandemic were extremely diverse, which limits the possibility of quantifying the direct impact of restrictive circumstances on grief reactions consistently and uniformly. In the face of the restrictions, people displayed diverse forms of adjustment, such as adapting their rituals, finding alternative ways to meet their needs, or refusing the restrictive measures – and experienced these adjustments in different ways. Qualitative analyses revealed that the restrictive circumstances have imposed benchmarks that conflicted with those usually surrounding

dying and mourning. This may have produced experiences of paradoxical injunctions and conflicts of values for the bereaved when deciding on “*the right thing to do*”. End-of-life and funeral experiences were far from expected, and this contrast may have resulted in experiences of “grief of the ideal goodbye” for some bereaved. In our mixed-method findings, the experiences of (internal and external) powerlessness and feelings of injustice appeared to be key elements in explaining the emotional consequences of these restrictive circumstances. These emotional consequences were embedded in broader, evolving, and complex narratives that people constructed from their experiences and that included relational, spiritual, moral, social and existential meanings. These narratives were characterized by an intertwining of grief and growth unique to each individual, and – as our longitudinal data revealed – evolving over time according to factors extending beyond the immediate context of death.

The findings of this thesis align with studies that aim to enrich narratives about the experiences of grief during the pandemic, emphasizing the diversity among individuals and the multifaceted nature of each experience.

Beyond the specific context in which these data were collected, the findings of this thesis contribute to refining theoretical understandings of grief. Firstly, they demonstrate the insufficiency of notions such as “adjustment criteria”, “grief reactions” or “symptoms” to account for the multidimensionality and singularity of grief experiences. In line with critiques of the pathological perspective on grief, the results support the need for a person-centered and phenomenological approach that considers every element of grief experience through the lens of the meanings that the person attributes to it. Our findings illustrate that bereavement experiences are spaces where cultural and societal norms, moral and ethical principles are negotiated with the person’s needs, and therefore argue for greater consideration of the cultural and normative contexts in which the individual experiences them. With regard to rites, our findings suggest that their role in the grieving process varies, and that their temporality, their importance, and the meanings people are able to find in them may help to explain this variability.

Finally, our results align with previous perspectives on coping, suggesting that the ways in which people cope with the death of a relative are neither adaptive nor maladaptive *per se*. That said, our findings led us to criticize the stress perspective underlying the concept of coping with bereavement, as well as the conceptual and operational confusion linking grieving and coping. They support the need to untangle both and move away from a unidirectional causality lens in order to avoid tautological associations and the perpetuation of the idea of adaptive vs maladaptive grief.

Overall, this thesis attempts to enrich current understandings of bereavement, by acknowledging the heterogeneity of grief experiences, even under disrupted social conditions. Beyond the pandemic context, it invites scholars and practitioners to honor the multidimensional, evolving, and contextual nature of grief, considering it as an eminently unique and subjective experience that resists prediction and defies reduction.

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Appendix

1. Sample letter sent as part of the recruitment method via obituary notices

**UCLouvain**
Institut de recherche en sciences psychologiques



151

Monsieur, Madame
Adresse

Louvain-la-Neuve, le

Monsieur, Madame,

L'Institut de recherche en sciences psychologiques de l'Université Catholique de Louvain réalise depuis les années '80 des recherches sur la manière avec laquelle les personnes font face aux événements difficiles. Actuellement, nous réalisons des études auprès de personnes endeuillées d'un ou d'une proche. Vous faites partie des 400 personnes à qui une demande de collaboration de recherche est envoyée.

Le décès d'une personne proche est un des événements qui peut être très douloureux. Cela peut entraîner de l'anxiété, de la tristesse, de la solitude, de la colère. Beaucoup de personnes qui n'ont pas elles-mêmes fait face à cela ne savent pas ce que les proches du défunt vivent. Elles n'osent pas, dans beaucoup de cas, en parler ou poser des questions. En savoir plus sur le vécu de deuil est souhaitable afin de mieux pouvoir se représenter la situation des personnes touchées par le décès d'un proche, notamment afin de comprendre l'aide qui peut leur être apportée, par exemple par des médecins ou des psychologues mais aussi par leurs proches.

Par ailleurs, la situation sanitaire que nous vivons depuis le début de la pandémie jusqu'à aujourd'hui a, à divers moments, réduit la possibilité de réaliser certains rites funéraires et a pu nécessiter que les personnes endeuillées adaptent ceux-ci. Il s'agit d'une situation nouvelle, pouvant impacter l'expérience de deuil de personnes mais également laisser place à des comportements résilients et créatifs. Nous nous intéressons à la situation que vous avez personnellement vécue à la suite du décès de votre proche, quel que soit votre vécu.

Votre nom et votre adresse ont été relevés dans le faire-part de décès de Madame, Monsieur [], qui est décédé le [], et qui est paru sur le site []. Nous avons conscience qu'avec cette lettre nous nous introduisons dans votre vie personnelle et, ce, dans des circonstances qui peuvent être difficiles. Cependant, votre aide pour mieux comprendre cette situation inédite est précieuse. Nous vous invitons donc à participer à notre recherche. Votre collaboration consistera à répondre à un questionnaire papier ou en ligne, ce qui vous prendra environ 40 minutes de votre temps. Dans environ une semaine, nous essaierons de vous contacter par téléphone au numéro [] (relevé sur le site national des pages blanches) pour vous demander votre participation. Nous vous donnerons alors plus d'informations sur le contenu de cette recherche et sur ce que nous vous demandons. Nous répondrons bien sûr à vos éventuelles questions. Vous êtes libre d'accepter ou de refuser de participer à cette recherche. Si ce numéro de téléphone n'est plus d'actualité, nous vous invitons à nous contacter par email ou par téléphone.

L'information que vous nous fournirez sera traitée de manière strictement confidentielle. Un résumé des résultats de cette recherche pourra vous être envoyé, si vous le désirez. Nous espérons sincèrement que vous accepterez de participer et nous vous remercions d'avoir pris le temps de lire cette lettre. Si vous vous posez des questions, n'hésitez pas à prendre contact avec nous. Vous pouvez nous joindre par email à camille.boever@uclouvain.be ou entre 9h et 17h au 010/47.45.10. N'hésitez pas à parler de cette recherche autour de vous, toutes les personnes adultes ayant vécu le décès d'un-e proche depuis mars 2020 jusqu'à aujourd'hui sont invitées à y participer.

Nous vous prions d'agréer, Monsieur, Madame, nos salutations très distinguées.

Emmanuelle Zech,
Professeure en psychologie

Camille Boever
Doctorante en psychologie

2. Questionnaire at T1

Madame, Monsieur,

Nous vous remercions sincèrement d'avoir accepté de participer à notre recherche. Comme convenu par téléphone, vous trouverez ci-joint le questionnaire à remplir.

Ce questionnaire s'inscrit dans le cadre de recherches visant à examiner l'impact d'événements émotionnels. Dans cette étude, nous nous intéressons à la façon dont vous avez vécu la fin de vie de votre proche, les rites qui ont pu être réalisés ou non et les réactions de deuil que vous présentez actuellement à la suite du décès de celui-ci. Comme nous vous l'avons expliqué lors de notre contact téléphonique, le but de cette étude est de mieux comprendre les réactions des personnes en deuil en temps de pandémie afin de pouvoir optimiser la qualité de l'aide à apporter aux personnes qui en ont besoin.

Nous vous demandons de répondre à ce questionnaire le plus sincèrement possible, de manière spontanée et en respectant l'ordre des questions. Il n'y a pas de bonne ou de mauvaise réponse, aucun jugement moral ne sera porté sur vos réponses, d'autant qu'elles resteront totalement confidentielles et anonymes. Une fois le questionnaire rempli, il vous suffit de le remettre dans l'enveloppe jointe préimbrée et de nous le renvoyer le plus tôt possible.

Un document d'information et de consentement est à lire et à compléter avant de commencer à répondre au questionnaire. Si vous consentez à participer à notre étude, veuillez remplir la page 5 du document suivant et la joindre également au questionnaire à renvoyer, dans l'enveloppe préimbrée.

Nous vous rappelons que vous êtes libre d'interrompre votre participation à cette recherche à tout moment, peu importe la raison, sans devoir vous justifier.

Merci encore pour votre participation. Sachez que votre aide nous est très précieuse. Si vous souhaitez davantage d'informations sur notre étude, nous vous invitons à consulter notre site internet à l'adresse suivante : www.etudierledeuil.be

Nous restons à votre entière disposition pour tout renseignement complémentaire au sujet de l'étude. Vous pouvez nous joindre soit par email à camille.boever@uclouvain.be ou entre 9h et 17h au 010/47.45.10.

Nous vous prions d'agréer, «Titre» «Nom_de_famille», nos salutations très distinguées.

Emmanuelle Zech,
Professeure en Psychologie

Camille Boever
Doctorante en psychologie

Introduction et consentement éclairé

Vous êtes invité-e à participer de façon **volontaire** à une enquête en ligne qui porte sur les rites funéraires et leur influence sur l'ajustement au deuil.

Répondre à ce questionnaire vous prendra approximativement **40 minutes**.

Avant d'accepter, il est important de lire ce formulaire qui en décrit l'objectif, les modalités pratiques et les implications, afin que vous puissiez prendre une décision en toute connaissance de cause. Ceci s'appelle "un consentement éclairé". Après la lecture de cette introduction, vous pouvez donc choisir de participer ou non à notre étude. Vous pourrez conserver ce document informatif mais devrez nous envoyer la dernière page signée.

Contexte et objectifs de l'étude

En Belgique et sur le plan mondial, la pandémie COVID-19 a donné lieu à l'application de mesures socio-sanitaires afin de limiter la propagation du virus. Cela a pu réduire la possibilité de réaliser certains rites funéraires et a pu nécessiter que les personnes endeuillées adaptent ceux-ci. Il s'agit d'une situation nouvelle, pouvant impacter l'expérience de deuil de personnes mais également laisser place à des comportements résilients et créatifs. Cette étude, s'échelonnant sur deux ans, vise à comprendre le vécu de deuil des personnes endeuillées dans un contexte de restrictions relatives à l'accompagnement des personnes mourantes et aux rituels funéraires. Le deuil étant un processus qui peut évoluer, il est important de pouvoir l'étudier sur une longue période.

Description de la procédure

Cette étude devrait inclure environ 1000 participant-es ayant perdu une personne significative depuis le 10 mars 2020 en Belgique.

L'étude se déroule en plusieurs parties, auxquelles vous pouvez décider de participer, ou non :

- Suite à cette introduction, vous pourrez répondre à un questionnaire. Y répondre vous prendra approximativement **40 minutes**. Celui-ci constitue la première étape de notre étude.
- Dans environ 2 mois (entre mars et juin 2022), nous organiserons une **entrevue** individuelle d'une heure environ avec l'investigatrice. Celle-ci visera à documenter plus précisément les facteurs qui ont pu jouer dans votre vécu du deuil. Cette entrevue se tiendra, compte tenu des restrictions sanitaires en vigueur, via la plateforme en ligne Teams ou à un lieu choisi par vous-mêmes, que ce soit à votre domicile ou à l'institut de recherche en sciences psychologiques de l'UCLouvain (IPSY), situé à Louvain-la-Neuve. Les frais de déplacement éventuels vous seront entièrement remboursés. Si vous acceptez de participer à cette entrevue, vous pourrez laisser vos coordonnées dans l'espace prévu à la fin de ce sondage. Si vous marquez votre accord, il vous sera possible de changer d'avis par la suite et de nous communiquer votre refus lorsque nous vous contacterons à nouveau.
- Dans 6 et 12 mois, les personnes ayant répondu au présent questionnaire seront invitées à remplir un **questionnaire similaire**. Si vous acceptez de recevoir les prochains questionnaires, vous pourrez laisser vos coordonnées dans l'espace prévu à la fin de ce sondage. Si vous préférez ne pas laisser votre adresse de courrier électronique, vous pourrez tout de même participer aux étapes ultérieures en retrouvant notre étude par l'entremise de publicité dans les réseaux sociaux.

Participation volontaire

Votre participation à cette enquête est entièrement volontaire et vous avez le droit de vous retirer de l'enquête à tout moment, sans en préciser la raison, même après avoir marqué votre consentement.

Vous n'aurez pas à fournir de raison au retrait de votre consentement à participer ; toutefois, les données collectées jusqu'à l'arrêt de la participation à l'étude font partie intégrante de celle-ci. Votre refus de participer à cette enquête n'entraînera pour vous aucune pénalité ni perte d'avantages.

Bénéfices et risques

Les participant-es à cette étude pourraient retirer certains bénéfices, tels que celui d'effectuer une auto-évaluation de leur propre santé et de leur processus de deuil.

En contrepartie, cette étude est associée à peu de désavantages pour les participant-e-s, sauf celui d'avoir à consacrer du temps pour compléter le questionnaire. Votre participation à cette étude pourrait néanmoins vous faire revivre certains sentiments bouleversants. Dans la plupart des cas, ces sentiments pénibles se réduiront rapidement. Si cela n'était pas le cas ou que vous souhaitez recevoir de l'aide de professionnel·les des soins de santé mentale, nous pourrions vous transmettre les coordonnées et adresses des services proches de votre domicile.

Par ailleurs, les résultats obtenus contribueront à l'avancement des connaissances dans le domaine de la recherche sur les impacts des pandémies et des mesures socio-sanitaires mises en place en temps de COVID-19. Cela permettra une meilleure prévention des complications liées au deuil et la mise en place de recommandations claires et scientifiquement validées à transmettre aux autorités gouvernementales et sanitaires.

Assurance

Si vous ou vos ayants droit (famille) subissez un dommage lié à cette étude, ce dommage sera indemnisé par le promoteur de l'étude conformément à la loi relative aux expérimentations sur la personne humaine du 7 mai 2004. Vous ne devez prouver la faute de quiconque. Dans cette optique, un contrat d'assurance a été souscrit.

Noms et coordonnées de l'assureur :

Ethias, rue des Croisiers, 24
4000 Liège
Numéro de police d'Assurance : 45.399.955

Protection de la vie privée

Votre identité et votre participation à cette étude demeureront strictement confidentielles. Vous ne serez pas identifié-e par votre nom ni d'aucune autre manière reconnaissable dans aucun des dossiers, résultats ou publications en rapport avec l'étude. Le questionnaire sera complété par l'intermédiaire de Qualtrics dont le serveur est hébergé à l'UCLouvain.

