

**The role of spirituality in coping with the psychological impact of loss, grief, and death
amidst the COVID-19 pandemic: A South African case study**

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DECLARATION

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I declare that *The role of spirituality in coping with the psychological impact of loss, grief, and death amidst the COVID-19 pandemic: A South African case study* is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of complete references.



SIGNATURE

(Ms. K. Samlal)

25 November 2023

DATE

ABSTRACT

In January 2020, the appearance of the coronavirus, scientifically termed COVID-19, was formally recognized as a major pandemic by the World Health Organization. The impact was severe, resulting in significant loss of life. In South Africa, the government proactively responded to the pandemic by implementing nationwide lockdown measures. The various restrictions that were imposed completely changed the way family and friends grieved their loved ones. Many could not be with their loved ones when they died, and this had an impact on the process of grieving and how they usually mourned, resulting in a lack of in person support during these challenging times. The purpose of this study was to explore how South Africans made sense of life and death, and how they coped and dealt with loss, grief death, and associated challenges connected to the COVID-19 pandemic. A qualitative study was employed by interviewing ten purposefully selected individuals. Results from the study highlight that life, death, and loss became more pronounced during the COVID-19 pandemic. Findings further indicate that participants utilised various coping mechanisms to manage grief, including seeking social support using virtual platforms, exercise, breathing, spirituality, prayer, meditation, nature, as well as prescribed medication. Religion and belief systems played a significant role in helping to facilitate the grieving process, although these practices had to be adapted because of COVID-19. Faith-based beliefs, traditions, rituals, practices, and resources used to cope with the COVID-19-related experiences of loss, can inform mental health practices, programmes, and policies for dealing with loss and bereavement in the future.

KEYWORDS: Belief system, death, coping mechanisms, COVID-19 pandemic, isolation, loss, meaning, psychological impact, religion, spirituality

OPSOMMING

Die opkoms van die koronavirus of COVID-19 in Januarie 2020, gepas geïdentifiseer as 'n wêreldwye gesondheidskrisis deur die Wêreldgesondheidsorganisasie, het verwoesting in sy nasleep gelaat omdat miljoene lewens verlore gegaan het. In Suid-Afrika het die regering proaktiewe stappe gedoen om op die COVID-19-pandemie te reageer deur inperkingsmaatreëls nasionaal in te stel. Die verskeie beperkings wat ingestel was, het die manier waarop familie en vriende hul geliefdes bedroef, heeltemal verander. Baie kon nie by hul geliefdes wees toe hulle gesterf het nie, en dit het 'n impak gehad op die proses van rou en hoe hulle gewoonlik getreur het, wat gelei het tot 'n gebrek aan persoonlike ondersteuning gedurende hierdie uitdagende tye. Die doel van hierdie studie was om te ondersoek hoe Suid-Afrikaners sin gemaak het van lewe en dood, en hoe hulle verlies, hartseer dood en die gepaardgaande uitdagings verbonde aan die COVID-19-pandemie hanteer en hanteer het.'n Kwalitatiewe studie was gebruik deur onderhoude te voer met tien doelgerig geselekteerde individue. Die bevindings beklemtoon dat lewe, dood en verlies meer uitgesproke geword het tydens die COVID-19-pandemie. Bevindinge dui verder daarop dat deelnemers verskeie hanteringsmeganismes gebruik het om hartseer te bestuur, insluitend die soek van sosiale ondersteuning deur virtuele platforms, oefening, asemhaling, spiritualiteit, gebed, meditasie, die natuur, sowel as voorgeskrewe medikasie. Godsdiens en geloof het 'n beduidende rol gespeel om die rouproses te help fasiliteer, hoewel hierdie praktyke aangepas moes word as gevolg van COVID-19. Geloofsgebaseerde oortuigings, tradisies, rituele, praktyke en hulpbronne wat gebruik word om die COVID-19- verwante ervarings van verlies te hanteer, kan geestesgesondheidspraktyke, -programme en -beleide inlig vir die hantering van verlies en rou in die toekoms.

SLEUTELWOORDE: Geloofstelsel, Dood, Hanteringmeganismes, COVID-19-pandemie, Isolasië, Verlies, Betekenis, Sielkundige impak, Godsdiens, Spiritualiteit

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“If I have seen further, it is by standing on the shoulders of giants.” — Isaac Newton

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Ubuntu means “I am because you are”. In fact, the word ubuntu is just part of the Zulu phrase “Umuntu ngumuntu ngabantu”, which literally means that a person is a person through other people- African Philosophy

‘Vasudhaiva Kutumbakam,’ is a Sanskrit phrase which means “The World Is One Family”- Maha Upanishad

The highest education is that which does not merely give us information but makes our life in harmony with all existence- Swami Narendra Vivekanand

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1. Introduction

Throughout history, five well-documented pandemics have been experienced across the world at various points in time, with the most recent being COVID-19 (Liu et al., 2020). A pandemic is an outbreak that spreads across continents and countries, it affects more people and takes more lives when compared with an epidemic, which is confined within a population or particular geographic area (Robinson, 2022). According to ABC/Reuters (2008), in the 14th century, the Black Death, also known as the Plague, emerged as the deadliest pandemic in history, claiming an estimated 75-200 million lives. In 2020, the World Health Organization (WHO) officially declared COVID-19 a pandemic due to its severe impact and rapid global spread. As of June 7, 2023, the WHO reported a total of 767,750,853 confirmed COVID-19 cases, with 6,941,095 deaths worldwide. Although reported figures indicated that the pandemic claimed close to seven million lives, Prabhu and Gergen (2021) note that reliable estimates indicate an actual death toll of around 17 million. Discrepancies occurred due to the suddenness and tracking of COVID-19, as there were delays in death reporting that make mortality data provisional and incomplete in the weeks, months, and even years after a death occurs — even in richer countries with high-quality mortality reporting systems (Mathieu et al., 2020). These statistics place COVID-19 on the list of the deadliest pandemics to be recorded to date. The first cases of COVID-19 in South Africa were reported from a group of people who returned from Italy in February 2020 (Mehtar, 2020).

The impact of COVID-19 has been profound both globally and specifically in South Africa. As the pandemic spread across continents, it created a lot of fear, worry, and concern across the world as well as in South Africa (Saladino et al., 2020). It created a lot of pain and grief for many people. Many were directly or indirectly affected and experienced some form of loss, death, and psychological effects because of the COVID-19 pandemic (Goveas & Shear, 2020). Some of these losses included issues such as loss of employment or reduction in support

services, people being unable to gather or visit places of worship and having to contend with lifestyle changes (Mosavel et al., 2022).

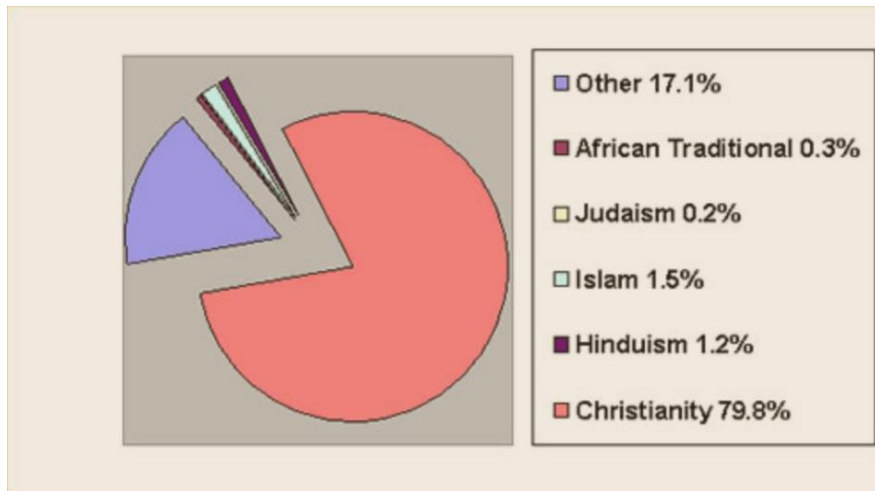
These losses often occurred at the same time, resulting in prolonged grief and, in some cases, delayed a person's ability to adapt, heal, and recover. On one hand, drastic changes in people's daily routine do affect a person's sense of comfort and stability, while on the other hand grief is a natural response to any form of loss experienced in a person's life (Centre for Disease Control [CDC], 2021). Although death is an inevitable and natural end of the life cycle, the suddenness and abruptness of deaths that occurred during the pandemic, and the inability to use shared spiritual and religious rituals for healing, left a lasting impact on people's views, experiences, and affected the grieving process for many people (Coppola et al., 2021).

