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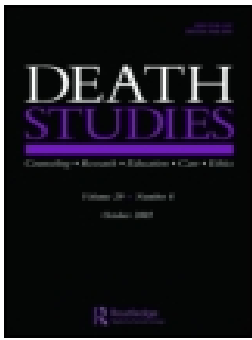
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Meaning-making following loss among bereaved spouses during the COVID-19 pandemic (the CO-LIVE study)

M. J. M. Vieveen^{a,b}, B. Yildiz^a, I. J. Korfage^a, F. E. Witkamp^{a,c}, Y. N. Becqué^c, L. G. G. van Lent^d, H. R. Pasman^e, M. S. Zee^e, B. D. Onwuteaka-Philipsen^e, A. van der Heide^a, and A. Goossensen^f

^aDepartment of Public Health, Erasmus MC, University Medical Center Rotterdam, The Netherlands; ^bMaster Vitality and Ageing, LUMC, Leiden University Medical Center, The Netherlands; ^cResearch Center Innovations in Care, University of Applied Sciences, Rotterdam, The Netherlands; ^dDepartment of Internal Oncology, Erasmus MC Cancer Institute, University Medical Center, Rotterdam, The Netherlands; ^eDepartment of Public and Occupational Health, Amsterdam Public Health research institute and Expertise center for Palliative Care, Amsterdam UMC, VU University, Amsterdam, The Netherlands; ^fUniversity of Humanistic Studies, Universiteit voor Humanistiek, Utrecht, The Netherlands



ABSTRACT


This study investigates how individuals construe, understand, and make sense of experiences during the first wave of the COVID-19 pandemic. Seventeen semi-structured interviews were conducted with bereaved spouses focusing on meaning attribution to the death of their partner. The interviewees were lacking adequate information, personalized care, and physical or emotional proximity; these challenges complicated their experience of a meaningful death of their partner. Concomitantly, many interviewees appreciated the exchange of experiences with others and any last moments together with their partner. Bereaved spouses actively sought valuable moments, during and after bereavement, that contributed to the perceived meaning.

The COVID-19 pandemic has influenced end-of-life care and dying. In the Netherlands, during the first wave of the COVID-19 pandemic (March–July 2020), more than 75% of relatives were not or to a limited extent allowed to visit their loved ones in care institutions (Onwuteaka-Philipsen et al., 2021). As a result, an increased number of farewells took place virtually and many persons died alone (Morris et al., 2020). Many relatives were unable to adequately prepare for an approaching death since important aspects such as spending valuable time with the patient and preparing for a farewell, have been hugely compromised (Pearce et al., 2021; Vadivelu et al., 2013; Witkamp, 2021). As a result of social distancing measures, many bereaved relatives were not able to rely on their usual network of social support, causing an impaired feeling of connectedness (Onwuteaka-Philipsen et al., 2021; Pearce et al., 2021). In addition, a study among Dutch adults bereaved by COVID-19 reported significantly more acute grief than those bereaved by natural death, and comparable grief to those who were bereaved by non-natural deaths such as suicide (Eisma et al., 2021).

Health care professionals have been found to consider the quality of their emotional and spiritual support to dying patients and their families to be problematic (Onwuteaka-Philipsen et al., 2021).

Commonly, people are driven by a deep psychological need to find a sense of meaning or purpose in their lives. The distress caused by the loss of a significant other therefore leads bereaved individuals to begin a process of searching for meaning in the loss (Anisman, 2015; Davis et al., 1998; King & Hicks, 2020; Neimeyer, 2019; Park, 2010; Smid, 2020). Meaning making refers to how individuals construe, understand, and make sense of life events (Mahat-Shamir et al., 2021; Park, 2013). According to meaning making theories, people hold global meaning or meaning in life, stimulating them to positively interpret their life experience (Mahat-Shamir et al., 2021; Park, 2013). Baumeister and Derkx (Derkx et al., 2020; King & Hicks, 2020) have identified seven essential elements to experience meaning in life, which are purpose, moral worth, self-worth, perceived control, connectedness, coherence, and excitement. When

CONTACT B. Yildiz  b.yildiz@erasmusmc.nl  Department of Public Health, Erasmus MC, University Medical Center Rotterdam, P.O. Box 2040, Rotterdam 3000 CA, The Netherlands.