Les informations que vous fournirez dans ce questionnaire sont confidentielles et anonymes à moins que vous nous laissiez volontairement votre adresse mail à la fin du sondage afin d'être recontacté-e pour les phases ultérieures du projet. Il importe ici de noter que seules les chercheuses principales (Pre. Emmanuelle Zech et Camille Boever) de l'étude auront accès aux adresses mail transmises le cas échéant. Une fois la base de données importée, elle sera toutefois nettoyée de toutes les adresses mail : celles-ci seront remplacées par un code indiquant que le répondant a participé à l'une des phases de l'étude. En d'autres termes, votre adresse email n'apparaîtra pas dans les données analysées, elle sera remplacée par un code pour garantir l'anonymat.

Les données seront conservées pendant une période de 20 ans une fois que cette étude longitudinale sera complétée. Ces données pourraient éventuellement être utilisées pour d'autres études, toujours en conservant l'anonymat de celles-ci et dans le respect des certifications éthiques requises. Après ces 20 ans, l'ensemble des données recueillies seront détruites.

Les données récoltées dans cette étude seront analysées de manière quantitative et qualitative. Les résultats de cette étude seront diffusés à travers des publications et communications internationales, nationales et provinciales, de même qu'à travers des feuillets de faits saillants. D'aucune manière, l'identité des participant-e-s ne sera révélée à travers la diffusion des résultats de l'étude.

La protection des données personnelles est assurée par la loi du 30 juillet 2018 relative à la protection de la vie privée et par les réglementations européennes (réglementation générale européenne sur la protection des données à caractère personnel [RGPD] du 25 mai 2018) et belges en vigueur. Ces droits sont également garantis par la loi du 22 août 2002 relative aux droits du patient.

Selon le RGPD, vous disposez d'un droit de regard sur le traitement de vos données. Si vous avez des questions à ce sujet, vous pouvez contacter le responsable de la protection des données du centre d'étude à l'adresse suivante : privacy@uclouvain.be.

En cas de plainte concernant le mode de traitement de vos données, vous pouvez contacter l'Autorité Belge de Protection des Données : Rue de la Presse 35 - 1000 Bruxelles - Tél. : 02 274 48 00 - e-mail : contact@apd-gba.be

Comité d'éthique

Cette étude est évaluée par un comité d'éthique indépendant, à savoir le comité d'éthique Hospitalo-Facultaire des Cliniques Universitaires Saint-Luc – UCLouvain, qui a émis un avis favorable le 23/12/2021.

Ressources à contacter

Certaines questions pourraient provoquer chez vous des souvenirs ou des émotions bouleversantes. Si tel est le cas, vous pouvez arrêter le questionnaire temporairement et le reprendre plus tard ou arrêter définitivement la complétion du questionnaire. Dans la plupart des cas, ces sentiments pénibles se réduiront rapidement. Si cela n'était pas le cas ou que vous ressentez le besoin d'un accompagnement plus spécifique, vous pouvez nous contacter directement et nous vous communiquerons alors l'adresse et les coordonnées de **services de santé mentale** près de chez vous.

Vous pouvez également vous tourner vers l'association "**Vivre son deuil**", qui propose un accompagnement et un soutien aux personnes endeuillées :

- Ecoute téléphonique : 010/ 45 69 92 ou 0477/ 96 10 37
- Site internet : http://www.vivresondeuil.be/Vivre_son_Deuil/Nos_relais.html

Enfin, pour **toute aide urgente**, en lien avec ce questionnaire ou non, vous pouvez entrer en contact avec l'une ou l'autre ressources suivantes afin d'obtenir du soutien immédiat :

- Télé-accueil – Centre d'écoute 24h/24 : 107
- Service d'intervention téléphonique pour prévenir le suicide : 0800 32 123

Si vous avez besoin d'informations supplémentaires, voulez donner un avis ou exprimer des craintes à propos de l'expérimentation ou à propos de vos droits en tant que sujet participant à une étude clinique, maintenant ou durant votre participation, vous pouvez contacter :

- **Responsable de l'étude** : Camille Boever (camille.boever@uclouvain.be ; 010/47.45.10)
- **Promotrice de l'étude** : Emmanuelle Zech (emmanuelle.zech@uclouvain.be)

Pour la gestion des plaintes non résolues par les investigatrices, vous pouvez contacter le comité d'éthique hospitalo-facultaire Saint-Luc UCLouvain (commission.ethique-saintluc@uclouvain.be)

FORMULAIRE DE CONSENTEMENT ECLAIRE AU. A LA PARTICIPANT.E

Je soussigné(e) (NOM, Prénom(s)), ... déclare avoir lu l'information qui précède et accepter de participer à l'étude de l'effet des rites funéraires sur l'ajustement au deuil.

1. On m'a remis une copie de ce formulaire de consentement éclairé signé et daté, ainsi que de la note d'information destinée au participant. J'ai reçu une explication concernant la nature, le but, la durée de l'étude et j'ai été informé(e) de ce qu'on attend de ma part. On m'a donné le temps et l'occasion de poser des questions sur l'étude ; toutes mes questions ont reçu une réponse satisfaisante.
2. J'ai été informé(e) de l'existence d'une assurance.
3. Je sais que cette étude a été soumise et approuvée par le Comité d'Ethique Hospitalo-Facultaire Saint-Luc - UCLouvain.
4. Je suis libre de participer ou non, de même que d'arrêter l'étude à tout moment sans qu'il soit nécessaire de justifier ma décision et sans que cela n'entraîne le moindre désavantage.
5. En signant ce document, j'autorise l'utilisation des données me concernant dans le respect de
 - la loi belge du 30 juillet 2018 relative à la protection de la vie privée ;
 - la loi du 22 août 2002 relative aux droits du patient ;
 - la loi du 7 mai 2004 relative à l'expérimentation sur la personne humaine ;
 - les réglementations européennes (réglementation générale européenne sur la protection des données à caractère personnel [RGPD] du 25 mai 2018) et belges en vigueur.
6. Je n'ai subi aucune pression physique ni psychologique induite pour ma participation à l'étude.
7. Je consens de mon plein gré à participer à cette étude.

.....
...../...../20.....

Nom, prénom et Signature du, de la participant.e

Date (jour/mois/année)

Ce document est à renvoyer impérativement signé avec le questionnaire rempli dans l'enveloppe pré-timbrée qui se situe dans l'enveloppe que vous avez reçue.
--

Questionnaire sur le vécu de deuil suite au décès d'une personne proche

Merci d'avoir accepté de répondre à notre enquête. Dans ce questionnaire, vous trouverez des questions fermées (type "choix multiples") ainsi que des questions ouvertes. Ces questions aborderont le décès d'une personne proche, les rites funéraires qui ont pu être mis en place ou non à la suite de son décès, ainsi que votre vécu actuel. Veuillez répondre le plus sincèrement possible. Sachez qu'il n'y a pas de bonne ou de mauvaise réponse.

Comment répondre à ce questionnaire ?

Avant de répondre, lisez attentivement la question et les possibilités de réponse. Ensuite seulement, répondez à la question en cochant la réponse de votre choix; voir l'exemple ci-dessous:

Exemple:

TR.01. Combien de fois par semaine vous levez-vous après 9 heures du matin?

Jamais.....
1 – 2 fois.....
3 – 4 fois.....
5 fois ou plus.....
Je ne sais pas.....

	1
	2
X	3
	4
	5

Exemple:

TR.02 Avez-vous déjà pris l'avion dans votre vie?

01. A l'occasion de vacances.....
02. Dans le cadre de mes activités professionnelles.....

Oui		Non	
X	1		2
	1	X	2

Vous trouverez à chaque fois des indications quant aux possibilités de réponse, par exemple lorsque plusieurs réponses peuvent être données.

Partie 1 - Création du code

COD.01 Afin d'organiser les résultats de manière anonyme, nous vous demandons de **créer un code** auquel seront reliées les données vous concernant, sans que nous puissions identifier votre identité. Pour le créer, veuillez indiquer :

- les deux derniers chiffres de l'année de naissance de votre père*.....
- les deux derniers chiffres de l'année de naissance de votre mère*.....
- les trois premières lettres du prénom de votre père*.....
- les trois premières lettres du prénom de votre mère*.....
- un chiffre indiquant votre place dans la fratrie.....

Exemple : si votre père s'appelle Joël et est né en 1961, que votre mère s'appelle Emilie et est née en 1967 et que vous êtes le ou la 3ème dans votre fratrie, votre code sera 61 67 JOE EMI 3

*Si vous ne vous retrouvez pas dans cette description, vous pouvez choisir les personnes auxquelles vous faites référence dans votre code. L'important est que vous puissiez vous souvenir des personnes mentionnées afin de recréer le même code par la suite, sur base de cette même description.

Partie 2 - Méthode de recrutement

Pour réaliser notre étude, nous avons voulu joindre les personnes endeuillées afin de leur proposer d'y participer. Pour ce faire, nous avons utilisé différents moyens.

REC.01 Par quel(s) moyen(s) avez-vous entendu parler de cette étude ? (plusieurs réponses possibles)

Par les réseaux sociaux.....
Par un-e professionnel-le de la santé qui m'a fait part de l'étude.....
Par l'équipe de recherche qui m'a contacté-e personnellement par lettre, appel ou email...
J'ai entendu parler de l'étude dans les médias (émission, radio, télévision, journaux)
Autre (spécifiez ici svp) :.....

	1
	2
	3
	4
	5

REC.02 Comment avez-vous perçu ce moyen d'entrer en contact avec vous ?

J'ai trouvé cela...

	1	2	3	4	5	
adéquat, approprié	☐	☐	☐	☐	☐	inadéquat, inapproprié
agréable	☐	☐	☐	☐	☐	dérangeant, perturbant
personnel, chaleureux	☐	☐	☐	☐	☐	impersonnel, froid

Partie 3 - Données personnelles

Les questions suivantes concernent vos données personnelles. Elles seront utilisées pour comparer différents profils de manière anonyme.

DEM.01 Quel est votre âge ? _____ ans

DEM.02 A quel genre vous identifiez-vous ?

Une femme.....
Un homme.....
Autre (spécifiez ici s'il vous plaît) :

1
2
3

DEM.03 Quelle est votre nationalité ?

Belge.....
Française.....
Suisse.....
Luxembourgeoise.....
Autre (spécifiez ici s'il vous plaît) :

1
2
3
4
5

DEM.04 Quel est votre statut en Belgique ?

Citoyen-ne.....
Résident-e permanent-e.....
Résident-e temporaire (étudiant-e étranger-e, travailleur-se temporaire, visiteur-se-touriste, permis ministériel).....
Personne à qui l'asile est conféré (communément appelé réfugié-e).....
Personne sans statut (en attente de statut de réfugié-e, statut de réfugié-e).....
Autre (spécifiez ici s'il vous plaît) :

1
2
3
4
5
6
7

DEM.05 Vous considérez-vous comme une personne racisée, ethnicisée ou membre d'une minorité visible ?

Oui.....
Non.....
Je ne sais pas.....

1
2
3

DEM.06 Quel est votre niveau d'études ?

Primaire.....
Secondaire inférieur.....
Secondaire supérieur.....
Bachelier (premier cycle universitaire ou non).....
Deuxième cycle (master, licence).....
Troisième cycle (doctorat, DES, DEA, formation post-master,...).....

1
2
3
4
5
6

DEM.07 Quel est votre état matrimonial actuel ?

Célibataire.....
Marié-e.....
Séparé-e.....
Divorcé-e.....
Veuf-ve.....
Autre (spécifiez ici s'il vous plaît) :

1
2
3
4
5
6

DEM.08 Vivez-vous seul-e ?

Oui.....
Non.....

1
2

DEM.09 Si non : Avez qui demeurez-vous ? (Cochez toutes les réponses qui s'appliquent)

Un-e conjoint-e.....	☐	1
Votre(vos) enfant(s).....	☐	2
Votre(vos) parent(s) (père, mère, tuteur)	☐	3
Un ou plusieurs autre(s) membre(s) de votre famille.....	☐	4
Un-e ou plusieurs ami-e-s.....	☐	5
En milieu institutionnel (Centre d'hébergement).....	☐	6
Autre (spécifiez ici s'il vous plait) :	☐	7

DEM.10 Avez-vous des enfants ?

Oui.....	☐	1
Non.....	☐	2

DEM.11 Si oui : Combien en avez-vous ?

DEM.12 Quelle est votre situation professionnelle ?

Travail à temps plein.....	☐	1
Travail à temps partiel	☐	2
Retraité-e.....	☐	3
Au chômage.....	☐	4
Indemnité d'invalidité.....	☐	5
Homme/Femme au foyer.....	☐	6
Etudiant-e.....	☐	7
Revenu d'intégration (CPAS)	☐	8
Allocation de remplacement ou de garantie de revenus.....	☐	9
Autre (spécifiez ici s'il vous plait) :	☐	10

DEM.13 Quel est le revenu annuel net de votre foyer ? (en euros)

Moins de 13.000€ net/an (= moins de 1.085 € net/mois).....	☐	1
Entre 13.000€ et 27.000€ net/an (= entre 1.085 et 2.250€ net/mois).....	☐	2
Entre 27.000€ et 50.000€ net/an (= entre 2.250 et 4.200€ net/mois).....	☐	3
Entre 50.000€ et 100.000€ net/an (= entre 4.200€ et 8.400€ net/mois).....	☐	4
Plus de 100.000€ net/an (= plus de 8.400€ net/mois).....	☐	5

DEM.14 Au cours des 18 derniers mois, où avez-vous résidé la plupart du temps ?

En Flandre.....	☐	1
Dans la région de Bruxelles-Capitale.....	☐	2
En Wallonie.....	☐	3
Autre (spécifiez ici s'il vous plait) :	☐	4

DEM.15 Quelle est votre appartenance religieuse ?

Chrétienne.....	☐	1
Musulmane.....	☐	2
Juive.....	☐	3
Bouddhiste.....	☐	4
Hindoue.....	☐	5
Sikhe.....	☐	6
Aucune religion (ex : athée, agnostique, humaniste,...).....	☐	7
Autre religion (spécifiez ici s'il vous plait) :	☐	8

DEM. Sur une échelle de 0 à 100 (0 étant l'indicateur le plus faible et 100 l'indicateur le plus élevé), veuillez indiquer, en cochant, la réponse qui vous correspond le mieux :

	0	10	20	30	40	50	60	70	80	90	100
DEM.16 Dans quelle mesure vous considérez-vous comme religieux-se ?.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
DEM.17 Dans quelle mesure la spiritualité est-elle importante pour vous ?..	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
DEM.18 Dans quelle mesure vous considérez-vous comme spirituel-le ?..	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

DEM.19 Depuis le 10 mars 2020, avez-vous vécu l'une ou plusieurs situations suivantes ?