Grief is a typical response to loss during or after a disaster or any traumatic event. Many people may experience multiple losses during large-scale emergencies created by events such as the COVID-19 pandemic. During COVID-19, people's personal and professional lives were affected after being exposed to daily coverage in the media about people dying in large numbers. As people were confronted with death and its effects, they started to question the meaning of life and their purpose on earth (CDC, 2021). People turned to spirituality and religion for solace and support during this trying time.

Spirituality and religion are very significant in many South Africans' lives. South Africa is a multicultural society and a melting pot of cultures, it embraces diverse populations, communities, and religious practices. According to Figure 1, approximately 80% of South Africans adhere to Christianity, while around 17% do not identify with any specific religious affiliation. The remaining 3% follow Islam, Hinduism, Judaism, or other denominations. Freedom of religion is guaranteed by the South African constitution (South African Embassy, 2021).

Figure 1.1

South African Religious Belief Systems



Source: (South African Embassy in the Netherlands. (2021). STATS SA. <https://zuidafrika.nl/arts-culture/religions/>).

Many individuals found meaning and purpose through spirituality and religion and received support and comfort by being part of a broader community that shares similar beliefs and engages in common rituals (Coppola et al., 2021). The effectiveness of spiritual practices as coping mechanisms for dealing with life-altering and traumatic events has been recognized by other researchers (Koenig, 2012). Establishing a connection with a higher power inspires individuals to navigate the intricacies of grief and discover a sense of connection to something greater than themselves during challenges. Given this context, this study seeks to explore how individuals comprehend life and death and unpack diverse coping mechanisms employed by participants to navigate loss, grief, and the associated challenges brought on by the COVID-19 pandemic within the South African context.

This study delves into the ways participants from diverse backgrounds, belief systems, and different faiths, made sense of life and explored the myriad coping mechanisms employed

by these participants to navigate challenges associated with loss, grief, death, and other associated challenges during the COVID-19 pandemic within a South African context.

1.2. Description of the study problem

The COVID-19 pandemic had a profound impact on South Africans, leading to substantial grief, loss, and increased mortality rates. The inability to be physically present during their loved ones' final moments disrupted customary mourning practices and led to a lack of in-person support during these challenging times. (October et al., 2021). Close family and friends of many people who died from the COVID-19 virus also experienced stigma, for instance, social avoidance or rejection (CDC, 2021), largely induced by fear of contracting the virus. Humans are social, interactive beings and we empathise and share emotions as part of the healing process instinctively or immediately, COVID-19 was very challenging in this regard for many people. Morgan (2005) refers to this as leaking and sharing each other's emotions. Grieving and dealing with loss are intense, personal journeys, but that does not mean that a person does not need support or cannot find help along the way. Asking for and obtaining help and support through tough times will often benefit or support the person more than shutting oneself away from the world (Smith et al., 2021).

The closure of many gathering places for social, religious, and spiritual practices and activities, during the pandemic created a void in many people's lives, especially during periods of loss, grief, and death. Spiritual tools and religious practices often assist in enhancing the well-being and a person's mental and emotional health (National Alliance on Mental Illness [NAMI], 2016). Belief systems offer individuals a framework for understanding the world, fostering connections among like-minded people, and providing coping mechanisms during times of stress and adversity. (NAMI, 2016).

These factors can contribute positively to an individual's mental well-being. NAMI (2016) suggests that spiritual practices may reduce mental health distress and concomitant outcomes, such as alcoholism, drug use, and suicide rates.

1.3. Rationale

Amidst significant loss and grief caused by COVID-19, South Africans faced isolation due to lockdown measures. Understanding how they navigated life, death, and coping mechanisms during this pandemic is essential. Notably, spiritual beliefs and religion correlated with increased optimism and reduced anxiety (Chirico, 2021; Ungureanu & Sandberg, 2010).

This research delved into individuals' comprehension of loss, grief, and death, as well as the coping strategies they employed during the COVID-19 pandemic (Attoe et al., 2021). The study lays the groundwork for future investigations into life's meaning and coping mechanisms related to psychological challenges, including prolonged grief, death, and mental health issues, particularly within the South African context where research in this domain remains limited. The findings may provide valuable insights for those seeking guidance and purpose beyond the pandemic. Additionally, this study equips individuals with coping mechanisms to navigate loss, grief, and stressors associated with isolation, quarantine, and illness.

In South Africa, socio-economic inequalities intersect with health disparities, resulting in a complex landscape. The socio-economically disadvantaged face higher rates of poor health, disability, and multi-morbidity, while simultaneously experiencing barriers to accessing healthcare due to affordability issues and disparities between actual and perceived needs (Gordon et al., 2020). Additionally, the country grapples with a quadruple burden of disease, including HIV/AIDS, tuberculosis, violence, injuries, maternal and child mortality, and the rise of non-communicable diseases (Achoki et al., 2019). These challenges underscore the urgent need for equitable healthcare provision and systemic reforms. The COVID-19 pandemic further exacerbated these existing vulnerabilities, highlighting the critical importance of addressing health inequities and strengthening healthcare infrastructure to protect all citizens (Watkins et al., 2019).

1.4. Research aims and objectives

This study delves into the ways participants from diverse backgrounds, belief systems, and different faiths, made sense of life and death and explored the myriad coping mechanisms

employed by these participants to navigate challenges associated with loss, grief, death, and other associated challenges during the COVID-19 pandemic within a South African context. The study particularly emphasises examining diverse spiritual processes, faith-based beliefs, traditions, rituals, practices, and resources. This aim is articulated through the following research objectives:

- To explore the meanings participants, ' ascribe to life and death.
- To explore the psychological impact of loss and death on participants during COVID-19.
- To explore various coping mechanisms participants used to deal with loss, death, and grief during the COVID-19 pandemic.
- To understand participants' perceptions of the role spirituality played in coping with loss, death, and grief during the COVID-19 pandemic.

1.5. Research questions

As proposed by Denscombe (2012) and Bless, Higson-Smith, and Kagee (2006), research questions serve as instruments employed by researchers to identify concepts they aim to explore. The following research questions align with the key aims of the study outlined above:

- What are the meanings participants, ' ascribe to life and death?
- What was the psychological impact of loss, grief, and death on participants during the COVID-19 pandemic?
- What are the various coping mechanisms participants used to deal with loss, death, and grief during the COVID-19 pandemic?
- What are participants' perceptions of the role spirituality played in coping with loss, death, and grief during the COVID-19 pandemic?

1.6. Significance of the study

Current research highlights the diversity of implications of the COVID-19 pandemic and the need for ongoing research (Giménez-Llort et al., 2022). The primary purpose of this study was to explore how participants made sense of life and death and explore the psychological tools and coping mechanisms adopted by them to deal with loss and grief and associated challenges during the COVID-19 pandemic, with a particular focus on various psychological and spiritual processes, faith-based beliefs, traditions, rituals, practices, and resources which is needed to inform future effective coping strategies during a pandemic (Coppola et al, 2021).

Mourning and loss during a pandemic was extremely challenging with individuals receiving little face-to-face support, thus leading to mourning in isolation. The inability to perform last rites for the deceased added another layer of grief which resulted in prolonged grief for the bereaved and impacted their overall wellbeing (Hamid et al., 2020). Amidst the global aftermath of COVID-19, individuals worldwide seek new ways to recover. Coping strategies and necessary resources now differ due to this historic event, which has fundamentally altered perceptions of grief, loss, death, and life. This study may contribute to a deeper understanding of loss, grief, and death and may assist in improving the quality and meaning of life for people after facing a challenging pandemic such as COVID-19. This research can also contribute to an integrated approach to care provided by professionals working in the medical and social service fields. Research in this field can be a positive contribution to the way people choose to live life find meaning and improve their quality of life.