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encountering situations that challenge or threaten global meaning, individuals tend to appraise the situation and assign situational meanings to it (Currier et al., 2008; Davis et al., 1998; Ennis & Majid, 2021; Morris et al., 2020; Pearce et al., 2021). The process of meaning making, which includes aligning situational meaning with global meaning, leads, when successful, to better adjustment. This is important to minimize complications within the grieving process in case of a loss (Currier et al., 2008; Davis et al., 1998; Park, 2010, 2013). Conversely, a discrepancy between global and situational meaning, often followed by distress, may disrupt a successful meaning making process (Park, 2010). Concomitantly, despite the perceived difficulties, individuals are likely to keep searching for meaning to the best of their abilities (Derckx et al., 2020).

When studying meaning making processes after the loss of a loved one, it is important to be aware of the context of grief. Acute grief is a normal psychological response characterized by a mixture of emotions, including sadness, pain, fear, aggression, anger, guilt, confusion, or relief. Rather than one specific emotion, grief represents an intense feeling of various interchangeable emotions (Fuchs, 2018; Keirse, 2020). Besides the emotional response, individuals may experience various types of physical pain or weakness, which suggests a certain interconnectedness between physical and mental pain. The loss of a loved one may result in the experience of pain of a physical wound, suggesting a human's social interdependency and connectedness (Fuchs, 2018). When feelings resulting of grief are integrated into one's daily life, of which meaning making is an important ingredient, the bereaved person can move forward in life (Shear & Kenworthy, 2012). Eventually, individuals change their relationship with deceased to a symbolic relation (Fuchs, 2018). In contrast, individuals who develop complicated grief, possibly resulting from stressful bereavement and grief, have difficulties healing from the emotional impact. Rather than reflecting upon the loss, an individual suffering from complicated grief may be overly occupied with negative thoughts and a tendency to avoid contact with relatives and friends (Boelen & Smid, 2017; Shear & Kenworthy, 2012; Smid, 2020). Complicated grief is associated with distress and impaired functioning in daily life. Persistent feelings of grief may go together with impaired meaning making processes (Shear & Kenworthy, 2012).

Literature has shown that families bereaved in times of COVID-19 might face greater risk of manifesting functional impairments because of disturbed

grief processes. The type of death (unexpected or untimely), the setting of death (unwanted care institutions and/or virtual goodbyes), and the lack of social and emotional support are suggested to be key risk factors for complicated grief (Mason et al., 2020; Menichetti Delor et al., 2021). Several studies have shown how bereaved families suffer from distress and complicated grief following from insufficient farewell rituals and social support (Cardoso et al., 2020; Neimeyer & Lee, 2022; Selman et al., 2021). Farewell rituals are of crucial importance to process a traumatic or unexpected death and psychologically deal with the loss (Cardoso et al., 2020). Social and emotional support are important to understand and accept the irreversibility of death and give meaning to the loss. The lack of these symbolic rituals and emotional support from one's social network may challenge one's abilities to acknowledge and give meaning to the loss (Cardoso et al., 2020; Walsh, 2020).

Studying meaning making after bereavement may illustrate how the pandemic has impacted how individuals deal with the loss of a loved one under these circumstances. In the context of this study, we specifically focus on meaning making among bereaved spouses. Hence, this paper aims to investigate how bereaved spouses in the Netherlands attributed meaning to the death and farewell of their partner during the first wave of the COVID-19 pandemic.

Methods

Study design

In this qualitative study, we investigated meaning making processes by interviewing spouses whose partner died during the COVID-19 pandemic. Bereaved spouses opted to fill out an online questionnaire study in the Netherlands (the CO-LIVE study), which was conducted during the first wave of the COVID-19 pandemic (March–July 2020) to gain insight into experiences of bereaved relatives with end-of-life care. Widowed spouses who consented to an in-depth interview were invited for a one-to-one interview. The research proposal of the study was reviewed by the Medical Research Ethics Committee of Erasmus MC, Rotterdam, the Netherlands, which assessed that the rules laid down in the Medical Research Involving Human Subjects Act did not apply (MEC-2020-0254).