Avoir reçu un diagnostic positif de COVID-19.....	☐	1
Avoir vécu de la violence physique.....	☐	2
Avoir vécu de la violence sexuelle.....	☐	3
Avoir vécu un accident portant atteinte à votre intégrité.....	☐	4
Avoir été victime d'une catastrophe naturelle ou technologique.....	☐	5
Avoir reçu un diagnostic de maladie grave (potentiellement mortelle)	☐	6
Avoir appris qu'un-e proche est atteint-e d'une maladie grave (potentiellement mortelle)....	☐	7
Avoir vécu une séparation ou un divorce.....	☐	8
Avoir vécu une perte d'emploi ou un changement important dans votre situation d'emploi..	☐	9
Avoir vécu une autre situation particulièrement stressante (veuillez spécifier ici s'il vous plait) :	☐	10
.....		

Partie 4 - Décès survenu(s) depuis le 10 mars 2020

Les questions suivantes visent à décrire la ou les personnes décédées dont vous portez le deuil.

SIG.01 Avez-vous perdu une ou plusieurs personne(s) significative(s) depuis le 10 mars 2020?

Oui.....	☐	1
Non.....	☐	2

SIG.02 *Si non* : Nous vous remercions d'avoir lu notre projet. Ce questionnaire est adressé aux personnes qui ont perdu un-e proche depuis le début de la pandémie jusqu'à aujourd'hui. Si ce n'est pas votre cas, nous ne pouvons analyser vos réponses à ce questionnaire.

SIG.03 *Si oui* : Combien avez-vous perdu de personnes significatives depuis le 10 mars 2020 ? _____

SIG.04 Quel était votre lien avec la ou les personnes que vous avez perdue(s) ? Si vous avez perdu plus de quatre personnes proches, veuillez indiquer les quatre personnes dont vous étiez le-la plus proche.

	Première personne <i>Il-elle était mon-ma</i>	Deuxième personne <i>Il-elle était mon-ma</i>	Troisième personne <i>Il-elle était mon-ma</i>	Quatrième personne <i>Il-elle était mon-ma</i>
grand-père, grand-mère.....	☐	☐	☐	☐
père, mère.....	☐	☐	☐	☐
conjoint-e.....	☐	☐	☐	☐
enfant.....	☐	☐	☐	☐
frère, sœur.....	☐	☐	☐	☐
oncle, tante.....	☐	☐	☐	☐
cousin-e.....	☐	☐	☐	☐
beau-père, belle-mère.....	☐	☐	☐	☐
beau-frère, belle-sœur.....	☐	☐	☐	☐
ami-e.....	☐	☐	☐	☐
Autre (veuillez spécifiez ici)....				

Partie 5 - La personne défunte et son décès

Si vous avez été endeuillé-e de plusieurs personnes depuis mars 2020, essayez de penser à l'une d'elles seulement pour la suite du questionnaire. Nous allons faire référence à cette personne de nombreuses fois pendant ce questionnaire. Elle sera dénommée « votre proche », « la personne décédée » ou « cette personne ».
N'oubliez pas que vous pouvez prendre une pause lors de la complétion de ce questionnaire si vous en ressentez le besoin.

DEF.01 Quel était le genre de votre proche ?

Une femme.....	☐	1
Un homme.....	☐	2
Autre (spécifiez ici s'il vous plait) :	☐	3

DEF.02 Quel était l'âge de votre proche au moment de son décès ? _____ ans

DEF.03 Quelle est la date de son décès ? _____ (jour) / _____ (mois) / _____ (année)

DEF.04 Quelle était son appartenance religieuse ?

Chrétienne.....	☐	1
Musulmane.....	☐	2
Juive.....	☐	3
Bouddhiste.....	☐	4
Hindoue.....	☐	5
Sikhe.....	☐	6
Aucune religion (ex : athée, agnostique, humaniste,...).....	☐	7
Autre religion (spécifiez ici s'il vous plaît) :	☐	8
Je ne sais pas.....	☐	9

DEF.05 Quelle est la principale cause du décès de votre proche ?

Une maladie.....	☐	1
Un accident.....	☐	2
Un homicide.....	☐	3
Un suicide.....	☐	4
Autre (spécifiez ici s'il vous plaît) :	☐	5

DEF.06 Si c'était une maladie : De quelle maladie s'agissait-il ? (plusieurs choix possibles)

Maladie cardio-vasculaire (arrêt cardiaque, AVC,...)	☐	1
Cancer.....	☐	2
Trouble neurologique dégénératif (démence, Alzheimer, maladie de Parkinson,...).....	☐	3
Covid-19.....	☐	4
Pathologie immunodéficiente (SIDA,...).....	☐	5
Maladie chronique (diabète, obésité, fibromyalgie,...)	☐	6
Autre (spécifiez ici s'il vous plaît)	☐	7
Je ne sais pas	☐	8

DEF.07 Le décès s'est-il produit en Belgique ?

Oui.....	☐	1
Non.....	☐	2

DEF.08 Si non : Dans quel pays s'est-il produit ? (veuillez écrire le pays ici) : _____

DEF.09 Votre proche a-t-il-elle eu des soins médicaux à la fin de sa vie ? (plusieurs réponses possibles)

Soins intensifs	☐	1
Soins palliatifs.....	☐	2
Euthanasie.....	☐	3
Soins d'urgence.....	☐	4
Soins dans un service hospitalier (hospitalisation)	☐	5
Soins à domicile, dans une maison de repos/de soins ou ambulatoires (ex. médecin de famille)	☐	6
Autres soins (spécifiez ici s'il vous plaît) :	☐	7
Non	☐	8
Je ne sais pas	☐	9

DEF.10 A quel endroit le décès est-il survenu ?

A l'hôpital.....	☐	1
A domicile.....	☐	2
Dans un centre d'hébergement (ex : maison de repos ou de soins).....	☐	3
Autre (spécifiez ici s'il vous plaît) :	☐	4

DEF.11 Avez-vous pu accompagner votre proche dans les derniers moments de sa vie ?

Pas du tout.....	☐	1
Moins que souhaité.....	☐	2
Autant que souhaité.....	☐	3
Plus que souhaité.....	☐	4

DEF.12 La personne défunte dont vous parlez ici était votre

Grand-père, grand-mère.....	☐	1
-----------------------------	--------------------------	---

Père, mère.....		2
Conjoint-e.....		3
Enfant.....		4
Frère, sœur.....		5
Oncle, tante.....		6
Cousin-e.....		7
Beau-père, belle-mère.....		8
Beau-frère, belle-sœur.....		9
Ami-e.....		10
Autre (veuillez spécifier ici).....		11

DEF.13 Comment évalueriez-vous la relation que vous entreteniez avec votre proche ? (son importance à vos yeux, vos affinités communes, vos confidences,...)

Tout à fait distante	Distante	Plutôt distante	Ni l'un, ni l'autre	Plutôt proche	Proche	Tout à fait proche
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

Nous sommes conscient-es que des questions fermées et directives ne sont pas idéales pour décrire la complexité et la profondeur d'une relation et du vécu de deuil. A la fin du questionnaire, un espace sera réservé pour que vous puissiez exprimer librement ce que vous souhaitez en lien avec votre proche, son décès, les rites funéraires et votre deuil.

DEF.14 Depuis le décès de votre proche, veuillez indiquer les comportements que vous avez mis en place :

	Oui	Non
DEF.14 Avez-vous pris un traitement médicamenteux contre l'anxiété ou la dépression ?.....	☐ 1	☐ 2
DEF.15 Avez-vous reçu un soutien psychologique ?.....	☐ 1	☐ 2
DEF.16 Avez-vous appelé un service particulier d'écoute ou de soutien ?.....	☐ 1	☐ 2
DEF.17 Allez-vous régulièrement sur un ou plusieurs forums sur Internet pour discuter de votre perte ?	☐ 1	☐ 2
DEF.18 Faites-vous partie d'un groupe de personnes endeuillées, même en relation virtuelle ?...	☐ 1	☐ 2

Partie 6 - Les rites funéraires

Les rites funéraires rassemblent les gestes et les paroles réalisés individuellement ou collectivement pour accompagner la fin de vie, la mort et le deuil d'une personne. Ils peuvent être religieux ou non.

Les questions qui suivent portent sur votre expérience des rites funéraires organisés pour votre proche depuis le début de la pandémie.

RIT.01 Savez-vous si votre proche avait précisé (par écrit ou oralement) les rites funéraires qu'il-elle souhaitait, y compris pour sa fin de vie ?

Oui.....	☐ 1
Non.....	☐ 2
Je ne sais pas (si vous cochez « je ne sais pas », passez directement à la question RIT.05).....	☐ 3

RIT.02 Si oui : Est-ce que ses vœux ont pu être réalisés ?

Aucun.....	☐ 1
Moins que souhaité.....	☐ 2
Autant que souhaité.....	☐ 3
Plus que souhaité.....	☐ 4

RIT.03 Dans quelle mesure les restrictions sanitaires sont-elles la cause de cet écart entre les rites funéraires souhaités par votre proche et ceux qui ont été réalisés ?

Pas du tout.....	☐ 1
Un peu.....	☐ 2
Assez.....	☐ 3
Beaucoup.....	☐ 4

RIT.04 Quels rites funéraires souhaités par votre proche n'ont pas été réalisés en raison des restrictions sanitaires ? (plusieurs réponses possibles)

L'accompagnement de la fin de vie n'a pas été possible.....	☐ 1
Les rites ont dû être faits à distance, par des moyens numériques (vidéo, internet...).....	☐ 2
La présence physique au salon funéraire n'a pas été possible.....	☐ 3
La toilette funéraire n'a pas été possible.....	☐ 4
Les rassemblements avec les proches n'ont pas été possibles.....	☐ 5
La tenue d'une cérémonie d'adieu n'a pas été possible.....	☐ 6
Il n'a pas été possible de voir le corps.....	☐ 7
Il n'a pas été possible de toucher ou d'embrasser le corps.....	☐ 8

Certains rites religieux habituels ou prescrits n'ont pas été possibles.....	☐	9
Autre (spécifiez ici s'il vous plaît)	☐	10

Un peu plus loin, un espace sera proposé pour que vous puissiez préciser cela, si vous le souhaitez.

RIT.05 Avez-vous pu bénéficier des rites funéraires que vous souhaitiez pour le décès de votre proche, y compris lors de sa fin de vie?

Aucun.....	☐	1
Moins que souhaité.....	☐	2
Autant que souhaité.....	☐	3
Plus que souhaité.....	☐	4

RIT.06 Dans quelle mesure les restrictions sanitaires sont-elles la cause de cet écart entre les rites funéraires souhaités par vous-mêmes et ceux qui ont été réalisés ?

Pas du tout.....	☐	1
Un peu.....	☐	2
Assez.....	☐	3
Beaucoup.....	☐	4

RIT.07 Quels rites funéraires souhaités par vous-mêmes n'ont pas été réalisés en raison des restrictions sanitaires ? (plusieurs réponses possibles)

L'accompagnement de la fin de vie n'a pas été possible.....	☐	1
Les rites ont dû être faits à distance, par des moyens numériques (vidéo, internet...).....	☐	2
La présence physique au salon funéraire n'a pas été possible.....	☐	3
La toilette funéraire n'a pas été possible.....	☐	4
Les rassemblements avec les proches n'ont pas été possibles.....	☐	5
La tenue d'une cérémonie d'adieu n'a pas été possible.....	☐	6
Il n'a pas été possible de voir le corps.....	☐	7
Il n'a pas été possible de toucher ou d'embrasser le corps.....	☐	8
Certains rites religieux habituels ou prescrits n'ont pas été possibles.....	☐	9
Autre (spécifiez ici s'il vous plaît)	☐	10

RIT.08 Quels rites funéraires souhaités par vous-mêmes ont pu être réalisés ? (plusieurs réponses possibles)

Etre moi-même à ses côtés lors du décès.....	☐	1
Réunir ses proches à ses côtés lors du décès.....	☐	2
Etre présent-e au salon funéraire.....	☐	3
Faire la toilette	☐	4
Exposer le corps.....	☐	5
Toucher ou embrasser son corps.....	☐	6
Réunir ses proches après le décès.....	☐	7
Tenir une cérémonie collective.....	☐	8
Réaliser les rites religieux habituels ou prescrits.....	☐	9
Autre (spécifiez ici s'il vous plaît)	☐	10

RIT.09 Aujourd'hui, dans quelle mesure êtes-vous satisfait-e des rites funéraires finalement réalisés pour votre proche, y compris lors de sa fin de vie ?

Pas du tout satisfait-e.....	☐	1
Un peu satisfait-e	☐	2
Assez satisfait-e	☐	3
Très satisfait-e	☐	4

RIT.10 Voici un espace où vous pouvez, si vous le souhaitez, préciser votre vécu par rapport aux rites qui ont été empêchés et ceux qui ont pu être réalisés :

RIT.11 Avez-vous participé à d'autres formes de rites avant ou après le décès de votre proche ?

Oui.....	☐	1
Non (<i>Si vous cochez « non », passez directement à la question RIT.14</i>).....	☐	2

RIT.12 Si oui : Quels rites ont été créés ou mis en place pour votre proche ? (plusieurs réponses possibles)

Un espace dédié au souvenir de mon proche à la maison.....	☐	1
Une cérémonie commémorative par Internet.....	☐	2
Un cimetière virtuel.....	☐	3
Un site Internet de commémoration.....	☐	4

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Un livre de condoléances numérique.....	☐	5
Un groupe de partage virtuel.....	☐	6
Un ou des rites à la maison (allumer une bougie...)	☐	7
Un rassemblement dans un espace extérieur.....	☐	8
Un rite en lien avec la nature.....	☐	9
Autre (spécifiez ici s'il vous plaît)	☐	10

RIT.13 Voici un espace si vous souhaitez préciser les rites qui ont été créés pour votre proche avant ou après son décès, compte tenu des restrictions sanitaires.

RIT.14 Avez-vous eu (ou avez-vous encore) l'intention de tenir une forme de rituel funéraire plus tard, après le décès de votre proche ? (ex : organiser une cérémonie ultérieure)

Non, nous n'en avons pas l'intention.....	☐	1
Nous en avons l'intention avant mais nous ne l'avons pas fait.....	☐	2
Nous en avons l'intention et nous l'avons déjà réalisé.....	☐	3
Nous avons encore l'intention d'en réaliser	☐	4

RIT.15 Voici un espace si vous souhaitez nous expliquer davantage votre réponse à cette question.