1.7. Definitions of key concepts

1.7.1 COVID-19

The COVID-19 pandemic, also called the coronavirus pandemic, is a worldwide outbreak of an infectious disease known as the coronavirus disease 2019 (COVID-19). It is caused by a virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). (Zoumpourlis et al., 2020).

1.7.2 Spirituality

Spirituality encompasses an awareness or belief in a higher existence beyond individual sensory experiences. It acknowledges our integral role in the purposeful unfolding of life within the cosmic or divine framework of our universe (Spencer, 2012).

1.7.3 Religion

Religion can be explained by subscribing oneself to a specific set of beliefs and often regarding or worshipping a higher power, belief system, principles, or faith of an individual that is higher and supreme than human existence (Brenner, 2021; Villani et al., 2019).

Spirituality and religion are used interchangeably in this study to gather participant's belief systems and coping mechanisms regarding these concepts (Brenner, 2021).

1.7.4 Religiosity

Religiosity is often seen as the formal, institutional, and outward expression of religion (Cotton et al., 2006)

1.7.5 Psychological impact

This pertains to an individual's encounter with various factors, including loss, grief, death, and other challenges. These experiences influence or manifest in the cognitive and emotional state of a person

1.7.6 Coping mechanisms

Refers to patterns and behaviours used to deal with unusually stressful situations, and these strategies are used to adapt to situations until the person has some control to a certain degree to adjust to the sudden, uncertain change experienced (Cooks-Campbell, 2022).

1.7.7 Mental Health

Refers to emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts, and helps to determine how an individual handles stress, relates to others and makes healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (CDC, 2023).

1.7.8 Grief

Grief refers to an individual's emotional reaction when faced with loss (Mughal et al., 2022).

1.7.9 Mourning

Mourning involves outwardly expressing grief, encompassing cultural and religious practices related to death. Additionally, it signifies the process of adjusting to life following a loss (Mughal et al., 2022).

1.7.10 Bereavement

Bereavement refers to the time following a loss, during which individuals experience grief and mourning (Mughal et al., 2022)

1.7.11 Shadow losses

Shadow losses encompass various life challenges, including unemployment, financial strain, reduced social support, and lifestyle adjustments. (Imperi, 2008)

1.8. Theoretical framework

The theoretical framework serves as an essential foundation and guide for researchers seeking to comprehend and interpret the phenomena they study (Vinz, 2015). Researchers construct theories to elucidate various aspects, explore connections, and make predictions (Thompson, 2019). These frameworks underpin the rationale, problem statement, purpose, significance, and research questions of a study. In this research, the theoretical foundation draws

from Elisabeth Kübler-Ross's model, which focuses on processing grief, loss, and death (Avis et al., 2021, Papalia et al., 2002). This model is particularly suited for analyzing the changes, stages, and emotions experienced by individuals when confronted with sudden loss, grief, and death, as well as the challenges arising from surprise and overwhelm. Therapists and counsellors often employ grief models to assist people in navigating their emotions during the grieving process (Neel, 2018).

1.9. Dissertation outline

The thesis is divided into the following five chapters:

Chapter one: This chapter sets the stage by offering the context and justification for the study. It outlines the research problem, objectives, and questions, emphasizing the study's significance. Additionally, it defines key concepts and provides an overview of the theoretical framework, along with a preview of the subsequent thesis chapters

Chapter two: This chapter delves into the literature review, where the spotlight is on relevant scholarly works related to the research topic. This chapter critically analyzes pertinent literature, providing a framework for understanding the research problem within a specific context

Chapter three: The research design and methodology chapter outlines methods that were employed in the study and how these processes were executed. More specifically, this chapter elaborates on the research design, participants and research context, data collection tools and procedures, data analysis, trustworthiness, reflexivity, and ethical considerations. The chapter further reflects on the methods employed and how the researcher navigated her personal experiences, assumptions, and views throughout the study.

Chapter four: This chapter delves into the findings and in-depth discussion. It begins by presenting the results obtained from interview data, meticulously analyzed through an interpretative phenomenological analysis. These findings are organized into superordinate- and subordinate themes that emerged from the data. Additionally, the chapter provides a concise summary of the explored phenomenon.

The discussion section goes beyond mere reporting, offering a thorough interpretation of the qualitative data collected. Within this chapter, the researcher elucidates the meaning of the findings, establishes connections between the data and the research's aim and objectives, and compares the findings with those reported in previous studies.

1.10 Conclusion

In the closing chapter, Chapter five, the study culminates with a comprehensive summary of key research findings, actionable recommendations, an exploration of study limitations, and suggestions for future research. These reflections serve as the final concluding remarks

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This literature review chapter follows the introduction chapter which briefly presented the background, as a framework for the current study. This chapter provides an overview of existing literature regarding loss and COVID-19 and the role of spirituality in coping with the psychological impact of disasters or pandemics such as COVID-19.

The literature review is organised into six parts. The first part provides an overview of the COVID-19 pandemic and spirituality, followed by an exploration of spirituality, religiosity, and various belief systems as coping mechanisms. The third aspect is psychological impacts such as loss, grief, and death, they are delineated, followed by a discussion of the various multicultural belief systems and norms in South Africa in the pre-COVID era. Furthermore, the impact of lockdown restrictions on mourning rituals during COVID-19 is outlined, and the chapter concludes with the impact of grief, loss, and mortality experienced.

2.2. Overview of the COVID-19 pandemic

The emergence of the coronavirus or COVID-19 in January 2020, identified as a serious public health problem, led the WHO (2020) to classify it as a pandemic due to its rapid spread globally. As this novel virus swept across the globe, it caused millions of deaths and illnesses, uprooted many lives, and changed daily norms (Hamid et al., 2020). In its initial stages from January to June 2020, when global lockdowns were considered given the global spread, the WHO reported that at stage 4 307 287 people tested positive for COVID-19 in 216 countries. Out of confirmed cases globally, 295 101 deaths were recorded in the first 6 months of the virus (WHO, 2020). In South Africa during the same period, the Department of Health reported that out of 403 018 tests conducted, 12 739 people tested positive and 5676 people managed to recover from the disease (Roman et al., 2020). During July 2022, South Africa recorded 3,999,345 infections and 101,915 coronavirus-related deaths since the pandemic began (Reuters, 2022), At the end of 2022, South Africa has managed to administer at

least 36,979,793 doses of COVID-19 vaccines to date, which amounted to about 31.6% of the population if one accounts for double doses (sacoronavirus, 2022).

Various initiatives were implemented to curb the spread of the virus, such as social isolation, quarantine, lockdown, and the separation of sick and infected people from healthy individuals (Centre for Disease Control [CDC], 2020). In line with the global trend, the President of South Africa, declared a national state of disaster to mitigate the potential impact of the COVID-19 pandemic in March 2020. At that stage, the number of COVID-19 reported cases was increasing unabated with no approved vaccines (Shabir et al., 2020). It is in that context that the government and the Department of Health saw the need to implement drastic measures and COVID-19 mitigation strategies.

These measures included a national lockdown, an increase in testing facilities, travelling restrictions within and across provinces in the country, except for employees who provided essential services, restrictions on large gatherings, as well as bans on the selling of substances such as alcohol and cigarettes (Coppola et al, 2021). Various campaigns were employed to raise awareness about the importance of measures such as physical distancing, practising good hygiene, and implementation of curfews to ensure citizens stayed at home. To combat the spread of the virus, a track and trace method was implemented, units or departments were closed if an employee tested positive, and, where possible, many employees started working from home (WHO, 2020). Informed by the Disaster Management response to COVID-19, in various healthcare institutions for example hospitals, nursing homes, and hospice centers, infected and non-infected patients were isolated to reduce the spread of the virus.

2.2.1 Impact of COVID-19 and government restrictions to prevent the spread of COVID-19

COVID-19 and the various restrictions instituted by government have significantly impacted various aspects of people's lives, including daily activities, routines, livelihoods, and work strategies. Frontline workers, who interacted daily with COVID-19 patients, while striving for compassionate care, faced slightly higher risks. Beyond the millions of global deaths, individuals also encountered what we term "shadow losses" - events affecting social

connections, community status, overall well-being, and family relationships (Imperil, 2021). These shadow losses encompass unemployment, reduced income, diminished social support, and lifestyle changes. For instance, during the initial five-month lockdown in South Africa, approximately 1.5 million people lost their jobs (Koopman, 2021). However, the pandemic's full impact extends beyond measurable figures. From income loss to severed community ties and strained family connections, it has profoundly shaken us in unexpected ways. The lockdown restrictions in South Africa confined people to their homes, exacerbating anxiety levels, especially among those already dealing with illnesses. Consideration of the mental health repercussions for patients and their families during this isolation is crucial, as highlighted by Ingravallo (2020).