Participants and procedures

We selected participants from the CO-LIVE database of individuals who expressed an interest to be

interviewed after completing the online questionnaire. Interviewees were selected through purposive sampling, to obtain a diverse population in terms of their partner's age, gender, health status, and setting of death. Widowed spouses were included in this study when the deceased partner was over the age of 60 years. Additionally, for the purpose of this study, the interviewees and deceased partners must have had a spousal relationship to each other. Characteristics of the bereaved spouses and the deceased are shown in Tables 1 and 2, respectively. In total, we interviewed 17 bereaved spouses between the age of 55 and 84 years. The deceased partners were 60 years or older and died between March and July 2020. One patient died during the second wave of the pandemic. No differentiation has been made to whether the cause of death was related to COVID-19 or not. Information about the suffering of serious (chronic) illnesses and

Table 1. Background characteristics of bereaved spouses.

	N	%
Gender		
Women	14	82
Men	3	18
Age		
55–59 years	1	6
60–64 years	5	29
65–69 years	1	6
70–74 years	3	18
75–79 years	6	35
80–84 years	1	6

Table 2. Background characteristics of the deceased partners.

	N	%
Gender		
Women	4	24
Men	13	77
Age		
60–64 years	3	18
65–69 years	5	29
70–74 years	4	24
75–79 years	0	0
80–84 years	3	18
85–89 years	1	6
COVID-19 infection		
Certainly	8	47
Probably	1	6
Probably not	0	0
Certainly not	7	41
Serious (chronic) illness		
Dementia	8	47
Cancer	2	12
Lung disease	1	6
Other	4	24
None	2	12
Place of death		
Nursing home	10	59
Hospital	3	18
Home	2	12
Mental hospital	1	6
Hospice	1	6

Note. One person did not report age and another did not report COVID-19 infection.

the setting of death of the deceased patients was used, during the interviews, to elaborate on the available professional and informal care.

Widowed spouses who consented to an in-depth interview were contacted by telephone or e-mail to make an appointment for an interview. Fifteen interviews were conducted online via Zoom. Two interviews were conducted by telephone. All participants explicitly provided informed consent prior to accessing the online questionnaire and verbally at the beginning of each interview.

Data collection

A semi-structured interview guide (see [supplementary materials](#)) was used, comprising three parts. First, the interviewees were asked to describe their experiences between their partner falling ill and dying. In case of a long-term illness, we focused on the period the bereaved spouses indicated to be their partner's last phase of life. Open-ended questions were asked about the experienced quality of care and the consequences of the COVID-19 measures imposed by the Dutch government and care settings. Second, post-bereavement experiences including the deceased's funeral were explored. Third, more focused questions were asked about meaning making and coping of bereaved spouses, in 12 out of 17 interviews. The other five interviews were conducted before the questions about meaning making were included in the interview guide. Still, we included these interviews in the analyses since they provided insight in how widowed spouses gave meaning to the death of their partner. The interviewer further elaborated on topics that the respondents deemed important. The mean duration of the interviews was approximately 50 minutes. Interviews were audio-recorded and transcribed verbatim. The interviews took place 2–12 months after bereavement.

Analyses

First, we read the interviews intensively, focusing on circumstances of the death, emotions, behaviors and coping strategies in grief processes to get familiar with the material. A thematic analysis was performed using a theory-inspired framework based on sensitizing concepts: circumstances of bereavement, grief, mourning, and meaning making, with the latter derived from the theory on meaning in life of older people by Derkx et al. (2020; Hupkens et al., 2019; King & Hicks, 2020). The rationale of this study was to determine the impact of circumstances, that may positively or

negatively influence grief, on meaning making. These circumstances include the time to prepare, availability of social support, communication with care professionals, and health status of the dying partner (Morris et al., 2020; Smid, 2020; Vadivelu et al., 2013). The experiences of grief were subclassified as emotions, memories, physical pain or weakness, and social support, and mourning involved coping strategies, functioning in daily life, and social interaction (Fuchs, 2018; Keirse, 2020; Shear & Kenworthy, 2012; Smid, 2020). Lastly, we analyzed the impact on meaning making using notions of purpose, moral worth, self-worth, perceived control, connectedness, coherence, and excitement (Derckx et al., 2020; Hupkens et al., 2019; King & Hicks, 2020). We developed a coding tree in line with these concepts (see [supplementary materials](#)). In the first coding phase, the data were deductively coded using the theory inspired coding tree. This was done by summarizing relevant data under each code, to identify themes related to meaning making. During this coding process, which was performed by the first author, one of the coded transcripts was evaluated with one coauthor (BY). Parts of the interviews related to theory inspired codes were stored in Microsoft Excel. Through recombination of all codes, we derived six new themes relevant for meaning making. Lastly, appropriate quotes were retrieved from the original transcripts to illustrate the themes found.