RIT.16 Est-ce qu'il vous est arrivé de ne pas respecter certaines règles sanitaires afin de réaliser les rites funéraires que vous souhaitez pour votre proche ?

Oui.....	☐	1
Non.....	☐	2
Je ne souhaite pas me prononcer.....	☐	3

RIT.17 Voici un espace où vous pouvez, si vous le souhaitez, ajouter une précision à cette question.

Partie 7 - Votre perception du décès de votre proche et des circonstances entourant son décès.

Les questions qui suivent concernent votre perception de ce décès. Veuillez cocher les réponses qui vous correspondent le mieux sur les échelles qui vous sont proposées.

APP.01 Pour ma propre personne, j'ai ressenti son décès comme

Sans conséquence ☐ 1	Ayant peu de conséquences ☐ 2	Ayant des conséquences ☐ 3	Ayant beaucoup de conséquences ☐ 4	Lourd de conséquences ☐ 5
---	--	---	---	--

APP.02 A la survenue de son décès, je me suis senti-e

Incapable de faire face, dépassé-e, impuissant-e, démuni-e ☐ 1	Assez peu en contrôle, assez dépassé-e, assez démuni-e ☐ 2	Ni l'un, ni l'autre ☐ 3	Assez en contrôle, assez en maîtrise, assez peu démuni-e ☐ 4	Capable de faire face, en maîtrise, en contrôle ☐ 5
---	---	--	---	--

APP.03 Le décès de mon proche est arrivé de manière

Tout à fait inattendue, imprévisible ☐ 1	Assez inattendue, imprévisible ☐ 2	Ni l'un, ni l'autre ☐ 3	Assez attendue, prévisible ☐ 4	Tout à fait attendue, prévisible ☐ 5
---	---	--	---	---

APP.04 Le décès de mon proche et la manière dont les événements se sont déroulés m'ont paru

Très justes, corrects ☐ 1	Justes, corrects ☐ 2	Ni l'un, ni l'autre ☐ 3	Injustes, incorrects ☐ 4	Très injustes, très incorrects ☐ 5
--	---	--	---	---

APP.05 J'ai vécu le décès de mon proche de manière :

Très négative, très désagréable ☐ 1	Négative, désagréable ☐ 2	Neutre ☐ 3	Positive, agréable ☐ 4	Très positive, très agréable ☐ 5
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APP.06 J'ai considéré que la responsabilité de la survenue du décès de mon proche était due ou incombait à :

Moi-même (je l'ai déclenché, provoqué) ☐ 1	Probablement moi-même ☐ 2	Ni l'un, ni l'autre ☐ 3	Probablement des facteurs externes ☐ 4	Des facteurs externes à moi ☐ 5
---	--	--	---	--

APP.07 Ce décès, je l'ai

Voulu, souhaité, désiré ☐ 1	Plutôt voulu, plutôt souhaité ☐ 2	Ni l'un, ni l'autre ☐ 3	Plutôt subi ☐ 4	Pas du tout désiré, totalement subi ☐ 5
--	--	--	--	--

Partie 8 – Votre vécu après le décès de votre proche

TGI-SR. Ces questions concernent vos réactions à la suite du décès de votre proche. Veuillez penser à la perte de votre proche.

Veuillez indiquer, en cochant la case, à quelle fréquence vous avez éprouvé chaque sentiment au cours du dernier mois :

- 0 = Jamais
- 1 = Rarement
- 2 = Parfois
- 3 = Fréquemment
- 4 = Toujours

		Jamais			Toujours		
		0	1	2	3	4	
01.	J'ai eu des pensées ou images intrusives liées à la personne décédée.....	☐	☐	☐	☐	☐	
02.	J'ai ressenti une douleur émotionnelle ou une tristesse ou un chagrin intense.....	☐	☐	☐	☐	☐	
03.	J'ai eu une nostalgie de la personne décédée. Je pensais à elle ou recherchais des signes de sa présence.....	☐	☐	☐	☐	☐	
04.	J'ai ressenti que la mort de cette personne a affecté l'image que j'avais de moi-même et mon rôle dans la vie est devenu confus.....	☐	☐	☐	☐	☐	
05.	J'ai eu du mal à accepter cette perte.....	☐	☐	☐	☐	☐	
06.	J'ai évité les endroits, les objets ou les pensées qui me rappelaient que cette personne est réellement morte.....	☐	☐	☐	☐	☐	
07.	C'était difficile pour moi de faire confiance aux autres.....	☐	☐	☐	☐	☐	
08.	J'ai ressenti de l'amertume ou de la colère liée à la mort de cette personne.....	☐	☐	☐	☐	☐	
09.	J'ai remarqué que passer à autre chose est devenu difficile pour moi (par exemple: entreprendre de nouvelles activités ou relations, ou de nouveaux projets).....	☐	☐	☐	☐	☐	
10.	Je me suis senti-e émotionnellement engourdi-e, sidéré-e.....	☐	☐	☐	☐	☐	
11.	J'ai eu le sentiment que la vie était vide ou n'a plus de sens sans cette personne.....	☐	☐	☐	☐	☐	
12.	Je me suis senti-e assommé-e, choqué-e ou sidéré-e par sa mort.....	☐	☐	☐	☐	☐	
13.	J'ai remarqué que mon deuil a significativement détérioré ma vie sociale, professionnelle/scolaire ou ma santé.....	☐	☐	☐	☐	☐	
14.	J'ai des pensées ou images intrusives liées aux circonstances de la mort de cette personne.....	☐	☐	☐	☐	☐	
15.	J'ai eu des difficultés à avoir des souvenirs positifs de la personne décédée.....	☐	☐	☐	☐	☐	
16.	J'ai eu des pensées négatives sur moi-même par rapport à sa mort (par exemple: des pensées de culpabilité).....	☐	☐	☐	☐	☐	
17.	J'ai eu envie de mourir pour être avec la personne décédée.....	☐	☐	☐	☐	☐	
18.	Je me suis senti-e isolé-e ou détaché-e des autres.....	☐	☐	☐	☐	☐	
19.	Je n'arrivais pas à concevoir que cette personne soit réellement morte.....	☐	☐	☐	☐	☐	
20.	Il m'est arrivé de blâmer d'autres personnes pour la mort de cette personne.....	☐	☐	☐	☐	☐	
21.	J'ai eu le sentiment qu'une partie de moi-même était morte avec la personne décédée.....	☐	☐	☐	☐	☐	
22.	J'ai eu des difficultés à éprouver des sentiments positifs.....	☐	☐	☐	☐	☐	

ICG. Les questions qui suivent concernent les sentiments que certaines personnes ressentent suite au décès d'une personne proche.

Pour chaque affirmation, cochez la réponse qui correspond le mieux à ce que vous éprouvez maintenant.

Le chiffre 0 signifie que vous n'éprouvez jamais ce sentiment, le chiffre 4 que ce sentiment est toujours présent. Entre les deux, vous avez la possibilité de choisir une réponse plus nuancée.

	0	1	2	3	4
01. Je pense tellement à mon proche qu'il m'est difficile de faire les choses normalement.....	☐	☐	☐	☐	☐
02. Les souvenirs de mon proche me bouleversent.....	☐	☐	☐	☐	☐
03. Il est difficile d'accepter la mort de mon proche.....	☐	☐	☐	☐	☐
04. Je me languis de mon proche.....	☐	☐	☐	☐	☐
05. Je me sens attiré-e vers les lieux ou les choses qui me font penser à mon proche.....	☐	☐	☐	☐	☐
06. Je suis en colère à propos de la mort de mon proche.....	☐	☐	☐	☐	☐
07. Je refuse de croire ce qui est arrivé.....	☐	☐	☐	☐	☐
08. Je suis sidéré-e ou stupéfait-e à propos de ce qui est arrivé.....	☐	☐	☐	☐	☐
09. Depuis le décès de mon proche, il est difficile pour moi de faire confiance aux gens.....	☐	☐	☐	☐	☐
10. Je me sens comme si je ne pouvais plus prendre soin des autres personnes ou je me sens distant-e par rapport aux personnes qui me sont chères.....	☐	☐	☐	☐	☐
11. Je ressens le même type de douleurs ou de symptômes que mon proche avant sa mort.....	☐	☐	☐	☐	☐
12. Je fais en sorte d'éviter ce qui me rappelle mon proche.....	☐	☐	☐	☐	☐
13. Je trouve la vie dénuée de sens sans cette personne.....	☐	☐	☐	☐	☐
14. J'entends la voix de cette personne.....	☐	☐	☐	☐	☐
15. Je vois réellement cette personne en face de moi.....	☐	☐	☐	☐	☐
16. Je trouve injuste de devoir continuer à vivre alors que mon proche est décédé.....	☐	☐	☐	☐	☐
17. Je ressens de l'amertume par rapport au décès de mon proche.....	☐	☐	☐	☐	☐
18. J'envie les personnes qui n'ont pas perdu une personne proche.....	☐	☐	☐	☐	☐
19. Je me sens seul-e la plupart du temps depuis le décès de mon proche.....	☐	☐	☐	☐	☐

Partie 9 - Votre santé actuelle

GHQ Veuillez lire ce qui suit avec attention :

Nous aimerions savoir si vous avez eu des problèmes médicaux et comment, d'une manière générale, vous vous êtes porté-e ces dernières semaines. Veuillez répondre à toutes les questions, en cochant la réponse qui vous semble correspondre le mieux à ce que vous ressentez. Rappelez-vous que nous désirons obtenir des renseignements sur les problèmes actuels et récents, et non pas ceux que vous avez pu avoir dans le passé. Il est important que vous essayiez de répondre à toutes les questions. Merci beaucoup pour votre aide.

Certaines questions peuvent provoquer chez vous des émotions ou souvenirs bouleversants. N'hésitez pas à prendre une pause ou interrompre le questionnaire définitivement. N'hésitez pas à faire appel à de l'aide autour de vous, auprès des services téléphoniques que nous vous avons communiqués auparavant ou auprès de nous directement.

Récemment (ces dernières semaines) :

	Mieux que d'habitude	Comme d'habitude	Moins bien que d'habitude	Beaucoup moins bien que d'habitude
01. Vous êtes-vous senti-e parfaitement bien et en bonne santé ?	☐	☐	☐	☐
	Pas du tout	Pas plus que d'habitude	Un peu plus que d'habitude	Bien plus que d'habitude
02. Avez-vous éprouvé le besoin d'un bon remontant ?.....	☐	☐	☐	☐
03. Vous êtes-vous senti-e à plat et pas dans votre assiette ("mal fichu-e") ?.....	☐	☐	☐	☐
04. Vous êtes-vous senti-e malade ?.....	☐	☐	☐	☐
05. Avez-vous eu des douleurs à la tête ?	☐	☐	☐	☐
06. Avez-vous eu une sensation de serrement ou de tension dans la tête ?	☐	☐	☐	☐
07. Avez-vous eu des bouffées de chaleur ou des frissons ?.....	☐	☐	☐	☐
08. Avez-vous manqué de sommeil à cause de vos soucis ?.....	☐	☐	☐	☐
09. Avez-vous eu de la peine à rester endormi-e ?.....	☐	☐	☐	☐
10. Vous êtes-vous senti-e constamment tendu-e ou "stressé-e" ?.....	☐	☐	☐	☐
11. Vous êtes-vous senti-e irritable et de mauvaise humeur ?....	☐	☐	☐	☐
12. Avez-vous été effrayé-e et pris-e de panique sans raison valable ?.....	☐	☐	☐	☐
13. Vous êtes-vous senti-e dépassé-e par les événements ?.....	☐	☐	☐	☐
14. Vous êtes-vous senti-e continuellement énervé-e ou tendu-e ?	☐	☐	☐	☐
	Plus que d'habitude	Comme d'habitude	Moins que d'habitude	Bien moins que d'habitude
15. Avez-vous réussi à rester actif-ve et occupé-e ?.....	☐	☐	☐	☐
	Moins de temps que d'habitude	Autant que d'habitude	Plus que d'habitude	Beaucoup plus que d'habitude

16.	Avez-vous mis plus de temps à faire les choses habituelles ?..	☐	☐	☐	☐
		Mieux que d'habitude	Aussi bien que d'habitude	Moins bien que d'habitude	Beaucoup moins bien que d'habitude
17.	Avez-vous eu le sentiment que dans l'ensemble vous faisiez bien les choses ?	☐	☐	☐	☐
		Plus que d'habitude	Comme d'habitude	Moins que d'habitude	Bien moins que d'habitude
18.	Avez-vous été satisfait-e de la façon dont vous avez fait votre travail ?	☐	☐	☐	☐
19.	Avez-vous eu le sentiment de jouer un rôle utile dans la vie ?...	☐	☐	☐	☐
20.	Vous êtes-vous senti-e capable de prendre des décisions ?.....	☐	☐	☐	☐
21.	Avez-vous été capable d'apprécier vos activités quotidiennes normales ?	☐	☐	☐	☐
		Pas du tout	Pas plus que d'habitude	Un peu plus que d'habitude	Bien plus que d'habitude
22.	Vous êtes-vous considéré-e comme quelqu'un-e qui ne valait rien ?	☐	☐	☐	☐
23.	Avez-vous eu le sentiment que la vie est totalement sans espoir ?	☐	☐	☐	☐
24.	Avez-vous eu le sentiment que la vie ne vaut pas la peine d'être vécue ?	☐	☐	☐	☐
		Certainement pas	Je ne pense pas	Ça m'a traversé l'esprit	Oui certainement
25.	Avez-vous pensé à la possibilité de vous supprimer ?.....	☐	☐	☐	☐
		Pas du tout	Pas plus que d'habitude	Un peu plus que d'habitude	Bien plus que d'habitude
26.	Avez-vous pensé que parfois vous n'arriviez à rien parce que vos nerfs étaient à bout ?	☐	☐	☐	☐
27.	Vous est-il arrivé de souhaiter être mort-e et loin de tout ça ?....	☐	☐	☐	☐
		Certainement pas	Je ne pense pas	Ça m'a traversé l'esprit	Oui certainement
28.	Est-ce que l'idée de vous supprimer réapparaissait continuellement dans votre esprit ?	☐	☐	☐	☐

Partie 10 - L'impact du décès sur votre vie

PTGI Les questions suivantes portent sur votre évaluation actuelle de l'impact du décès de votre proche sur votre vie.