During the COVID-19 pandemic, patients often passed away in solitude, lacking the care and support of loved ones. When individuals were cared for at home, visits from extended family members were infrequent due to physical distancing measures (Ingravallo, 2020). The pandemic's multiple stressors inevitably led to psychological trauma (Diolaiuti et al., 2021).

Research by Imperil (2021) reveals that psychological grief can occur even without an actual death. Our brains process "shadow losses" - such as unemployment, reduced social support, and lifestyle changes - in a similar manner to grieving the loss of a loved one. While these losses may not equate to physical death, they still evoke a degree of grief. Grief manifests as a blend of cognitive, behavioural, emotional, physical, spiritual, and social symptoms that we must learn to navigate. Although death is a natural part of life, the pandemic has heightened our awareness of mortality, leaving us vulnerable.

During the COVID-19 pandemic, patients encountered significant challenges and grappled with intense distress related to the disease. This distress had far-reaching effects on multiple dimensions of their lives, including physical, emotional, mental, social, spiritual, and religious aspects (Roman et al., 2020). In this context, it was imperative to afford patients and their families' dignity and create opportunities for them to voice their concerns, irrespective of factors such as gender, religion, culture, race, sexual orientation, or disability (Mthembu, 2017; Wong, 2007).

Dealing with loss and grief can be complex, especially as it is an unfamiliar concept for many. While it is an inevitable part of life, the pandemic disrupted traditional mourning rituals due to sudden deaths and restrictions. Some individuals discovered “death companionship” as they grappled with this new reality, adapting, and managing through the process (Gordon & Malkin, 2023). Stringent restrictions relating to funerals were in place as part of the lockdown measures, but a year and a half later evolved at Adjusted Alert Level 3, which was in effect from 26 July to 12 September 2021.

Restrictions related to COVID-19 have also impacted the delivery of spiritual care within clinical contexts (Roman et al., 2020). Spiritual care, which is grounded in a holistic model encompassing biological, psychological, social, and spiritual aspects, requires specialized abilities such as active listening and spiritual assessment. However, studies reveal that numerous healthcare professionals, despite acknowledging its significance, lack the requisite proficiency in providing spiritual care (Fitch & Bartlett, 2019). Importantly, the COVID-19 pandemic has not only shown that death is an inevitable and natural end of the life cycle, but the suddenness and abruptness of deaths that occurred during the pandemic, and the inability to use shared spiritual and religious rituals for healing, left a lasting impact on people’s views, experiences, and affected the grieving process for many people (Coppola et al., 2021). In this regard, Eisma and Tamminga (2020) emphasise the importance of comprehending grief processes during the COVID-19 pandemic, noting its importance for informing post-pandemic interventions and provision of support. Exploring spirituality and religion as coping mechanisms may offer insights to practitioners, enabling better support for individuals and families during challenging times.

2.3 Coping with the impact of COVID-19 using conventional and digital methods

It is common knowledge that the emergence of the COVID-19 pandemic triggered a global health crisis with widespread and profound consequences. The rapid global spread of the pandemic and the escalating death toll underscored the necessity for advanced technological solutions. These include telemedicine, virtual consultations, and the integration of online tools. Additionally, social solutions, such as faith-based interaction platforms, have become crucial. Technology usage encompasses the delivery of healthcare and social services

through information and communication technologies, including email, and telephone calls, video links, and social networks (Roman et al., 2020).

During the COVID-19 pandemic, mental, spiritual, and religious virtual platforms emerged as crucial interventions for stress management among patients and the general population. Globally, people and communities, including healthcare support networks, hybrid workplaces, and religious groups, extensively utilised virtual and online platforms for communication. Roman et al. (2020) underscored that as we transitioned from physical clinical and community settings to virtual spaces, the significance of spiritual tools and religious aspects should not be overlooked. These elements are integral to a holistic approach addressing the body, mind, and spirit. Notably, many populations turned to spiritual tools and religious practices as coping strategies during the challenging and uncertain times brought about by the pandemic.

2.4 Spirituality, religiosity, and various belief systems as coping mechanisms

Studies underscore the vital role of spiritual or religious interventions in providing comprehensive and holistic care (Roman et al., 2020). A significant consequence of pandemic-induced social isolation was the closure of places of worship and the suspension of religious gatherings to prevent crowding and contagion. While this approach was crucial for public health, it raised questions about how communities supported spiritual or religious individuals in coping with their challenges while adhering to social isolation measures (Riberio, 2020).

While spirituality and religion can sometimes pose challenges in patient care, research suggests that they play a crucial role in managing stress, promoting survival, and maintaining overall well-being, particularly within South African cultures and communities (Arrey et al., 2016). This is especially true when individuals are diagnosed with chronic or terminal illnesses, which can significantly impact both physical and mental health (Arrey et al., 2016).

Graham et al., (2011) discovered a link between religion, spirituality, and stress management capabilities. This finding has been further substantiated by Lucchetti et al. (2021), who confirmed that spirituality or religion can serve as a positive coping strategy during stressful circumstances and can even enhance physical and mental resilience.

Spirituality, a cornerstone of all societies since the dawn of recorded history, significantly influences the quality of life, health, and well-being among both the general populace and those battling illnesses (Freud, 1961). This connection to the divine or sacred profoundly shapes people's beliefs, attitudes, emotions, and behaviours (Roman et al., 2020).

Studies indicate that families lean on their spiritual beliefs for emotional, mental, and physical health. Spiritual practices are acknowledged as potent coping mechanisms when confronted with transformative or traumatic life events. A significant portion of the population employs religious and spiritual coping strategies to manage stress, abrupt changes, and the adverse effects of life's challenges and diseases (Riberio et al., 2020).

Spiritual care involves activities aimed at fostering a sense of purpose, enhancing quality of life, and promoting overall well-being. These activities, engaged in by many health, spiritual, and religious professionals, as well as individuals affected by COVID-19, include providing a compassionate presence, listening to patients' fears, hopes, and dreams, taking a spiritual history, and being mindful of all aspects of patients' lives and their families (Roman et al., 2020).

In the context of COVID-19, certain activities such as the participation of chaplains, religious services, faith-based groups, and gatherings for religious and spiritual practices were curtailed due to curfews, lockdowns, and restrictions on group gatherings and interpersonal interactions, all implemented as infection control measures.

Spirituality and religion hold significant value in healthcare, offering coping mechanisms for stress, facilitating adaptation to life changes, promoting recovery and resilience, and preventing burnout. Research indicates that healthcare providers who incorporate spiritual care into their practice significantly enhance their patients' overall well-being. Studies have reported notable improvements in immune function and physical health in response to spiritual care practices (Roman, Mthembu & Hoosen, 2020). Spiritual care is viewed as a life-enriching factor and a coping resource, enabling patients to better navigate adversity, and potentially bolstering their outlook.

Rees (2012) and other studies suggest that spirituality and religion, as coping mechanisms, can serve different psychological functions. Some research indicates that

religion, but not necessarily spirituality, can aid in coping, while other studies suggest that intrinsic spirituality can be a highly effective coping style (Vespa et al., 2011).

Religion, typically more traditional, organized, and more formal than spirituality, is often studied as a set of belief systems and moral values established by a governing institution (Bryant-Davis & Wong, 2013). In contrast, spirituality is often seen as a more personal and intrinsic relationship with a higher power or God and is generally viewed as more free-form and psychological.

Spirituality is also associated with self-discovery and growth and is often considered a personal journey. The differences observed in psychological studies between spiritual and religious coping may further highlight the role of attachment styles and coping strategies used. Spiritual and religious coping can provide individuals with support from a divine entity, from members of a religious congregation, and from finding meaning in distressing events, which can foster resilience, healing, and well-being (Bryant-Davis & Wong, 2013). Many individuals who have experienced trauma have found solace in spiritual and religious tools as coping mechanisms (Pargament, 1997).