Results

Looking at how bereaved spouses gave meaning to the death and farewell of their partner, we identified six relevant themes. Three of those were possibly disturbing to meaning making processes among widowed spouses: restricted communication and closeness between the dying partner and bereaved spouse, loss of agency, and fewer shared farewell rituals. Three themes appeared to be potentially supporting meaning making processes: taking solace, gratitude, and moving forward.

Circumstances and experiences disturbing meaning making

Restricted communication and closeness

As the widowed spouses were not at all or only to a limited extent allowed to visit their partner in care institutions, many experienced unrest and uncertainty surrounding their partner's death. Several interviewees had difficulties dealing with the lack of personalized

attention from the caregivers to the patients. The provision of care was limited due to COVID-19 restrictions and often did not meet personal care needs of the dying. Additionally, widowed spouses experienced distress because of the scarce amount of information that was being provided by caregivers. Interviewees stressed the importance of receiving timely information about their partner's health status to feel at peace with the procedures.

At some point, I was in contact with the nursing home psychologist who said, "I can see in the nurses' record that you give them a call every single day, sometimes even twice." I said yes, that's true, I am worried and I love my husband and I want to know how he is doing. (Joke, age 62)

Spouses who were staying at home could not communicate properly with their institutionalized partner. Although video or phone calls were provided by health care professionals, many older patients were not able to benefit from this as they got distracted very easily and did not recognize their spouse over the phone. Hence, spouses were largely dependent on the information from caregivers. Consequently, they were sometimes unaware of how much their partner had deteriorated. "When I saw him again, he could hardly walk. And he had deteriorated so terribly" (Ingrid, age 56). A few interviewees described that the visiting restrictions influenced their partner's health and even death. They reported a sudden deterioration of their partner's physical or mental condition in a period when the communication was solely virtual. In some cases, the lack of information and communication caused widowed spouses to feel unprepared for the approaching loss. Some interviewees were unaware of the severity of their partner's medical state.

I didn't know at all that he was doing so bad. That didn't occur to me. So I didn't understand all that. And then in the night my son called me and said he had died. I think he died because he missed me. (Margriet, age 76)

Loss of agency

Sometimes, patients did not understand why the contact with their spouse was suddenly disrupted, causing difficulties experiencing a meaningful farewell: "He kept saying on FaceTime, "When are you coming, when are you coming? Why aren't you coming?" and he did understand when I explained it, but his dementia made him forget it every time" (Ingrid, age 56).

Additionally, interviewees reported dissatisfaction surrounding the death of their partner because they

could not, in any way, take agency. They often experienced that staff did not reach out to them sufficiently for help to understand the needs of their inpatient partner. To no avail, some spouses demanded to ease visiting restrictions to be able to assist in the provision of care.

I went there on Friday and on [the next] Wednesday I was told that he had fallen and he didn't want to eat, he didn't want to stand up, he didn't want to walk, he didn't want to do anything anymore. Well, and then you get to a point where they tell you, he starts to shout and scream all sorts of things, but we can't understand him. And then I thought: yes, it's a shame that I'm not allowed in, because maybe I would have understood what he still wanted to say, but that wasn't allowed at the time. (Nadia, age 75)

Fewer shared farewell rituals

The time after bereavement was complicated by the lack of close or physical contact. Many widowed spouses described stress or sense of fear for the virus among elderly friends and relatives.

Then I came around the house when our granddaughter was closer, and I would grab her. Then she says, Grandma, don't, because we've already got two [severe COVID-19 infections]. I think, oh yes. We never hugged each other or anything. There's just always that fear of who's going to be next? (Marjo, age 75)

Widowed spouses indicated the importance of social and emotional support in times of grief. Isolation due to quarantine or other COVID-19 restrictions were thought the most difficult to deal with in the period after bereavement: "The being alone, the being locked up, I felt trapped" (Emma, age 79).