Indiquez pour chacun des énoncés ci-dessous, en cochant la case, le degré suivant lequel ce changement est intervenu dans votre vie à la suite du décès de votre proche.

Veuillez vous servir de l'échelle suivante:

- 0 = je n'ai pas connu ce changement
- 1 = j'ai connu ce changement dans une très faible mesure
- 2 = j'ai connu ce changement dans une faible mesure
- 3 = j'ai connu ce changement de façon modérée
- 4 = j'ai connu ce changement dans une grande mesure
- 5 = j'ai connu ce changement dans une très grande mesure

	0	1	2	3	4	5
01. Mes priorités ont changé (par rapport à ce qui compte dans ma vie).....	☐	☐	☐	☐	☐	☐
02. J'apprécie mieux la valeur de ma vie.....	☐	☐	☐	☐	☐	☐
03. J'ai de nouveaux centres d'intérêt.....	☐	☐	☐	☐	☐	☐
04. Je compte davantage sur moi-même.....	☐	☐	☐	☐	☐	☐
05. Je comprends mieux ce qui a trait à la spiritualité.....	☐	☐	☐	☐	☐	☐
06. Je me rends mieux compte que je peux compter sur les autres en cas de problème.....	☐	☐	☐	☐	☐	☐
07. J'ai donné une nouvelle orientation à ma vie.....	☐	☐	☐	☐	☐	☐
08. Je me sens plus proche des autres.....	☐	☐	☐	☐	☐	☐
09. J'exprime plus volontiers mes émotions.....	☐	☐	☐	☐	☐	☐
10. Je sais davantage que je peux faire face aux difficultés.....	☐	☐	☐	☐	☐	☐
11. Je suis capable de faire de meilleures choses dans ma vie.....	☐	☐	☐	☐	☐	☐
12. J'accepte plus facilement la tournure que prennent les événements.....	☐	☐	☐	☐	☐	☐
13. J'apprécie davantage le présent.....	☐	☐	☐	☐	☐	☐
14. De nouvelles opportunités sont apparues, ce qui n'aurait pas été le cas auparavant.....	☐	☐	☐	☐	☐	☐
15. J'ai davantage de compassion pour les autres.....	☐	☐	☐	☐	☐	☐
16. Je fais davantage d'efforts dans mes relations.....	☐	☐	☐	☐	☐	☐

17.	Je suis plus enclin·e à changer ce qui doit l'être.....	☐	☐	☐	☐	☐	☐
18.	Ma foi s'est renforcée.....	☐	☐	☐	☐	☐	☐
19.	J'ai découvert que j'étais plus fort.e que je ne le pensais.....	☐	☐	☐	☐	☐	☐
20.	J'ai appris à quel point les gens peuvent être merveilleux.....	☐	☐	☐	☐	☐	☐
21.	J'accepte mieux d'avoir besoin des autres.....	☐	☐	☐	☐	☐	☐

Partie 11 - Vos stratégies d'ajustement

QCD. Vous trouverez ci-dessous une liste de stratégies, comportements et attitudes que les personnes endeuillées peuvent mettre en place ou manifester afin de faire face à certaines difficultés liées à la perte.

Pour chaque affirmation, indiquez, en cochant la case, dans quelle mesure vous y avez passé du temps au cours du dernier mois :

- 9. Non applicable (l'affirmation ne s'applique pas à mon contexte de vie) ;
- 1. Presque jamais (moins d'une fois par mois) ;
- 2. Rarement (une fois par mois) ;
- 3. Parfois (une fois par semaine) ;
- 4. Souvent (une fois par jour) ;
- 5. Toujours (plusieurs fois par jour) ;

	N/A	1	2	3	4	5
	9					
01. J'apprends à gérer les tâches effectuées auparavant par mon proche (ex. finances, ménage, éducation des enfants,...)	☐	☐	☐	☐	☐	☐
02. J'essaie de maintenir un contact ou un lien avec mon proche (ex. photos, objets, lieux, ...).	☐	☐	☐	☐	☐	☐
03. J'évite de penser au décès de mon proche.....	☐	☐	☐	☐	☐	☐
04. Je prends le temps de penser aux choses que j'ai vécues avec mon proche.....	☐	☐	☐	☐	☐	☐
05. J'essaie de me laisser aller à mes émotions et de les accepter (ex. tristesse, peur, colère, joie, soulagement, culpabilité,...)	☐	☐	☐	☐	☐	☐
06. J'essaie de voir les forces (ex. soutien social, compétences,...) qui me permettent de faire face aux changements qui font suite au décès.....	☐	☐	☐	☐	☐	☐
07. J'essaie d'accepter de vivre sans mon proche.....	☐	☐	☐	☐	☐	☐
08. J'évite de maintenir un contact ou un lien avec mon proche (ex. éviter les photos, objets, lieux,...).....	☐	☐	☐	☐	☐	☐
09. J'évite d'envisager les forces (ex. soutien social, compétences,...) qui me permettraient de faire face aux changements qui font suite au décès.....	☐	☐	☐	☐	☐	☐
10. J'essaie de me distraire pour ne pas penser à mon proche et à son décès.....	☐	☐	☐	☐	☐	☐
11. J'essaie d'envisager une vie future sans mon proche.....	☐	☐	☐	☐	☐	☐
12. J'évite de parler de mon proche avec mon entourage afin de ne pas raviver mes émotions.....	☐	☐	☐	☐	☐	☐
13. J'évite de m'engager dans la gestion des tâches effectuées auparavant par mon proche (ex. finances, ménage, éducation des enfants,...).....	☐	☐	☐	☐	☐	☐
14. J'essaie de comprendre et d'accepter le décès de mon proche.....	☐	☐	☐	☐	☐	☐
15. J'évite de m'investir dans de nouveaux projets (ex. loisirs, relations, travail,...).....	☐	☐	☐	☐	☐	☐
16. J'évite de penser à l'absence et au manque de mon proche.....	☐	☐	☐	☐	☐	☐
17. J'essaie de gérer mes émotions en parlant de mon proche et du décès avec mon entourage.....	☐	☐	☐	☐	☐	☐
18. J'évite d'imaginer une vie future sans mon proche.....	☐	☐	☐	☐	☐	☐
19. J'établis de nouveaux projets qui me permettent de regarder vers l'avenir (ex. loisirs, relations, travail,...).....	☐	☐	☐	☐	☐	☐
20. J'évite de penser aux tâches administratives qui font suite au décès de mon proche (ex. questions légales, héritage, propriété,...).....	☐	☐	☐	☐	☐	☐
21. J'essaie d'accepter le fait que je suis veuf·ve ou orphelin·e ou une personne endeuillée.....	☐	☐	☐	☐	☐	☐
22. Je prends le temps de penser à mon proche et à son décès.....	☐	☐	☐	☐	☐	☐
23. J'essaie de régler les tâches administratives qui surviennent à la suite du décès (ex. questions légales, héritage, propriété,...).....	☐	☐	☐	☐	☐	☐
24. J'essaie de m'investir dans les relations sociales et affectives (anciennes et/ou nouvelles).....	☐	☐	☐	☐	☐	☐
25. J'évite de penser à ce que j'ai vécu avec mon proche.....	☐	☐	☐	☐	☐	☐
26. J'évite de penser au fait que je suis veuf·ve ou orphelin·e ou une personne endeuillée.....	☐	☐	☐	☐	☐	☐
27. J'essaie de mettre mes sentiments et émotions de côté.....	☐	☐	☐	☐	☐	☐
28. J'évite les contacts sociaux et affectifs (ex. refuser des invitations au restaurant, fêtes de famille,...).....	☐	☐	☐	☐	☐	☐

Partie 12 - Votre ressenti concernant le décès de votre proche

Ce questionnaire est presque terminé. Nous vous remercions déjà pour toute l'aide que vous nous apportez en répondant à ces questions.

BGS. Les phrases suivantes concernent des sentiments ou des pensées que les personnes en deuil peuvent avoir.

Veuillez penser à vos vécus au cours du mois dernier et indiquer, en cochant la case, dans quelle mesure chaque phrase correspond votre situation réelle en utilisant l'échelle ci-dessous,

- 1 = cela ne me correspond pas du tout
- 2 = cela ne me correspond pas vraiment
- 3 = cela me correspond plutôt bien
- 4 = cela me correspond bien
- 5 = cela me correspond très bien/tout-à-fait.

	1	2	3	4	5
01. Je pense que j'ai mal traité mon proche.....	☐	☐	☐	☐	☐
02. Je pense que je ne devrais plus être heureux-se depuis que mon proche est décédé-e....	☐	☐	☐	☐	☐
03. Je me sens coupable de profiter de la vie depuis sa mort.....	☐	☐	☐	☐	☐
04. Je pense que je n'ai pas fait tout ce que je pouvais pour améliorer notre relation.....	☐	☐	☐	☐	☐
05. Je pense qu'il y a beaucoup de choses que je n'ai pas faites pour mon proche.....	☐	☐	☐	☐	☐
06. J'ai l'impression de ne pas avoir pu rendre autant que ce que mon proche m'a donné.....	☐	☐	☐	☐	☐
07. Je pense que mon proche était malheureux-se à cause de moi.....	☐	☐	☐	☐	☐
08. Je me sens responsable de sa mort.....	☐	☐	☐	☐	☐
09. Je me sens mal vis-à-vis de mon proche lorsque je me sens heureux-se depuis sa mort...	☐	☐	☐	☐	☐
10. Je me sens bouleversé-e lorsque je pense aux choses que j'aurais dû faire différemment.....	☐	☐	☐	☐	☐
11. Mon cœur souffre quand je me rappelle les choses pour lesquelles je me sens coupable.....	☐	☐	☐	☐	☐
12. Il-Elle pourrait encore être vivant-e si j'avais pris de meilleures décisions.....	☐	☐	☐	☐	☐
13. Je n'ai pas passé assez de temps avec mon proche.....	☐	☐	☐	☐	☐
14. Je pense qu'il-elle ne serait pas mort-e à ce moment-là si j'avais fait les choses différemment.....	☐	☐	☐	☐	☐

Partie 13 - Vos contacts sociaux

SOU.01 Comment trouvez-vous vos contacts sociaux ? (en terme de soutien, de proximité, de confiance)

Très satisfaisants.....	☐	1
Plutôt satisfaisants.....	☐	2
Plutôt insatisfaisants.....	☐	3
Vraiment insatisfaisants.....	☐	4

SOU.02 Quel est le nombre de proches sur qui vous pouvez compter en cas de difficultés ? _____

Partie 14 - Vos relations sociales

ECR. Les énoncés ci-dessous se rapportent à ce que vous éprouvez dans des relations émotionnelles et intimes. Nous aimerions savoir comment vous vivez des relations en général, pas seulement ce qui se passe dans vos relations actuelles.

Répondez à chaque item en encerclant le nombre qui indique le mieux à quel point vous êtes en accord ou en désaccord avec l'énoncé :

- 1 = Fortement en désaccord
- 2 = En désaccord
- 3 = Assez peu d'accord
- 4 = Neutre/Partagé
- 5 = Assez d'accord
- 6 = En accord
- 7 = Fortement en accord

De manière générale :

	1	2	3	4	5	6	7
01. Cela m'aide de me tourner vers mon entourage quand j'en ai besoin.....	☐	☐	☐	☐	☐	☐	☐
02. J'ai besoin d'être rassuré-e par mes proches qu'ils/elles m'aiment.....	☐	☐	☐	☐	☐	☐	☐
03. J'aimerais me rapprocher de mon entourage, mais je n'y arrive pas.....	☐	☐	☐	☐	☐	☐	☐
04. Je trouve que les personnes de mon entourage ne veulent pas se rapprocher de moi autant que je le voudrais.....	☐	☐	☐	☐	☐	☐	☐
05. Je dis à peu près tout aux personnes de mon entourage.....	☐	☐	☐	☐	☐	☐	☐
06. Mon désir d'être très près des gens les fait fuir parfois.....	☐	☐	☐	☐	☐	☐	☐
07. Je préfère ne pas être trop près de mes proches.....	☐	☐	☐	☐	☐	☐	☐

08.	Il ne m'arrive pas souvent de m'inquiéter d'être abandonné-e.....	☐	☐	☐	☐	☐	☐	☐
09.	Habituellement, je discute de mes préoccupations et de mes problèmes avec mon entourage.....	☐	☐	☐	☐	☐	☐	☐
10.	Cela me frustre si mes proches ne sont pas disponibles lorsque j'ai besoin d'eux.....	☐	☐	☐	☐	☐	☐	☐
11.	Je deviens nerveux-nerveuse lorsque les personnes de mon entourage se rapprochent trop de moi.....	☐	☐	☐	☐	☐	☐	☐
12.	Je m'inquiète à l'idée que mes proches ne vont pas s'occuper de moi autant que je m'occupe d'eux.....	☐	☐	☐	☐	☐	☐	☐

Partie 15 - Commentaires

COM.01 Pour terminer, y a-t-il quelque chose qui n'aurait pas été abordé dans les questions précédentes et que vous aimeriez partager ? Nous sommes conscientes qu'il est difficile de rendre compte d'une expérience de deuil à travers des questions fermées et chiffrées. Voici un espace où vous pouvez librement exprimer ce que vous souhaitez partager en lien avec le décès de votre proche et votre expérience de deuil. Soyez assuré-e que nous vous lirons attentivement.

COM.02 Vous pouvez également, si vous le souhaitez, laisser un commentaire au sujet de l'enquête, dans l'espace ci-dessous. Soyez assuré-e que nous y porterons une grande attention.

Nous vous remercions énormément d'avoir pris le temps de répondre à cette enquête.

Partie 16 – Suite de l'étude

Comme nous voulons connaître l'évolution de votre deuil, nous vous demanderons, au cours des prochains mois (dans 6 mois et dans 12 mois), de compléter deux autres questionnaires similaires. **Si vous acceptez de compléter ces questionnaires, veuillez l'indiquer ci-dessous.** Vous pouvez alors nous fournir soit votre adresse mail soit votre adresse postale si vous préférez recevoir le questionnaire par la poste.

Ces adresses nous permettront de vous recontacter personnellement lorsque les prochaines étapes de cette enquête commenceront.

Sachez qu'à tout moment, vous pourrez changer d'avis et refuser de participer à la suite de cette étude, sans qu'aucune justification ne vous soit demandée.