Trevino and Pargament (2007) highlight that numerous studies have been conducted in the field of religion and psychology to assess its role as both a positive and negative coping mechanism. Individuals who employ positive religious coping are more likely to seek spiritual support and find meaning in traumatic situations. Conversely, negative religious coping or spiritual struggles often manifest as conflicts, questions, and doubts about God and faith.

The assumption that religion can influence the coping process goes beyond Sigmund Freud's proposition of religion as merely a defense mechanism. Instead of fostering denial, religion encourages the reinterpretation of negative events through a sacred perspective. The impact of religious coping has been evaluated in various contexts, each yielding different results (Krok, 2014).

During the COVID-19 pandemic, surveys indicated that practices such as prayer, meditation, and religious activities were widely used as coping strategies to manage illness and grief. Globally, individuals reported that establishing a connection with God or a higher power through prayer helped them adapt and maintain a sense of normalcy during periods of

isolation, lockdown, and limited social interaction (DeRossett et al., 2021). It was found that spiritual or religious tools and strategies, including prayer and meditation, were often used to alleviate stress related to life and illness, and were frequently incorporated into treatment plans (Arrey et al., 2016).

However, studying spirituality and religion as coping mechanisms has proven challenging for psychologists. While religion is a significant part of many individuals' lives, it is not for others, leading to uncertainty about the actual role religion plays compared to other non-religious factors. Understanding formal religion and the factors that make people religious requires further investigation. Most studies focus on the frequency of certain spiritual and religious activities, such as prayer or attendance at religious services. However, it's important to note that exhibiting religious behaviour does not necessarily mean that an individual uses their religion to cope or even adheres to a specific set of religious beliefs (Ano & Vasconcelles, 2005). Research on the topic has yielded contradictory results. For instance, some psychologists have concluded that religiosity has neither positive nor negative outcomes, while others argue that any form of religious coping ultimately has negative effects (Holt et al., 2014).

The varied results in studies on religion as a coping mechanism could be due to inconsistencies in research methods or potential biases of researchers towards specific religions (Gall et al., 2013). Notably, much of the existing research on spirituality, religion, and coping has been predominantly centred on Christianity. Recognizing the religious and spiritual diversity in South Africa, this study broadens its scope to encompass multiple religions and spiritual practices.

2.5 COVID-19, death and dying

Death is the inevitable end of life. Every human will have to experience the process of dying and see others die around them and eventually face their mortality and death. Fear, anxiety, and being overwhelmed when the subject of death or the end stage of life comes up, is a very disturbing experience for many people. Most people often resort to avoiding the emotions around death and the process of death. Zilberfein and Hurwitz (2003) explain that death anxiety is a multifaceted and complex matter that an individual must face after the process of death itself. There is a lack of research regarding death and dying. Thanatology

examines death from a scientific nature, and it studies various aspects from many perspectives, including physical, ethical, spiritual, medical, sociological, and psychological (Marian University, 2020). Clarke et al. (2012) suggest that topics such as death and dying are frequently evaded or neglected in research. Death is the finality of life, and most humans are afraid of leaving loved ones behind and the unknown overwhelms them, as a result, many choose to avoid and ignore the topic of death.

Given the aforementioned, it can be argued that more research needs to be conducted to explore death and dying to enhance understanding of the subject in social and medical services fields, particularly in the context of COVID-19, and other pandemics, where loss of life is expected. This is particularly highlighted by Youdin et al., (2014) who also emphasised that there is a heightened awareness of death as the gerontological population is increasing over various continents and, there would be over fifty-three million people above the age of sixty-five years of age by 2020. Hence, studying the process of end stages and death will enhance the understanding of coping mechanisms people use (Lynn & Adamson, 2003).

Hosseini (2015) alludes to the work done by a globally recognised ethicist, Daniel Callahan, who believes in improving the future of medicinal science by focusing on improving the quality of life and the end-stage process of life, and not necessarily lengthening lives and understanding the fears and negative constructs of death and the process. There was increased awareness of death during the COVID-19 pandemic as many faced deaths every day in some form as close family, neighbours, or friends passed away. COVID-19-related deaths occur unexpectedly and are often preceded by intense, traumatic, and isolated hospitalisation (Herbst, 2021). This can be viewed as exacerbating the grieving, and mourning process, which can be explained as an outward expression of feelings of sorrow and means to adapt to life after the loss. It is considered one of the most difficult human experiences, the process usually takes between 12 and 18 months (Mughal et al., 2022).

Every person's bereavement process is unique, but complications in normal grief responses pose risks for the development of additional suffering during the COVID-19 Pandemic. This can be long-term repercussions and psychological challenges faced by people in the form of prolonged grief disorder, complicated grief, disenfranchised grief, and Takosubo cardiomyopathy or Broken Heart Syndrome (Jordan et al., 2005). Complications in

death-related losses during the COVID-19 pandemic could have lasting effects in the context of South Africa, which may potentially result in mental health problems. Normal bereavement processes were affected by COVID-19 restrictions which included the number of people at funerals, memorial services, and religious gatherings; visits to people in hospital; quarantine or isolation regulations; social distancing; and neglect of cultural and spiritual rituals. End-of-life care and burial practices were impossible to follow, which made it difficult for many South Africans to adapt (Herbst, 2021).

The strain on healthcare systems during the pandemic has resulted in COVID-19-related fatalities being characterized as ‘bad deaths’. These deaths exhibit distressing attributes, including physical discomfort, breathing difficulties, social isolation, inadequate care, psychological distress, and lack of preparation. Bereaved survivors often experience symptoms of depression, anxiety, and anger in response to these features (Carr et al., 2020).

In contrast, “good deaths” or positive passings involve physical comfort, emotional and spiritual contentment, thorough preparation by both the patient and their family, being surrounded by loved ones in a serene environment, receiving respectful and dignified treatment, and having medical care aligned with one’s expressed wishes. In summary, ‘bad deaths’ pose distress because they defy the concept of an idealized or positive death. These deaths hinder meaningful conversations among family members and the resolution of “unfinished business.” The experience of witnessing loved ones pass away leads to profound grief and often leaves families burdened with guilt, as they blame themselves for not safeguarding their loved ones from impending death. (Li et al., 2019; Carr et al., 2020; WHO, 2020). The bereaved experienced a lack of respect and solemnity during their loss, which may have led to psychological issues due to the inability to bid farewell to the deceased (Krikorian et al., 2020; Carr, et al., 2020). The distress of a bad death is typically high, but the pandemic has exacerbated this by introducing additional stressors. The rapid accumulation of these stressors can exceed an individual’s ability to manage grief and death (Folkman, 2011).

2.6 The Impact of COVID-19 and imposed restrictions on grief, loss, and mortality

The COVID-19 pandemic added a complicated layer to the experience of death, which alone can be daunting and intimidating, as the uncertainty looms in an individual's mental

state. The process, accompanied by unanswered questions and the concept of finality, often proves intricate and challenging for many to confront and navigate. Whilst dying in isolation and alone can bring agony for many people, mourning alone does add a complicated layer to coping and introduces more challenges to the grieving process such as the persistence of loss, the transformation of connections, and shrivelling of the space for the reunion (Sen, 2020).

Moreover, the COVID-19 restrictions had a profound impact on individuals belief systems and perceptions towards death, robbing them of the symbolic meaning and personal process of coping with their losses in the way they were accustomed to (Bloch & Parry, 1982; Durkheim, 1954; Hertz, 1960). People experienced many challenges regarding the process of mourning and grieving, a critical support system for many people. The pandemic complicated the grief process as it forced people to grieve in isolation, and this affected the bereavement process.

The grieving process was also complicated by limits on visiting the sick or dying in hospitals. The COVID-19 pandemic has intensified the emotional devastation of death due to the lack of time for preparation and adaptation (Keyes et al., 2014). The pandemic frequently reminded symbolically or literally of the inevitability of death in everyday life (see Lewis, 2014), making this an uncomfortable reality. As many faced death every day, and the unanticipated grief process during lockdown restrictions, confinement, being deprived of an opportunity to be with people during their last moments before dying, comforting, and providing solace to those who are bereaved, the performance of funeral rituals based on one's faith, beliefs, and traditions, was very challenging (Remuzzi & Remuzzi, 2020). Additionally, there was also uncertainty regarding the spread of the virus and rates of infection linked to restricted funerals (Kelly, 2020). This includes conducting funeral rites, which is a standard practice.