Several bereaved spouses conveyed serious problems giving meaning to the death of their partner because of the COVID-19 regulations. Possibilities to organize farewell rituals were limited since Dutch citizens were hardly allowed to meet others or go to public spaces during the lockdown periods. Particularly hard was the lack of possibilities to share emotions and memories during farewell rituals. The social distancing measures, as imposed by the Dutch government, caused severe distress among widowed spouses.

Whatever you may think of the measures, this is so cruel. It should have been organized differently. There could have been something like, make your own choice, weigh your risk. Because you can only do this once and it is so drastic that even if it were possible a few months later, it would never have been what you needed at the time. And that someone else decides for me that I am not allowed to do this. And for all

those close to me to decide that they are not allowed to be there for me. I think that's unacceptable. (Maria, age 63)

Not being allowed to receive compassion from friends and relatives or to seek diversion in other activities prevented the interviewees from being able to take restorative breaks from the loss. These restrictions hugely compromised their expectations of moral norms and values and triggered profound disagreement with the imposed COVID-19 policies.

Circumstances and experiences facilitating meaning making

Taking solace

Many of the interviewees tried to minimize the adverse consequences of the imposed regulations on their capacity to make sense of the loss. For one, widowed spouses took solace from the idea that they were not in control of the negative life events, allowing them to accept the harsh conditions surrounding the death of their partner more easily. Additionally, they took solace from and found meaning in being in a similar situation to others. Hence, a crucial element of the desired emotional support was the exchange of experiences, as described by one of the participants.

I have a neighbor and a very good friend, a very good acquaintance. And this woman across the street lost her husband to cancer four years ago. And [another] friend or acquaintance lost her husband to cancer a year and a half ago. They both received home care as well. And I can ask them questions and make comments, I just miss that from my friends and loved ones. Because they're all sorry and they'll listen to me, but there's no one who can tell me what they've been through until the last gasp. And by telling each other and comparing like with like, that feels good. (Kees, age 72)

Although each grief process is unique, interviewees reported appreciating other people's tips and advice on how to deal with a loss. They explained how the loss of their partner caused an unprecedented disruption in their daily life. They experienced difficulties taking back control over their own life. Sharing experiences with others provided insights into various ways to find meaning in similar circumstances. "One thing my therapist said was, you don't have to let go, you can learn to hold on to things differently. That has become my mantra" (Maria, age 63). Additionally, bereaved spouses said that discussing feelings and emotions with family members and friends was helpful. They liked to be invited to do so. In addition, many interviewees found peace through the idea that

further physical deterioration of their partner had been avoided. They explained that their partner's disease or physical condition most likely would have worsened, causing a considerable reduction in the quality of life.

It's all right, but I miss him terribly, that is what I keep saying, so it's all right. It wasn't a life anymore, that's not the way to treat someone—I would have been very selfish if I had wanted to keep him alive. (Jannie, age 76)

Similarly, many widowed spouses said they were grateful for their partner not to have suffered from any further consequences of the pandemic.

Gratitude

Spouses were grateful when they had the chance to spend some time with their partner during the last days. Those moments seemed to be very valuable for a meaningful farewell. Even though the time to prepare for the approaching loss might have been short in many cases, physical and emotional proximity appeared to be crucial for experiencing meaning. Saying goodbye, accepting the irreversibility of death, and finding meaning seemed to be easier when spouses felt prepared for the approaching death. More specifically, widowed spouses indicated the importance of spending their last moments together with their partner in accordance with their own moral and social values. The ability to be together and say goodbye helped the positive memories to become more apparent and meaningful: "I helped him [deceased husband], I went with him as far as I could and during those last seconds we were so close. That really helps the grieving process" (Maria, age 63).

Similarly, bereaved spouses show great appreciation for the social support from friends, family members, or care professionals. A spontaneous moment of close physical contact such as a hug was said to be very valuable during these times of the COVID-19 pandemic. Bereaved spouses stated that they missed the physical contact with family and friends and were grateful for when this was, in fact, possible. Due to the COVID-19 measures, only persons from the same household were allowed to be in close physical proximity. However, older spouses who had lost their partner, often did not belong to a household anymore. Widowed spouses reported that this was one of the most important limiting factors of a meaningful grieving process. "That's just great when you can feel someone's arms around you. And it's not good that you can't" (Maria, age 63).