SUI.01 « J'accepte de participer aux prochaines étapes de cette enquête et je transmets mes coordonnées pour qu'on m'envoie les questionnaires à remplir. »

Oui, je souhaite recevoir les deux prochains questionnaires par la poste

Si oui : veuillez noter votre adresse postale* :

Oui, je souhaite recevoir les deux prochains questionnaires par mail

Si oui : veuillez noter votre adresse mail* :

Non, je ne souhaite pas participer aux prochaines étapes de cette enquête

☐	1
☐	2
☐	3

SUI.02 Souhaitez-vous être recontacté-e par email au cours des prochaines semaines pour une entrevue individuelle d'une heure environ (en face, par téléphone ou en visioconférence) afin de mieux comprendre certaines des réponses fournies, toujours dans le but d'éclairer le vécu de la mort et du deuil d'un-e proche en situation de pandémie? Une vingtaine de personnes pourraient participer à ces entretiens.

Oui, je souhaite recevoir l'invitation à cette entrevue par la poste

Si oui : veuillez noter votre adresse postale* :

Oui, je souhaite recevoir l'invitation à cette entrevue par mail

Si oui : veuillez noter votre adresse mail* :

Non, je ne souhaite pas participer à cette entrevue

☐	1
☐	2
☐	3

* Soyez assuré-e que les adresses qui seront fournies demeureront strictement confidentielles et seront ôtées avant les analyses.

Si vous avez terminé de répondre à ce questionnaire, vous pouvez remettre l'entièreté du questionnaire et la feuille de consentement signée dans l'enveloppe préimprimée et nous l'envoyer directement.

3. Interview guide

Merci beaucoup d'avoir accepté de nous rencontrer afin de réaliser cet entretien. Celui-ci a comme objectif de recueillir votre témoignage en ce qui a trait à votre expérience de deuil en temps de pandémie.

Nous commencerons par parler de la personne que vous avez perdue, puis des circonstances de son décès, des rites funéraires entourant sa mort et enfin de votre vécu de deuil. Il n'y a pas de bonne ou de mauvaise réponse. L'important c'est que vous répondiez sincèrement, en fonction de ce que vous avez vécu et de ce que vous êtes d'accord de nous partager. Vous pouvez me poser une question à tout moment ou interrompre cet entretien si vous le souhaitez.

Lien au défunt

- **Q1** Je voudrais en savoir un peu plus sur le lien que vous aviez avec le défunt. Quelle était cette personne pour vous ? Comment décririez-vous la relation que vous aviez ensemble ?

Histoire du décès et de l'accompagnement

- **Q2** Comment s'est déroulée la fin de sa vie ? Comment avez-vous vécu cela ? Et votre entourage ?
- **Q3** Comment trouvez-vous que cette personne a été accompagnée à la fin de sa vie ? Avez-vous eu l'occasion d'accompagner votre proche comme vous le souhaitiez ?
- Comment décririez-vous le rôle que les soignants ont joué dans cette période ?
- Estimez-vous que les restrictions ont impacté l'accompagnement de cette personne ou non ? si oui : En quoi est-ce que son accompagnement a été impacté / n'a pas été impacté ?
- Auriez-vous souhaité ou non que cela se déroule différemment ? Si oui : Comment auriez-vous souhaité que cela se déroule ? Si non : Qu'est-ce qui vous a convenu dans la manière dont ça s'est déroulé ?
- Est-ce qu'il vous est arrivé de ne pas respecter certaines règles qui étaient imposées à l'époque pour pouvoir accompagner votre proche en fin de vie ?

Expérience des rites funéraires

Maintenant, nous allons parler de rites. Ce que j'entends par là, c'est vraiment tout ce que vous avez pu mettre en place pour dire au revoir à votre proche ou marquer son décès, de manière seule ou collective. Ça ne doit pas forcément être en lien avec une religion ou une croyance en particulier.

- **Q4** De quelle façon avez-vous pu souligner, marquer le décès de votre proche ?
- Est-ce qu'il y a des rites qui ont été réalisés après le décès de votre proche ?
- Est-ce qu'il y a des rites que vous avez réalisés de manière collective ?
- Est-ce qu'il y a des rites que vous avez réalisés de manière plus personnelle ?
- **Q5** Y avait-il des restrictions particulières qui étaient en place à cette période par rapport aux funérailles ?
- Si oui :
 - Comment avez-vous vécu ces restrictions ?
 - Est-ce que certains rites vous ont manqué ?

- En quoi cela aurait été important pour vous ?
 - Est-ce que vous avez pu répondre à ce besoin, ou non, sans la possibilité de réaliser ces rites ? Si oui : Comment avez-vous fait cela ? Si non : Comment l'avez-vous vécu ?
- Si non :
 - Comment avez-vous vécu cela ?
- **Q6** Avez-vous mis en place des rites nouveaux, face aux restrictions qui étaient en vigueur à cette période-là ? Si oui : Comment avez-vous décidé de réaliser ces rites ?
- **Q7** Avez-vous pensé à remettre des rites à plus tard ? Si oui : Ont-ils eu lieu ? Comment cela s'est-il passé ? Comment l'avez-vous vécu ?
- **Q8** Aujourd'hui (... mois après ce moment), comment est-ce que vous repensez à cette période et à la manière avec laquelle vous avez pu dire au revoir à votre proche ? Qu'est-ce que vous vous dites par rapport à cela ?
- **Q9** Jusqu'ici, nous avons discuté de la manière dont la pandémie et les restrictions ont affecté les rites funéraires mis en place autour du décès de votre proche.
- Est-ce qu'il y a d'autres aspects dans cette période-là qui ont été particulièrement stressants et qui ont pu impacter votre deuil ?
- Est-ce qu'il y a des éléments qui ont pu vous aider pendant cette période ?

Expérience du deuil

- **Q10** Comment allez-vous aujourd'hui ?
- Est-ce que vous diriez que c'est différent de comment vous alliez au moment du décès de .. ?
 - Si oui, qu'est-ce qui a évolué ?
 - Si non : en quoi est-ce similaire ? Qu'est-ce qui vous reste ?
- Y a-t-il des moments où c'est plus facile ? Comment cela se passe pour vous dans ces moments-là ?
- Y a-t-il des moments où c'est plus difficile ? Qu'est-ce qui déclenche ces moments plus difficiles ? Comment cela se passe pour vous dans ces moments-là ? Qu'est-ce que vous faites généralement pour y faire face ?
- **Q11** Comment décririez-vous le rôle que vos proches ont dans votre vécu de deuil ?
- **Q12** Est-ce que vous pensez que votre vécu aurait été différent dans un autre contexte ?
- **Q13** Est-ce que vous pensez que ce que vous avez vécu pourrait changer votre rapport à la mort, aux rites ou au deuil dans l'avenir ? Si oui, en quoi est-ce que cela sera différent ?
- **Q14** Qu'est-ce que vous aimeriez nous dire à nous, chercheuses, aux soignants ou aux autorités politiques ?
- **Q15** Avez-vous envie d'ajouter quelque chose en lien avec le décès de votre proche ou avec votre deuil ?

4. Comparative analyses of responses regarding disruption to the measures

Table 1. Comparisons between people who answered “yes”, “no” and “I prefer not to answer” to the question “Have you ever disregarded certain health regulations in order to carry out the funeral rites you wanted for your loved one?”.

Variables	Descriptives ¹ (N = 472)			Comparisons	
	Yes	No	I prefer not to answer	Statistics	Effect size
	190 (40)	261 (54.9)	20 (4.2)		
The bereaved					
Age	48.9 (15.7) ^a	56.4 (15.7) ^b	55.6 (16.1) ^{a,b}	$F = 12.55^{***}$	$\eta^2 = .051$
Gender ²					
Women	159 (83.7) ^a	193 (73.9) ^b	15 (75.0) ^{a,b}	$\chi^2 = 7.04^*$	$V = .123$
Men	29 (15.3)	67 (25.7)	5 (25.0)		
Other	2 (1.1)	1 (0.4)	0 (0)		
Socio-educational level				$\chi^2 = 17.52^*$	$V = .137$
Low secondary	6 (3.2) ^a	27 (10.4) ^b	2 (10) ^{a,b}		
High secondary	25 (13.2) ^a	51 (19.6) ^a	6 (30) ^a		
Bachelor's degree	72 (37.9) ^a	87 (33.5) ^a	5 (25) ^a		
Master's degree	67 (35.3) ^a	67 (25.8) ^a	6 (30) ^a		
After master	20 (10.5) ^a	28 (10.8) ^a	1 (5) ^a		
The deceased					
Age	74.2 (17.9) ^a	79.4 (13.5) ^b	71.9 (20.5) ^{a,b}	$F = 7.09^{***}$	$\eta^2 = .030$
Kinship					
Intimate partner	24 (12.6)	39 (14.9)	5 (25)	$\chi^2 = 10.29$	$V = .105$
Child	6 (3.2)	3 (1.1)	2 (10)		
Parent	99 (52.1)	134 (51.3)	7 (35)		
Sibling	11 (5.8)	16 (6.1)	1 (5)		
Other	50 (26.3)	69 (26.4)	5 (25)		
Indicators					
Intensity of grief	56.4 (19.5) ^a	51.5 (18.8) ^b	63.2 (19.9) ^a	$F = 6.09^{**}$	$\eta^2 = .026$
Mental health	32.9 (14.8) ^{a,b}	29.4 (15.4) ^a	40.5 (16.3) ^b	$F = 6.45^{**}$	$\eta^2 = .027$
Guilt feeling	24.8 (9.4) ^a	22.2 (7.0) ^b	27.4 (9.6) ^a	$F = 7.23^{***}$	$\eta^2 = .031$
Growth	39.5 (22.7) ^a	33.8 (23.8) ^b	43.5 (17.9) ^{a,b}	$F = 4.07^*$	$\eta^2 = .018$

Note. * $p < .05$; ** $p < .01$; *** $p < .001$. Significant results are in bold. Mean and SD for continuous or N and Percentages for discrete measures in parentheses. Given the small sample of respondents who ticked the “I prefer not to answer” option, those analyses must be interpreted cautiously. These results are reported to an indicative end. ¹Percentages of categorical variables are calculated within each answer (yes, no and I prefer not to answer). ²For the χ^2 on gender, only men and women were included.

5. Sampling procedure for participants to interviews

In Chapter 4 on interpretative phenomenological analyses of interviews, the participants sampling and selection procedure is described on page 107. The aim of this appendix is to describe, justify and qualify the sampling decisions made for this specific study.

The sampling procedure and its objectives in terms of sample composition and size were decided in 2021, during the development of the general study and submission to the Hospital-Faculty Ethics Committee of the Cliniques universitaires Saint-Luc. The procedure involved selecting potential participants from among those who had completed the initial written questionnaire and consented to an interview ($n = 260$). This selection was based on a combination of three binary criteria, which identified nine distinct experience profiles. The procedure was motivated by theoretical, methodological and pragmatic arguments.

The **purposive sampling approach**, recommended in qualitative studies (Campbell et al., 2020) and, more specifically, in IPA studies (Alase, 2017), aims to “select respondents who are most likely to provide appropriate and useful information” (Kelly, 2010, p.317). Keeping this in mind, we aimed to select individuals from the quantitative sample, i.e. who had experienced the death of a relative under restrictive conditions, with the intention of achieving a diversity of testimonials while maintaining a small sample size.

This search for diversity of experiences aimed to offer an analysis and perspective that did not assume necessarily painful - or even pathological - experiences, thus contrasting with predictions made about grief in the context of funeral and social restrictions (e.g., Eisma et al., 2020; Gesi et al., 2020).

This purposive sampling was based on three criteria derived from hypotheses aimed at explaining potential differences in experiences. These hypotheses were formulated based on an analysis of the available literature in 2021. We assumed that experiences would differ depending on whether people had found alternatives to the restrictions (criteria for creating alternative rites); how they experienced the rites (criteria for satisfaction with the rites) and how they experienced their grief (criteria for the intensity of grief). These criteria were dichotomized to facilitate categorization of experiences. To represent a diversity of experiences rather than profiles, the criteria were based on personal and subjective elements (e.g. satisfaction with the rites), as opposed to objective criteria such as age, relationship to the deceased and time of death.

Regarding **sample size**, it is recommended, in qualitative research (Curtis et al., 2000) and particularly for the interpretive phenomenological analysis method (Alase, 2017), that samples be relatively small. This allows for an in-depth analysis of the reported experiences. This study's sample size ($n = 12$) – considered large for this type of analysis (Smith, 2011) – was a compromise between the criterion of a small sample size and the need to obtain various experience profiles.

This sampling approach was initially part of a **comparative and explanatory perspective**, seeking to analyze in greater depth experiences categorized as “different” and

to explore what might explain their differences. However, this approach was challenged throughout the research process for this thesis, and it is no longer considered the most relevant. Indeed, the focus of our qualitative analyses has shifted away from a comparative approach – which is more in line with a quantitative and hypothetical-deductive paradigm – toward a more inductive and phenomenological approach (Horincq Detournay et al., 2018). Therefore, it was no longer a matter of explaining the differences between the experiences, but rather of understanding the meaning they hold for the individuals involved. Furthermore, the complexity and multidimensional nature of the narratives mean that the experiences both converge and diverge on numerous aspects that go far beyond the three quantitative criteria established at the outset of the selection process, which no longer appear as prominent when the experiences are viewed side by side.

One option would have been to use purposive sampling by targeting specific meaning profiles. This could be achieved in two stages: first, a large number of individuals could be interviewed; then, various meaning profiles could be selected from the interviews for in-depth analysis. Although this method would have enabled a more refined selection of the various meanings attributed to lived experiences, I would have found it ethically challenging not to “do justice” to all the generous testimonies shared by setting some aside. Furthermore, for practical and pragmatic reasons related to the constraints of the PhD thesis (i.e. one researcher with limited time and resources), it would have been quite unrealistic to follow this procedure given the time required for recruiting participants, conducting interviews, transcribing them and analyzing the data.