Grief, loss, and mortality are unavoidable aspects of everyone's life (Zhai & Du, 2020). Experiencing bereavement, one of life's most challenging encounters, typically initiates intense grief marked by a deep yearning and longing for the departed individual (Shear & Skritskaya, 2012). This yearning, as indicated by Shear and Skritskaya (2012), is often overpowering and all-consuming, accompanied by frequent thoughts and memories of the deceased, overshadowing interest in anything unrelated to the loved one who has passed away.

Additionally, anxiety, a frequently overlooked aspect of grief, manifests as a natural response of the attachment system to the separation from a cherished individual, observed in both adults and children (Shear & Skritskaya, 2012).

Death also significantly affects the emotional and social functioning of family members (Kristensen et al., 2012). The impact of death varies across different religious and cultural backgrounds, as experiences and perceptions of death and bereavement are shaped by cultural contexts (Radzilani, 2010). Young widows may experience heightened grief due to the early loss of a partner, while older widows, with more experience with death, tend to cope better (Bar-Nadav & Rubin, 2016).

Eisma and Tamminga (2020) note the concerns expressed by various researchers regarding COVID-19-related losses (such as sudden deaths following intensive care admissions) and the accompanying circumstances (non-performance of death rituals, difficulties in receiving social support, and secondary stressors like social isolation, viral infection, and job loss) may hinder the grieving process. They argue that these factors could also affect those who experienced non-COVID-19-related losses during the pandemic, potentially leading to aggravated grief reactions across the bereaved population. Consequently, researchers predict a long-term increase in severe, persistent, and disabling grief, known as prolonged grief disorders (PGD) (Eisma & Tamminga, 2020). Studies have shown that sudden deaths during the pandemic not only resulted in traumatic grief but also potentially caused (PGD), making it challenging for individuals to move on from the loss of a loved one (Goveas & Shear, 2020; Johns et al., 2020; Zhai & Du, 2020). Individuals with PGD often struggle with a sense of meaninglessness and difficulty accepting sudden death (Bryant et al., 2014). Since the COVID-19 pandemic has been reported to have led to mental health issues such as depression, complicated grief, and anxiety disorders due to the circumstances surrounding death (Eisma et al., 2020; Solomon & Hensley, 2020), it is thus important to get a more comprehensive overview of how South Africans coped with their grief, loss, and death experiences using their diverse spiritual, religious, and belief systems in order to inform intervention and prevention strategies.

2.7 Impact of lockdown restrictions on mourning rituals during COVID-19

Death, a social construct, influences cultural norms, beliefs, language, and worldviews (Tarabeih et al., 2023). The experience of grief, loss, and mourning is culturally embedded and varies according to cultural norms and traditions (Anderson, 2010). Death initiates a series of cultural rituals that may continue throughout the mourning period, influencing the actions of the living (DeSpelder & Strickland, 2011). The passing of a loved one triggers a psycho-physiological process of grief and bereavement, with grief being a personal response to loss encompassing emotional, physical, behavioural, cognitive, social, and spiritual dimensions (Diolaiuti et al., 2021; Buglass, 2010). Normal grief refers to the deep sorrow experienced from the loss of a loved one, and it is not confined to a specific time frame (Diolaiuti et al., 2021). In African cultures, rituals are performed to eternally connect with the deceased. Bereavement, an inevitable and multifaceted experience, occurs when a loved one is lost (Zhai & Du, 2020).

The disruption of collective mourning rituals, crucial for grieving, damages the deep human connection that provides support during times of intense sadness (Tarabeih et al., 2023). During the COVID-19 pandemic, global measures prohibiting these rituals were implemented to control the virus's spread, potentially leading to complicated grief syndrome or persistent complex bereavement disorder (Diolaiuti et al., 2021). Most communities and societies have various and different belief systems and customs regarding grief, loss, and death (Mohanty, 2003). In South Africa, for example, a multi-cultural, multi-religious society, there are multiple faith traditions.

According to Scroope (2019), South Africa has never officially designated a state religion. The country's constitution explicitly upholds freedom of conscience, religion, thought, belief, and opinion for all citizens. However, throughout much of the 20th century, the government actively promoted Christianity, which remains the most widely followed faith today. Although the census conducted in 2011 did not inquire about religious affiliation, a majority of South Africans (84.2%) identified as Christian in a 2013 general household survey, representing an increase from the 79.8% reported in the 2001 census. Among the remaining population, 5% identified with ancestral or traditional African religions, 2% identified as Muslim, 1% identified as Hindu, and 0.2% identified as Jewish.

Additionally, 0.2% identified as atheists or agnostics, while 5.5% identified with ‘nothing in particular’, and 1.6% did not specify (STATS SA, 2021).

Currently, the majority of South Africans (84.2%) identify as Christian according to the Cultural Atlas (2023). Notably, the provinces of Northern Cape (97.9%) and Free State (95.5%) have the highest percentage of Christians in the country, highlighting the important role of Christianity in South African communities. The ‘African Independent Church’ (or African-initiated Church) constitutes the largest Christian group, comprising several churches and denominationally diverse subdivisions (Funeral Partners, 2023). Like most religious funerals, a Christian funeral service is tailored to the person who has died. The service is usually carried out at a church, crematorium, or cemetery and will include prayers, a sermon, readings, hymns, and sometimes music or poems.

South Africa’s earliest known religion was based on the Khoisan people’s traditional beliefs and practices. Today, South Africa has a diverse range of traditional African practices, with about 5% of the population identifying with a traditional African religion. In KwaZulu Natal, 11.35% of the population adheres to traditional African religions. While some South Africans strictly follow ancestral beliefs, others blend these traditions with Christianity, demonstrating the fluidity of religious practices in South Africa (SAHO, 2019). Respecting elders is a key aspect of most traditional African religions. People often maintain a spiritual connection with their ancestors through prayer and rituals. Some traditions have spiritual leaders, like the ‘sangomas’ in the Zulu tradition, who provide physical and spiritual healing and future guidance (Pike, 2004).

In the context of traditional African beliefs about death, mourning involves specific rituals. These may include family members shaving their hair and performing the ritual slaughter of a domestic animal. Specific rituals vary based on factors such as the identity of the deceased and the circumstances of their passing (Baloyi, 2014).

Muslims were the first to arrive in South Africa during the 17th to 19th centuries as political exiles from British and Dutch colonies in South Asia, Indonesia, and Malaysia. Presently, approximately 2% of the South African population identifies as Muslim. These individuals are primarily of Indian and/or Asian descent, residing predominantly in the provinces of Western Cape, KwaZulu Natal, and Gauteng (Finnan, 2023). In Islam, a funeral

prayer known as Salaatul Janaazah is conducted by the local Muslim community for the deceased. During this prayer, they seek God's mercy and blessings.

Unlike cremation, which is prohibited, Muslims are buried directly in the earth without coffins. The shrouded body is placed reverently into the ground (Our Health Service, 2023). Hinduism made its way to South Africa in the 1800s, brought by indentured labourers from South Asia. Today, around 1% of the population identifies as Hindu, with most having South Asian or Malay descent. Many South African Hindus engage in temple-based rituals, and the widely celebrated festival is Diwali. In the provinces of KwaZulu Natal and Gauteng, Hindus constitute 3.9% of the population (STATS SA, 2021).

Hindu funeral customs, known as *Antyesti*, commence within the family home and engage close relatives and friends. The deceased's body is meticulously washed, anointed, and attired. Assembled mourners join in prayer. The traditional practice involves cremation, typically occurring within 24 hours of the individual's demise. In Hindu cremation rituals, families often scatter the ashes in a sacred body of water, symbolising the soul's final separation from the physical form. These rites are deeply rooted in Hinduism, where the belief prevails that the body and soul exist as distinct entities. The ultimate goal is not merely reincarnation but rather the soul's union with Brahman, the divine presence permeating all existence (Empathy's Funeral & Memorial Specialists, 2020).