In addition, many interviewees reported a lack of compassion from healthcare professionals in care homes or hospitals before and after the death of their partner. At the same time, each normal act of support was highly appreciated. "You're just in an entirely different emotional world and you're just an open nerve and it's nice when people are being kind" (Joke, age 62).

Moving forward

Many participants noted that the death of either one in their relationship was inevitable since they were already at an old age and had spoken about death between themselves earlier. Some had made promises to their partner to find a way to continue living a good life. They explained their belief that their partner would have been able to live happily in a similar situation had they themselves died first. As a possible way to honor their partner's last wishes and cherish their meaningful relationship, widowed spouses wanted to prove their capacity to live independently. To succeed, they relied on their own physical and mental capacities.

I need closure, but I prefer to deal with it in my own way. And as long as I can cope with that mentally and physically, well, then I think that's the best way to cope. Because I have to do it myself. (Kees, age 72)

Others attempted to regain connectedness by living for their children or grandchildren. Additionally, widowed spouses focused on other people or activities that were important to them.

When my husband retired, my things went on as usual. And when my husband was still ill, my life went on. My meetings and my friends and my voluntary work. And when my husband died, I still had all that. (Anne, age 70)

Discussion

This study aimed to investigate how spouses in the Netherlands attributed meaning to the death and farewell of their partner during the first wave of the COVID-19 pandemic. We found three themes possibly disrupting meaning making processes among bereaved spouses: restricted communication and closeness between the dying partner and bereaved spouse; loss of agency; and fewer shared farewell rituals. Conversely, three themes appeared to support meaning making processes: taking solace, gratitude, and moving forward.

Regarding the complex grief processes that may occur, it is relevant to identify what could stimulate

the widowed spouses to move from acute grief into a healthy progression of mourning. Mourning allows the bereaved to form a symbolic bond with the deceased and move forward in life (Fuchs, 2018; Shear & Kenworthy, 2012). The circumstances and experiences of the death determine the situational meaning which, if corresponding with one's global meaning, allows for a restoration of global meaning (Park, 2010). Positive circumstances, experiences and behaviors as identified in our study, include acceptance of the adverse consequences of the pandemic, exchange of experiences, and physical and emotional proximity. Here our results mirror to the previously established elements of meaning making including purpose, moral worth, connectedness, and coherence (Derkx et al., 2020). A positive experience of these elements relates to successful grief and meaning finding. The observation that some interviewees attempted to seek positive outcomes of the loss supports the existing idea of restoring global meaning in which the bereaved aim to integrate the loss into their existing idea of meaning in life (Mahat-Shamir et al., 2021; Park, 2013). Mourning and meaning making, as reported by previous literature (Hupkens et al., 2019, 2021; King & Hicks, 2020), are also largely dependent on the personal strengths and capacities of widowed spouses.

Our findings are in line with studies showing that bereaved individuals suffered from complicated grief and other functional impairments due to the lack of several crucial aspects such as farewell rituals and social and emotional support in the last phase of life (Breen et al., 2022; Cardoso et al., 2020; Menichetti Delor et al., 2021; Neimeyer & Lee, 2022; Selman et al., 2021). Specifically, one quantitative study found that the relation between circumstantial risks for severe grief, during the pandemic, and dysfunctional grief and distress was partially mediated by disrupted meaning (Breen et al., 2022). Our findings add to these results by demonstrating that meaning making was disrupted as widowed spouses experienced loss of agency and restricted closeness with the dying partner due to the imposed restrictions.

Widowed spouses described the negative circumstances and experiences as a lack of social support, communication and information, and personalized care. These circumstances, through mechanisms of grief and mourning, jeopardize people's ability to sufficiently meet the essential elements of meaning making such as perceived control, connectedness, and moral worth (Derkx et al., 2020). An inability to meet the seven elements of meaning making might threaten the capacity to experience meaning (Derkx et al.,

2020). This might be due to a discrepancy between the meaning attributed to the experienced loss and one's preexisting global meaning (Park, 2010). However, even when the elements of meaning making are insufficiently met, individuals are expected to change their behavior to make as much meaning as possible (Derkx et al., 2020). Our results support the idea that meaning making is successful when bereaved spouses can understand the coherence between the loss and other life activities and events, for instance, through an observed desire to feel well-informed and prepared for an approaching loss.