6. Theoretical model established for SEM analyses

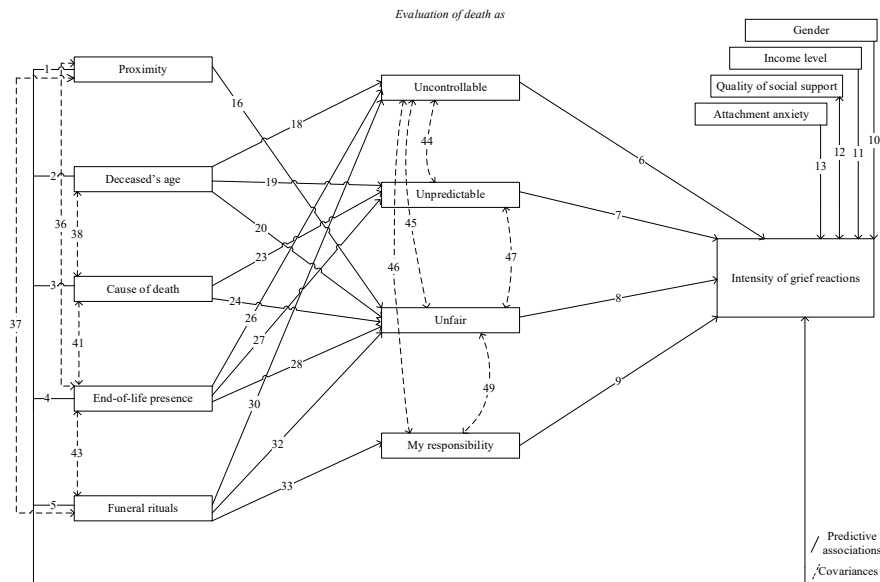


Figure 1. Theoretical model

Associations estimated in the model²³²⁴²⁵

For each association potentially estimated in the model, an empirical, theoretical or clinical justification is given.

Outcome ~ Predictors

1. **Grief intensity ~ Proximity to the deceased:** Significant association shown in previous studies (e.g., Guarnaccia et al., 1999; Tang et al., 2021).
2. **Grief intensity ~ Deceased's age :** Significant association shown in previous studies (Cherblanc, Côté, Mercure, et al., 2025b), although it is not consistent across studies (Buur et al., 2024a).
3. **Grief intensity ~ Cause of death:** Significant association shown in previous studies (e.g., Burke & Neimeyer, 2013; Buur et al., 2024).
4. **Grief intensity ~ Restricted end-of-life presence :** Significant association shown in previous studies (Batista et al., 2024), although it is not consistent across studies (Rosas & Esperandio, 2025). However, qualitative studies showed how restricted end-of-life accompaniment may affect subsequent grief reactions (e.g., Becqué et al., 2023).
5. **Grief intensity ~ Restricted funeral rituals:** Significant association shown in previous studies (e.g., Bovero et al., 2022; Selman et al., 2022), although it is not consistent across studies (e.g., Boever et al., 2023; Mitima-Verloop et al., 2022). Again, qualitative studies showed how restricted funeral rituals may affect subsequent grief reactions (e.g., Torrens-Burton et al., 2022).

²³ All numbers are referring to parameters illustrated in Figure 1.1.

²⁴ Associations in bold are estimated in the model. Associations in grey are fixed to 0 or non-estimated.

²⁵ "... ~ ..." means "... is explained by ...".

Outcome ~ Mediators

6. **Grief intensity ~ Appraisal of uncontrollability:** An impression of lack of control has been shown as associated to higher grief reactions (Capps & Bonanno, 2000). In context of pandemic, qualitative studies have found that lack of control and powerlessness elicited greater distress for the bereaved (Buckley et al., 2023; Mortazavi et al., 2023).
7. **Grief intensity ~ Appraisal of unpredictability:** : Unpredictability of death has been shown as associated to higher intensity of grief reactions (e.g., Doering et al., 2022; Eisma et al., 2021; Krychiw et al., 2018).
8. **Grief intensity ~ Appraisal of unfairness:** A death lived as unfair has been shown as affecting people's grief in qualitative studies (Cipolletta et al., 2022), and eliciting anger (Zech & Fernández-Alcántara, 2021).
9. **Grief intensity ~ Appraisal of causal attribution:** Internal causal attribution has been shown as related to higher grief reactions, particularly regrets, shame, or guilt (Zech & Fernández-Alcántara, 2021). However, external causal attribution has also been shown as eliciting distress in qualitative studies (Cipolletta et al., 2022).

Outcome ~ Controls

10. **Grief intensity ~ Gender:** Although it is not systematic, numerous studies have shown that grief reactions differed depending on the gender of the bereaved (Burke & Neimeyer, 2013; Buur et al., 2024a).
11. **Grief intensity ~ Income level:** The income level of the bereaved, as a part of the socio-economic level, is a known predictor of grief reactions (Buur et al., 2024a).
12. **Grief intensity ~ Quality of social contacts:** Quality of social contacts is a known predictor of grief reactions (Bovero et al., 2022; Burke & Neimeyer, 2013; Buur et al., 2024a).
13. **Grief intensity ~ Attachment anxiety:** Higher level of attachment anxiety has been shown as a robust predictor for higher intensity of grief reactions (Buur et al., 2024a; Delespau et al., 2013).

Mediators ~ Predictors

14. **Uncontrollability ~ Proximity:** No study found, and the association does not appear clearly. On the one hand, we may hypothesize that the closer the person was to the deceased, the more overwhelmed she/he may feel in the face of the death. On the other hand, we may also hypothesize that a person closer to the deceased could be more in charge of the events and more involved, therefore providing a higher sense of control. The association is not included.
15. **Unpredictability ~ Proximity:** No study has been found. There is insufficient reason to assume an association between proximity to the deceased and the predictability of the death.
16. **Unfairness ~ Proximity:** We hypothesize that being closer to the deceased may lead to a stronger appraisal of the death as unfair.
17. **Causal attribution ~ Proximity:** There is insufficient reason to assume an association between proximity to the deceased and the predictability of the death.
18. **Uncontrollability ~ Deceased's age:** As suggested in Fernández-Alcántara & Zech's (2017) study, we hypothesize that the death of a younger person (like a child) may be appraised as less controllable.
19. **Unpredictability ~ Deceased's age:** We hypothesize that the death of a younger person may be related to more sudden causes, therefore appraised as less predictable.

20. **Unfairness ~ Deceased's age:** We hypothesize that the death of a younger person may be appraised as more unfair, because against "the natural order of life", and as suggested by the findings of Cipolletta et al. (2022).
21. **Causal attribution ~ Deceased's age:** There is insufficient reason to assume an association between the age of the deceased and the causal attribution of the death.
22. **Uncontrollability ~ Cause of death:** There is insufficient reason to assume an association between the cause of death and the uncontrollability of the death.
23. **Unpredictability ~ Cause of death:** It has been shown that perceived predictability of the death mediated the association between type of causes of death and intensity of reactions of grief (Eisma et al. 2021).
24. **Unfairness ~ Cause of death:** We hypothesize that a death due to an unnatural cause may be appraised as more unfair.
25. **Causal attribution ~ Cause of death:** Internal causal attributions could occur regarding unnatural deaths as well as regarding natural deaths due to transmitted virus. Consequently, there is insufficient reason to assume an association between the type of cause of death (unnatural vs natural) and the attribution of causality.
26. **Uncontrollability ~ Restricted end-of-life presence:** In qualitative studies, extracts showed that not being able to be present at the end of a relative's life provoked sense of powerlessness and lack of control (Becqué et al., 2023; Vieveen et al., 2023). Therefore, we hypothesize that restricted end-of-life presence may be appraised as more uncontrollable.
27. **Unpredictability ~ Restricted end-of-life presence:** Qualitative studies have shown that people were less able to accompany their relatives at the end-of-life when deaths were unpredictable and unexpected (Becqué et al., 2023; Buckley et al., 2023). Therefore, we hypothesize that restricted end-of-life presence may have occurred when death was appraised as more unpredictable.
28. **Unfairness ~ Restricted end-of-life presence:** Extracts from qualitative studies showed that restricted end-of-life presence and restricted visits in hospitals were lived may be perceived as unfair and immoral (Becqué et al., 2023; Vieveen et al., 2023). Therefore, we hypothesize that restricted end-of-life presence may be appraised as more unfair.
29. **Causal attribution ~ Restricted end-of-life presence:** There is insufficient reason to assume an association between the possibility to be present at the end of life and the causal attribution of the death.
30. **Uncontrollability ~ Restricted funeral rituals:** In their study, Buckley et al. (2023) reported how restrictions on funeral rituals have provoked lack of control and powerlessness in bereaved patients. Therefore, we hypothesize that restricted funeral rituals may be appraised as more uncontrollable.
31. **Unpredictability ~ Restricted funeral rituals:** There is insufficient reason to assume an association between the participation in funeral rituals and the appraisal of the death as more or less predictable.
32. **Unfairness ~ Restricted funeral rituals:** Several qualitative studies highlighted the impression of unfairness regarding the impossibility to participate in funeral rituals due to restrictions (Boever, Zech, et al., 2025; Menichetti Delor et al., 2021; Vieveen et al., 2023).
33. **Causal attribution ~ Restricted funeral rituals:** We hypothesize that people who had restricted funeral rituals could attribute the circumstances around death to external factors.

Covariances between predictors

34. Proximity ~ Deceased's age: There is no reason to assume an association between proximity to the deceased and the deceased's age.
35. Proximity ~ Cause of death: There is no reason to assume an association between the proximity to the deceased and the cause of death.
36. **Proximity ~ Restricted end-of-life presence:** We hypothesize that the bereaved who were closer to the deceased were more able to be present at the end of his/her life.
37. **Proximity ~ Restricted funeral rituals:** We hypothesize that the bereaved who were closer to the deceased were more able to participate in funeral rituals, as suggested by (Mitima-Verloop et al., 2022).
38. **Deceased's age ~ Cause of death:** We hypothesize that younger people died due to unnatural causes.
39. Deceased's age ~ Restricted end-of-life presence: There is no reason to assume a direct association between the deceased's age and the level of restrictions regarding end-of-life presence.
40. Deceased's age ~ Restricted funeral rituals: There is no reason to assume a direct association between the deceased's age and the level of restrictions regarding funeral rituals.
41. **Cause of death ~ Restricted end-of-life presence:** We hypothesize that it was less possible to accompany relatives at the end of their life when deaths were due to unnatural causes, as suggested by (Cherblanc, Zech, Cadell, et al., 2025).
42. Cause of death ~ Restricted funeral rituals: There is no reason to assume a direct association between the cause of death and the level of restrictions regarding funeral rituals.
43. **Restricted end-of-life presence ~ Restricted funeral rituals:** Measures in place at the moment of death restricted both possibilities of end-of-life presence and funeral rituals, therefore we hypothesize that they are related.

Covariances between mediators

44. **Uncontrollability ~ Unpredictability:** We hypothesize that a death appraised as more unpredictable may be appraised as more uncontrollable, as suggested by De Vincenzo et al. (2024).
45. **Uncontrollability ~ Unfairness:** We hypothesize that a death appraised as more unfair may be appraised as more uncontrollable, or vice versa.
46. **Uncontrollability ~ Causal attribution:** We hypothesize that a death would be appraised as more uncontrollable if the cause is attributed to external factors.
47. **Unpredictability ~ Unfairness:** We hypothesize that a death appraised as more unpredictable may be appraised as more unfair, or vice versa.
48. **Unpredictability ~ Causal attribution:** There is no reason to assume that a death would be appraised as more or less predictable if the cause is attributed to internal or external factors.
49. **Unfairness ~ Causal attribution:** We hypothesize that a death attributed to external factors would be appraised as more unfair.

7. Modifications to SEM analyses

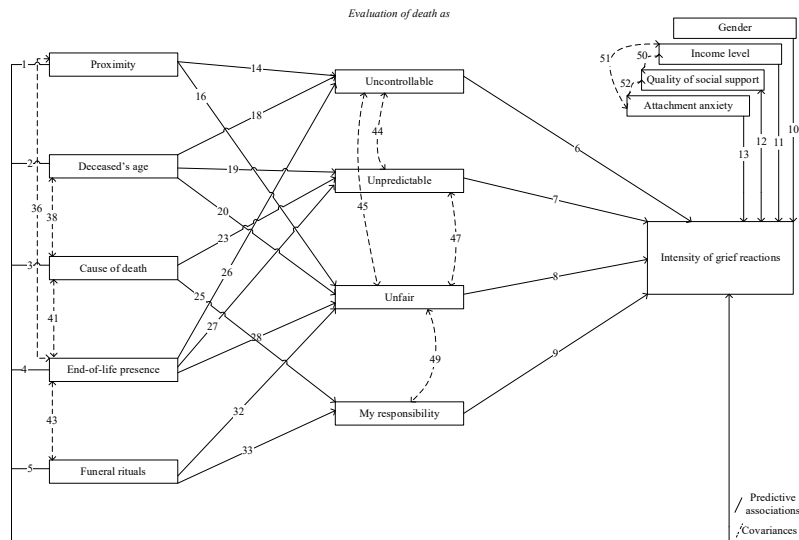


Figure 1. Model tested after modifications

Modifications brought to the initial model for overall intensity of grief²⁶

Added parameters (~)

14. Uncontrollable ~ Proximity (MI²⁷ = 3.94)

25. Causal attribution ~ Cause of death (MI = 7.06)

Added covariances (~)

50. Income level ~ Quality of social support (MI = 6.65)

51. Income level ~ Attachment anxiety (MI = 7.69)

52. Attachment anxiety ~ Quality of social support (MI = 53.62)

Withdrawn parameters (~)

24. Unfair ~ Cause of death ($\beta = 0.164, p = .404$)

30. Uncontrollable ~ Funeral rituals ($\beta = -0.077, p = .126$)

Covariances fixed at 0 (~)

37. Proximity ~ Funeral rituals ($\beta = -0.002, p = .958$)

46. Uncontrollable ~ Causal attribution ($\beta = 0.030, p = .479$)

The same modifications were made to the models for yearning, anger, and shock, as the modifications indices and residual covariances were relatively similar (with a maximum difference of 0.4). Consequently, the modifications indices for the other models are not reported here.

²⁶ Numbers are referring to the parameters illustrated in Figure 1.

²⁷ MI = modification indices

8. SEM complete models – direct, indirect and total effects

Table 1. Direct, indirect, and total effects of model for overall grief reactions.