The Jewish community in South Africa has a history that traces back to the Portuguese exploration era, although a permanent presence was established during Dutch colonisation. They currently account for 0.2% of the population, with a majority residing in Gauteng Province (The Jerusalem Post, 2013). Jewish death rituals according to Judaism are as follows: the body of the deceased is washed thoroughly; the deceased is buried in a simple pine coffin and the deceased is buried wearing a simple white shroud (*tachrichim*). The body is guarded or watched from the moment of death until after burial (My Jewish Learning, 2002).

Across the various cultures and people, there are many different rituals and customs people perform, however, they are similar concerning the social interaction and support they get from their communities. (Weir, 2020). The novel COVID-19 virus impacted these revered rituals and customs that people cherished regarding grief, loss, and death globally. Rituals, beliefs, and death customs that have been passed down as traditions in many cultures for

generations were discarded during the pandemic (Adams,2020). These religious ceremonies and rituals which are enacted as last rites for the deceased and assist the bereaved to find closure, were shortened, restricted, prohibited, or discarded during the various stages of the pandemic. Many of the churches, temples, mosques, and synagogues had to suspend or limit funeral services until further orders (Sakal Times, 2020).

In South Africa and other countries during the COVID-19 pandemic, there were many restrictions and strict guidelines implemented regarding rituals, gatherings, funerals, and last rites. There were limited numbers of 10 to 50 people that could attend these gatherings and social distancing was implemented. Any person who had COVID-19 symptoms had to be quarantined and could not attend any gatherings (Hamid et al., 2020). Ceremonies had to be shortened and no singing, chanting, or any contact was allowed. Strictly no bodily contact with the deceased, like touching, kissing, hugging, or taking part in rituals like cleansing, or laying the corpse in a coffin were allowed. Across the world, a new order, new guidelines, and policies for the management of dead bodies, funerals, and burials were implemented to contain the spread of infection. Whilst these policies and regulations helped control the spread of the COVID-19 virus, they impacted and complicated the process of grief, loss, and death for many people (Wallace et al., 2020).

During the COVID-19 pandemic, various coping methods were used around death and dying across different faiths in South Africa. A study by Tarabeih et al. (2023) found that Muslim family members experienced significant distress due to their inability to be with their loved ones during their final days and perform traditional religious rites. The absence of the deceased's purification ceremony, a crucial aspect of Islamic Law, was seen as a calamity that delayed their reunion with God. Concerns were raised about the hospital-led purification process and the use of plastic bags for wrapping the deceased instead of the traditional pure white cloth. The importance of offering final tributes, reciting prayers, and community involvement in funerals was emphasized by the participants (Tarabeih et al., 2023).

South African Jews form a significant community, estimated to be around 52,300 to 75,000 individuals. During the pandemic, Jewish communities faced challenges related to mourning rituals and funerals. Virtual funerals became common, allowing family and friends to participate remotely. Shiva, the traditional seven-day mourning period, was adapted to

virtual gatherings. Tzedakah (charitable giving) continued, with South African Jews supporting causes related to COVID-19 relief and healthcare (Gilbert & Gilbert, 2021).

Traditional African religions are deeply rooted in South Africa's history. Ancestors play a crucial role, and rituals around death involve honouring and communicating with them. (SAHO, 2019). Despite the pandemic, many adherents continued ancestral rituals, albeit with adjustments. Sangomas (traditional healers) adapted by offering consultations via phone or video calls. Ukuthwasa (initiation into becoming a sangoma) faced challenges due to restrictions on gatherings.

The majority of Hindus in South Africa are of Indian descent. Hindu practices include elaborate funeral ceremonies, such as Antyesti (last rites). During the pandemic, families faced limitations on the number of attendees at funerals. Cremations remained essential, but social distancing measures impacted rituals. Virtual satsangs (spiritual gatherings) and prayers helped maintain community connections (SAHMS, 2020).

South Africa has a diverse Christian population. Churches adapted by moving services online, including funeral services. Pastoral care became crucial, with clergy providing emotional support remotely. Bereavement counselling addressed grief and loss during lockdowns. Holy Communion was administered in innovative ways, such as drive-through services (Millard & Paulsen, 2020). While specific studies on faith traditions coping with death rituals during the pandemic in South Africa are limited, anecdotal evidence and community reports provide insights. Researchers have explored the impact of COVID-19 on religious practices globally, including in South Africa. Each faith tradition adapted differently based on their beliefs, community dynamics, and government regulations. The resilience and creativity displayed by these communities during challenging times highlight the importance of faith and cultural practices in times of crisis.

In lieu of the preceding review of the literature, this study aims to understand and highlight how COVID-19 restructured the nature of grief, loss, and spirituality in South Africa for people of different faith traditions, and how those who were left behind mourned or coped with the death of their loved ones without any social support. In doing so, the results of this study can provide insights into the impact of COVID-19 on religious spiritual, and coping

practices, grief, loss, and coping practices in South Africa, and the implication of these in the future.

The study will particularly investigate a phenomenon called complicated grief or prolonged bereavement disorder as proposed in the Kübler–Ross grief cycle (Papalia et al., 2002). Acknowledging the number of individuals affected, the research will explore various South African processes, faith-based beliefs, traditions, rituals, and practices used and available resources to cope with the COVID-19 related experiences of loss to inform future responses to dealing with such large-scale, death, and loss, bereavement, and mourning practices.

2.8 Theoretical Framework

The COVID-19 pandemic has altered perspectives on life, grief, loss, and death. People's beliefs and perceptions were impacted by changes experienced during this global crisis (Herbst, 2021). This study aligns with Elisabeth Kübler-Ross's five stages of grief and loss, which individuals undergo after losing a loved one (Aktas, 2021). Originally proposed by the psychiatrist Kübler-Ross in the 1960s, this model now serves as a valuable tool for understanding and managing human behaviour during times of change and adaptation.

By focusing on behaviours rather than actions, the Kübler-Ross Model provides an effective framework for assessing individuals navigating grief, loss, and the process of death (Parker, 2023). In this study, we will explore the five stages of change related to grief, loss, and death. It is essential to recognise that people grieve uniquely during each of these stages, and participants' experiences may vary. Kübler-Ross's five stages model is not a straightforward linear progression. Consequently, some individuals may not encounter all five stages, while others might only go through two or more. Most people are aware of these stages during the process of grieving and coping with loss (Gregory, 2022).

Amid the recent COVID-19 pandemic, many individuals in South Africa have encountered grief, loss, and death (United Nations South Africa, 2021). Drawing from Kübler-Ross's five stages, which apply to various types of change in personal and professional life, it is essential to recognise that these stages are not rigidly sequential (Van Dyk, 2020). Feelings can overlap, hitting a person simultaneously (Schneider et al., 2020). Thus, the model aids in understanding how participants responded to and experienced change during the pandemic

(Pentaris, 2021). Additionally, it serves as a guide for identifying any additional psychological shifts (Cherry, 2021).

During the COVID-19 pandemic, medical professionals across various disciplines faced an increased workload caring for dying patients (Schneider et al., 2020). The shift from focusing on illness elimination or mitigation to end-of-life preparation posed significant challenges. Healthcare providers grappled with fear and concern related to protocols and disease spread. This transition was particularly difficult for patients, their families, and the healthcare team. It serves as an illustrative journey toward death, prompting discussions about appropriate and inappropriate approaches (Van Dyk, 2020). The interprofessional team played a crucial role in addressing patients' unique needs and guiding both patients and their families through this process (Tyrrell et al., 2022).

In the context of COVID-19 and the process of death and dying, individuals in South Africa faced a shift in their priorities. While managing acute and chronic illnesses typically focuses on finding a path to eliminate or slow down disease progression, dealing with terminal illness necessitates both preparation for death and efforts to alleviate symptoms.