We found that widowed spouses are—despite the negative circumstances and risks for complicated grief—able to restore or find meaning through gratitude, taking solace, and moving forward. To support bereaved individuals to seek ways to minimize the negative impact on grief and mourning, therapists may consider integrating meaning making processes within any psychotherapeutic or counseling approach. Narrative techniques such as storytelling, narrative retelling and therapeutic writing could be effective for restoration of negative thoughts or feelings in complicated grief (Neimeyer et al., 2010; Ruini, 2017). Eventually, these techniques can provide individuals with a sense of purpose in life and foster the story they tell about themselves. Strategies to increase gratitude in these meaning-based approaches could support individuals to see things differently and integrate the loss into the story of their life. Moreover, since interviewees mentioned exchanging experiences with others (online), guided peer support groups may be considered as a useful intervention for meaning reconstruction during future pandemics. Over time, individuals, families, and communities have shown that, by being together, they could manage the suffering and the loss, and with time and effort, integrate the loss into their lives (Walsh, 2020).

Strengths and limitations

An important strength of this research is the semi-structured interview guide with questions that could be adjusted to the main concerns of the participants. The interview guide was intended to systematically include the pre-established concepts while giving interviewees a chance to elaborate on issues that they deemed important. Furthermore, diversity, in terms of the age, gender, health status, and setting of death of their partner, was achieved, resulting from a large pool of respondents to the questionnaire study. Limitations should also be mentioned. The selected

study population was less diverse when considering other characteristics including cultural background. Another limitation is the fact that one participant experienced a loss during the second wave while our study focused on the first wave of the COVID-19 pandemic. There might have been some differences in how people reacted to the restrictive measures in the second wave. However, this interview was still relevant for understanding meaning making processes and was therefore included in our analyses. Lastly, we do not know whether the restrictive measures, at the time of the interviews, interfered with the final capacity to make meaning of the loss. Since the interviews took place during the second and third wave of the COVID-19 pandemic, the widowed spouses might not yet have sufficiently dealt with the consequences of the experienced loss.

Future research

The present study investigated the short-term impact of the COVID-19 pandemic on the process of meaning making among bereaved spouses in the Netherlands. The widowed spouses were still in the middle of the second or third wave of the COVID-19 pandemic. Hence, the applicable measures may have limited the spouses' ability to make meaning of their experiences at the time of the interview. Meaning attribution is a process of adaptation to a new situation that initially impeded one's meaning in life. Since the restoration or retention of meaning in life is a continuous process of responding to changes in sources of meaning, the presence of COVID-19 measures might have prevented the bereaved from successfully finding or creating meaning yet (Hupkens et al., 2021; Shear & Kenworthy, 2012). Possible future research could focus on the long-term impact of COVID-19 on meaning making processes after the death of a partner. This longitudinal research could follow possible changes in meaning making processes over time.

Conclusion

In conclusion, during the first wave of the COVID-19 pandemic in the Netherlands, several circumstances complicated meaning making processes of bereaved spouses. The following themes of restricted communication and closeness, loss of agency, and fewer shared farewell rituals had the potential to misalign the situational meaning, attributed by widowed spouses to the death of their partner, with their preexisting global

meaning. Through its impact on acute grief and mourning, these negative circumstances could have resulted in a loss of meaning in the lives of the bereaved. Concomitantly, some bereaved spouses sought ways to minimize negative implications of the circumstances faced through the COVID-19 pandemic. The themes taking solace, gratitude, and moving forward depict an attitude to actively find valuable moments and experiences.

To safeguard a positive progression of mourning and meaning making processes after bereavement, health care and policymaking, during pandemics, should specifically focus on aspects such as connectedness, personalized care, predictability, and moral norms and values. Ideally, health care professionals should have some space to make more discrete adaptations to standard care. Under these pressing circumstances, widowed spouses long for closeness and a certain measure of control over their situation.

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