Effects	Indirect effects				Total effects			
	β_{std}	SE	[95% IC]	<i>p</i>	β_{std}	SE	[95% IC]	<i>p</i>
Proximity – Direct effect	0.254	0.032	[0.254, 0.272]	<.001				
Effect via <i>uncontrollability</i>	0.026	0.011	[0.026, 0.028]	.017	0.280	0.032	[0.280, 0.299]	< .001
Effect via <i>unfairness</i>	0.016	0.007	[0.016, 0.017]	.027	0.270	0.032	[0.270, 0.289]	< .001
Deceased's age - Direct effect	-0.233	0.041	[-0.233, -0.249]	<.001				
Effect via <i>uncontrollability</i>	-0.041	0.013	[-0.041, -0.044]	.002	-0.273	0.042	[-0.273, -0.293]	< .001
Effect via <i>unfairness</i>	-0.022	0.009	[-0.022, -0.023]	.019	-0.254	0.040	[-0.254, -0.273]	< .001
Cause of death - Direct effect	0.172	0.180	[0.172, 0.047]	.340				
Indirect effect via <i>unpredictability</i>	0.026	0.027	[0.026, 0.007]	.345	0.197	0.177	[0.197, 0.055]	.264
EoL presence - Direct effect	0.038	0.044	[0.038, 0.040]	.387				
Effect via <i>uncontrollability</i>	-0.051	0.014	[-0.051, -0.054]	<.001	-0.013	0.046	[-0.013, -0.014]	.772
Indirect effect via <i>unpredictability</i>	-0.016	0.017	[-0.016, -0.017]	.329	0.022	0.043	[0.022, 0.023]	.614
Effect via <i>unfairness</i>	-0.056	0.010	[-0.056, -0.059]	.003	-0.018	0.043	[-0.018, -0.019]	.671
Rituals participation - Direct effect	0.072	0.041	[0.072, 0.077]	.077				
Effect via <i>unfairness</i>	-0.022	0.009	[-0.022, -0.024]	.018	0.050	0.041	[0.050, 0.053]	.221
Uncontrollability	0.224	0.041	[0.224, 0.239]	<.001				
Unpredictability	0.041	0.041	[0.041, 0.044]	.322				
Unfairness	0.140	0.042	[0.140, 0.149]	.001				
Internal causal attribution	-0.022	0.038	[-0.022, -0.023]	.567				
Gender	-0.343	0.077	[-0.343, -0.152]	<.001				
Income level	-0.123	0.034	[-0.123, -0.132]	<.001				
Poor quality of social support	0.209	0.038	[0.209, 0.223]	<.001				
Attachment anxiety	0.138	0.038	[0.138, 0.148]	<.001				

Notes. β_{std} are standardized coefficients. Coefficients are estimated by the bootstrap method. Significant results are in bold. Gender is coded: 0 (woman) and 1 (man). Quality of social support is coded from 1 (very satisfying) to 4 (very unsatisfying).

Table 2. Direct, indirect, and total effects of model for intensity of yearning.

Effects	Indirect effects				Total effects			
	β_{std}	SE	[95% IC]	<i>p</i>	β_{std}	SE	[95% IC]	<i>p</i>
Proximity – Direct effect	0.298	0.031	[0.298, 0.316]	<.001				
Indirect effect <i>via uncontrollability</i>	0.026	0.011	[0.026, 0.027]	.020	0.324	0.031	[0.324, 0.343]	<.001
Indirect effect <i>via unfairness</i>	0.003	0.006	[0.003, 0.004]	.537	0.302	0.031	[0.302, 0.320]	<.001
Deceased's age - Direct effect	-0.257	0.042	[-0.257, -0.272]	<.001				
Indirect effect <i>via uncontrollability</i>	-0.040	0.013	[-0.040, -0.042]	.003	-0.296	0.044	[-0.296, -0.314]	<.001
Indirect effect <i>via unfairness</i>	-0.005	0.008	[-0.005, -0.005]	.534	-0.261	0.041	[-0.261, -0.277]	<.001
Cause of death - Direct effect	0.093	0.208	[0.093, 0.025]	.656				
Indirect effect <i>via unpredictability</i>	0.019	0.027	[0.019, 0.005]	.478	0.112	0.204	[0.112, 0.031]	.584
EoL presence - Direct effect	0.064	0.045	[0.064, 0.066]	.157				
Indirect effect <i>via uncontrollability</i>	-0.050	0.015	[-0.050, -0.052]	<.001	0.014	0.048	[0.014, 0.014]	.770
Indirect effect <i>via unpredictability</i>	-0.012	0.016	[-0.012, -0.012]	.467	0.052	0.043	[0.052, 0.054]	.252
Indirect effect <i>via unfairness</i>	-0.012	0.019	[-0.012, -0.012]	.519	0.052	0.043	[0.052, 0.054]	.223
Rituals participation - Direct effect	0.067	0.042	[0.067, 0.071]	.113				
Indirect effect <i>via unfairness</i>	-0.005	0.008	[-0.005, -0.005]	.530	0.062	0.042	[0.062, 0.066]	.136
Uncontrollability	0.219	0.044	[0.219, 0.231]	<.001				
Unpredictability	0.030	0.041	[0.030, 0.032]	.461				
Unfairness	0.030	0.046	[0.030, 0.032]	.510				
Internal causal attribution	-0.006	0.036	[-0.006, -0.006]	.874				
Gender	-0.286	0.078	[-0.286, -0.125]	<.001				
Income level	-0.166	0.035	[-0.166, -0.176]	<.001				
Poor quality of social support	0.205	0.043	[0.205, 0.217]	<.001				
Attachment anxiety	0.094	0.038	[0.094, 0.100]	.014				

Notes. β_{std} are standardized coefficients. Coefficients are estimated by the bootstrap method. Significant results are in bold. Gender is coded: 0 (woman) and 1 (man). Quality of social support is coded from 1 (very satisfying) to 4 (very unsatisfying).

Table 3. Direct, indirect, and total effects of model for intensity of anger.

Effects	Indirect effects				Total effects			
	β_{std}	SE	[95% IC]	<i>p</i>	β_{std}	SE	[95% IC]	<i>p</i>
Proximity – Direct effect	0.162	0.035	[0.162, 0.170]	<.001				
Indirect effect <i>via uncontrollability</i>	0.018	0.009	[0.018, 0.019]	.036	0.180	0.034	[0.180, 0.189]	<.001
Indirect effect <i>via unfairness</i>	0.036	0.013	[0.036, 0.037]	.008	0.198	0.037	[0.198, 0.207]	<.001
Deceased's age - Direct effect	-0.156	0.044	[-0.156, -0.164]	<.001				
Indirect effect <i>via uncontrollability</i>	-0.028	0.010	[-0.028, -0.029]	.007	-0.184	0.044	[-0.184, -0.193]	<.001
Indirect effect <i>via unfairness</i>	-0.048	0.016	[-0.048, -0.051]	.002	-0.204	0.044	[-0.204, -0.214]	<.001
Cause of death - Direct effect	0.027	0.167	[0.027, 0.027]	.871				
Indirect effect <i>via unpredictability</i>	0.053	0.032	[0.053, 0.014]	.093	0.080	0.166	[0.080, 0.022]	.629
EoL presence - Direct effect	-0.042	0.047	[-0.042, -0.043]	.364				
Indirect effect <i>via uncontrollability</i>	-0.035	0.013	[-0.035, -0.036]	.006	-0.078	0.048	[-0.078, -0.079]	.109
Indirect effect <i>via unpredictability</i>	-0.033	0.018	[-0.033, -0.034]	.069	-0.076	0.044	[-0.076, -0.077]	.089
Indirect effect <i>via unfairness</i>	-0.125	0.025	[-0.125, -0.128]	<.001	-0.168	0.047	[-0.168, -0.172]	<.001
Rituals participation - Direct effect	0.046	0.039	[0.046, 0.048]	.237				
Indirect effect <i>via unfairness</i>	-0.049	0.016	[-0.049, -0.052]	.003	-0.003	0.041	[-0.003, -0.003]	.942
Uncontrollability	0.154	0.043	[0.154, 0.161]	<.001				
Unpredictability	0.084	0.045	[0.084, 0.088]	.060				
Unfairness	0.312	0.046	[0.312, 0.326]	<.001				
Internal causal attribution	-0.018	0.039	[-0.018, -0.019]	.644				
Gender	-0.232	0.083	[-0.232, -0.100]	.005				
Income level	-0.049	0.036	[-0.049, -0.052]	.166				
Poor quality of social support	0.117	0.041	[0.117, 0.123]	.004				
Attachment anxiety	0.124	0.040	[0.124, 0.130]	.002				

Notes. β_{std} are standardized coefficients. Coefficients are estimated by the bootstrap method. Significant results are in bold. Gender is coded: 0 (woman) and 1 (man). Quality of social support is coded from 1 (very satisfying) to 4 (very unsatisfying).

Table 4. Direct, indirect, and total effects of model for intensity of shock.

Effects	Indirect effects				Total effects			
	β_{std}	SE	[95% IC]	<i>p</i>	β_{std}	SE	[95% IC]	<i>p</i>
Proximity – Direct effect	0.229	0.030	[0.229, 0.243]	<.001				
Indirect effect <i>via uncontrollability</i>	0.027	0.012	[0.027, 0.029]	.018	0.257	0.030	[0.257, 0.271]	<.001
Indirect effect <i>via unfairness</i>	0.020	0.008	[0.020, 0.021]	.017	0.249	0.030	[0.249, 0.264]	<.001
Deceased's age - Direct effect	-0.239	0.042	[-0.239, -0.253]	<.001				
Indirect effect <i>via uncontrollability</i>	-0.042	0.013	[-0.042, -0.045]	<.001	-0.281	0.043	[-0.281, -0.297]	<.001
Indirect effect <i>via unfairness</i>	-0.027	0.010	[-0.027, -0.028]	.009	-0.265	0.041	[-0.265, -0.281]	<.001
Cause of death - Direct effect	0.155	0.155	[0.155, 0.042]	.318				
Indirect effect <i>via unpredictability</i>	0.061	0.031	[0.061, 0.017]	.050	0.216	0.153	[0.216, 0.059]	.158
EoL accompaniment - Direct effect	0.005	0.045	[0.005, 0.005]	.912				
Indirect effect <i>via uncontrollability</i>	-0.053	0.015	[-0.053, -0.055]	<.001	-0.048	0.047	[-0.048, -0.050]	.306
Indirect effect <i>via unpredictability</i>	-0.038	0.017	[-0.038, -0.039]	.030	-0.033	0.042	[-0.033, -0.034]	.437
Indirect effect <i>via unfairness</i>	-0.069	0.020	[-0.069, -0.072]	<.001	-0.064	0.044	[-0.064, -0.067]	.142
Rituals participation - Direct effect	0.134	0.040	[0.134, 0.142]	<.001				
Indirect effect <i>via unfairness</i>	-0.027	0.010	[-0.027, -0.029]	.009	0.107	0.041	[0.107, 0.113]	.009
Uncontrollability	0.234	0.042	[0.234, 0.247]	<.001				
Unpredictability	0.096	0.043	[0.096, 0.102]	.024				
Unfairness	0.173	0.042	[0.173, 0.183]	<.001				
Internal causal attribution	-0.066	0.036	[-0.066, -0.070]	.068				
Gender	-0.307	0.080	[-0.307, -0.134]	<.001				
Income level	-0.052	0.036	[-0.052, -0.055]	.151				
Poor quality of social support	0.138	0.039	[0.138, 0.146]	<.001				
Attachment anxiety	0.128	0.037	[0.128, 0.135]	<.001				

Notes. β_{std} are standardized coefficients. Coefficients are estimated by the bootstrap method. Significant results are in bold. Gender is coded: 0 (woman) and 1 (man). Quality of social support is coded from 1 (very satisfying) to 4 (very unsatisfying)

9. Bracketing and reflexive process

For the sake of transparency, this appendix outlines my perspective and preconceptions regarding the study of grief in the context of a pandemic.

At the outset of this thesis, my understanding of death and grief during a pandemic was rather limited, shaped primarily by my professional and personal experiences. From a professional standpoint, my clinical experiences and my support of families of patients dealing with illness or end-of-life care in this context have led me to be attentive to the diversity and multiplicity of such experiences. These experiences showed me how death could be both a brutal and painful disruption as well as a relief for families, giving rise to complex and ambivalent emotions to which everyone reacts in their own way. They showed me how social restrictions could isolate families, confining the end-of-life care and death of their relative to the walls of the hospital – making it difficult for them to grieve outside that specific environment, while also allowing them to form particularly strong and supportive bonds with the medical teams. I have seen how experiencing the death of a relative in this context can create a dual psychological temporality, making it difficult to process this information while simultaneously forcing people to make quick decisions. They also gave me insight into the moral conflicts and interpersonal tensions faced by healthcare providers when confronted with regulations they found unacceptable. Finally, my work in a team trained in systemic and my personal values have led me to view every experience as inseparable from the relational, social, and political context in which people experience them. From a personal perspective, having experienced a death during the pandemic reminded me of the uniqueness of needs and the diversity of feelings in the face of moments perceived alternately as meaningful or guilt-inducing. These experiences led me to fully align with the cautious stance of this project's initiator, Emmanuelle Zech, regarding predictions that grief experiences would necessarily be painful or even pathological due to these circumstances.

On an epistemological level, my approach to research was initially shaped by the primarily post-positivist and quantitative training I received during my studies at UCLouvain. While adopting an mixed-methods and exploratory approach, striving to allow for diversity in lived experiences, the initial objective of my research was mainly to quantify the impact of restrictions on grief and to deduce the effect of funeral rites on the intensity of grief reactions. This explanatory approach, underpinned by goals of generalization and prediction, contrasted with the complexity and multiplicity of experiences to which I had been exposed in my personal and professional life. This contrast was made possible by the separation and self-compartmentalization (to borrow Hill & Norcross' (2023) concept recalled by De Condé et al. (2024) regarding the person behind the therapist) of my position as a researcher from my position and experiences as a clinician. However, the quantitative and variable-centered approach was put to the test by the complexity and diversity of the experiences described in the interviews and written accounts, which made this dissonance more pronounced and uncomfortable. This period presented a real challenge: deconstructing the epistemology within which I was situated in order to evolve toward a phenomenological perspective that

gives greater weight to the uniqueness and subjectivity of both individuals and researchers in their understanding of lived experiences. One way to anchor this evolution with rigor, ethics, and appropriateness was to start from the participants' narratives, paying particular attention to their words and to the words we chose to describe their experiences. An illustration of this was the decision to abandon the term “transgression” (which was the one we had chosen) to describe the experiences of people who had circumvented measures in our analyses in Chapter 3, since it did not allow us to consider the various laws and norms that came into play or to capture the diversity of the experiences recounted. Translating the participants' written or transcribed quotes (originally in French) into English was also a challenge in order to stay as close as possible to (my understanding of) what people wanted to express.

In conclusion, my subjectivity as a researcher and my acknowledgment of my unique position, experiences, and preconceptions are intimately linked to the scientific approach presented in this thesis. This manuscript is shaped by my background and bears traces of my personal and professional experiences, as reflected in the systemic concepts, sociological insights drawn upon, and constant efforts to nuance and challenge dominant positions.