Understanding the experience of dying and grief allows healthcare providers to effectively address the unique needs of patients, their families, and healthcare team members (Burn, 2020). Elizabeth Kubler-Ross's 1969 model, introduced in her book 'On Death and Dying,' revolutionized discussions about death by outlining five stages of dying: denial, anger, bargaining, depression, and acceptance (DABDA). This work emphasized the patient's experience and led to new approaches in end-of-life care (Tyrrell, 2023). The model, extended to various contexts including grief and significant life changes, serves as a heuristic for understanding common thought patterns, emotions, and behaviours in terminal illness. It is subjective and individuals may experience the stages differently or not at all (Tyrrell, 2023).

Denial, a common defense mechanism, was prevalent when the WHO announced the pandemic in January 2020. Kubler-Ross noted that patients often reject the reality of a terminal diagnosis, which can be a normal part of processing difficult information. However, persistent denial can be harmful. Healthcare providers need to deliver upsetting news clearly and directly, without repeatedly re-educating patients about their diagnosis (Tyrrell, 2023). Upon accepting a terminal illness, patients often experience anger, which can be directed at

various sources or be more generalized. Recognizing this as a natural response can help healthcare providers and loved ones navigate these emotions (Tyrrell, 2023). Bargaining is another common response, where patients attempt to regain control. This can involve rational proposals or more magical thinking, such as trying to appease guilt believed to have caused their illness (Fairman, 2011).

Depression, a stage described by Elisabeth Kübler-Ross, is perhaps the most immediately relatable in the context of grief. Patients navigating this stage often exhibit symptoms that align with our expectations: sadness, fatigue, and anhedonia—a diminished ability to experience pleasure. As the reality of loss sets in, they grapple with these emotional burdens (Tyrrell et al., 2023).

Interestingly, spending time in the first three stages (denial, anger, and bargaining) may serve as an unconscious defense mechanism against the emotional pain of depression (American Psychological Association, 2018; Gupta, 2023). While patients' actions during this stage might be more comprehensible, they can also be jarring when juxtaposed with behaviours from earlier stages. Caregivers, who have been supporting patients through the initial phases, may need to consciously rekindle compassion that might have waned. Recognising the unique challenges of depression and maintaining empathy is crucial as patients progress through their grief journey (Tyrrell et al., 2023).

Acceptance signifies acknowledging the harsh reality of a challenging diagnosis without resistance or struggle. During this stage, patients may shift their focus towards cherishing the time they have left and reflecting on their memories. They might also engage in practical preparations, such as planning their funeral arrangements or ensuring financial and emotional support for their loved ones (Tyrrell et al., 2023).

While caregivers and providers may perceive this stage as less emotionally draining, it is essential to recognise that it is not inherently healthier than the preceding stages. Similar to denial, anger, bargaining, and depression, understanding these stages is not about enforcing a rigid sequence; rather, it is about anticipating patients' unique experiences and providing empathetic support throughout their journey (Tyrrell et al., 2023).

The DABDA model holds historical and cultural significance as one of the most widely recognised frameworks for comprehending grief and loss. Over time, various alternative models have emerged, drawing inspiration from the original DABDA model. Elisabeth Kübler-Ross and other experts emphasise that patients often navigate these stages fluidly, sometimes experiencing more than one simultaneously and moving between them in a non-linear manner. Importantly, each stage can play a protective role, and every patient's grief journey is unique (Pyscom, 2022).

There are other models of grief, loss, and death stages proposed by previous professionals in the field that support similar theories and analogies of the process such as Bowlby and Parkes' Four Phases of Grief, Wolfelt's Companioning Approach to Grieving, Neimeyer's Narrative and Constructivist Model. Their work is based on Kubler-Ross's model and describes the phases of grief, loss, and death from different perspectives which confirms that the grieving process is not linear and unique to each individual and community.

The five stages of grief, as proposed by Elisabeth Kübler-Ross and further explained by David Kessler, serve as a framework for understanding emotional responses, not a recipe for conquering grief. These stages were observed during the COVID-19 pandemic, with individuals experiencing denial, anger, bargaining, sadness, and finally acceptance. Acceptance is seen as the healing step, providing control, and demonstrating human adaptability and resilience (Kessler, 2020). These stages offer a roadmap for processing grief, loss, and death (Bonanno, 2020). Kübler-Ross's work focused on helping terminally ill individuals accept their diagnoses, supporting caregivers and family members, and encouraging everyone to live fully, acknowledging the finiteness of life.

Kübler-Ross emphasized that terminally ill individuals can teach us not just about dying, but also about living and finding meaning (Kübler-Ross, 1983). Charles Corr recommends the "dual process model" by Stroebe and Schut, suggesting that people grieve by alternating between processing their loss and preparing for new life challenges. George Bonanno identified four common grief trajectories, including resilience, chronic grief, return of pre-existing depression, and mood improvement after a loss. He acknowledged that his approach lacks the clarity of the stage theory but emphasized that grief is individual, and

everyone must navigate their path. Kübler-Ross stated in her last book, 'On Grief and Grieving,' that her stage theory was not intended to neatly package complex emotions (2004).

2.9 Conclusion

The COVID-19 pandemic exacerbated the tragedy of losing a loved one, particularly in South Africa where government regulations disrupted traditional burial processes and cultural rites. This had a profound impact on how people grieved and mourned (Gumede et al., 2022). Most cultures dying and funeral observances, which focus on community resources for healing in grief, were disrupted, as were specific death and bereavement rituals of other faith traditions in South Africa. The study aimed to explore how South Africans coped with their grief, loss, and death experiences using their diverse spiritual, religious, and belief systems. This chapter reviewed the literature on COVID-19's impact on death, dying, religion, spirituality, and rituals in the context of bereavement, concluding with a theoretical framework. The next chapter will outline the study's methodology.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

The previous chapter provided an overview of existing literature on COVID-19, the ramifications of the pandemic, and various coping mechanisms people utilised, particularly focusing on religion and spirituality in dealing with loss, death, and grieving. The chapter also outlined the theoretical framework that underpins this study. This chapter provides an overview of the research methodology used to conduct the study, including a detailed overview of research activities conducted during the research process. This includes the research design, study setting, population and sampling, data collection and procedures, data analysis, reliability, and ethical guidelines that were followed.

3.2. Research design

This study is informed and guided by a qualitative interpretive research design, Interpretive Phenomenological Analysis (IPA) as this allowed the researcher to take an exploratory stance on the research topic. Blanche et al. (2006) defines a research design as a strategic scaffold for action that functions as a link between research questions and the implementation of the research. A qualitative interpretive design seeks to investigate and comprehend a phenomenon through the perspective of an individual (Durheim et al., 2006), providing researchers with a thorough comprehension of the phenomenon under examination. The interpretive approach was appropriate as it emphasises the importance of context, cultural influences, and the role of individuals in shaping their realities (Putnam & Banghart, 2017). The nature of this study lends itself appropriate to a qualitative approach as the researcher was interested in exploring personal accounts of participants' experiences of loss, grief, and death during COVID-19, and the coping mechanisms they used during times of harsh lockdown and restrictions.

3.3. Study setting, population, and sampling

This study was conducted in Sandton, which is an affluent residential suburb located within the Johannesburg Metropolitan Municipality in Gauteng. Sandton is South Africa's second-largest business node, and it is regarded as the mecca of green buildings within Africa. Sandton has developed into a significant financial and business hub in Gauteng, housing the Johannesburg Stock Exchange and the headquarters of numerous major companies (Sandton Info, 2024). Approximately 222,415 people are living in Sandton at present (Sandton Central, 2023).

COVID-19 and its devastating impact are reported to have slowed down population growth during 2020 and 2021 (Sandton Central, 2023). Given that South Africa is a multi-faith country, to obtain a comprehensive view of the role spirituality played in the lives of South Africans in coping with loss, grief, and death during COVID-19, the research focused on interviewing ten individuals from various religious perspectives including, Christianity, Islam, Hinduism, and Judaism, as well as the African traditional and indigenous belief systems. The aim was to explore their perspectives on spirituality. Accordingly, participants needed to be 18 years and over, ascribe to a religious, spiritual, or belief system and be health, finance, or educational professionals based in Sandton. Due to convenience and access to participants, the researcher opted for this population and because they fulfilled the sampling criteria. The principal language used in the study was English. Research participants comprised of ten purposively selected individuals from various spiritual or religious beliefs, backgrounds, and genders. Purposive sampling, which is a form of non-probability sampling, is completely based on the consideration and appraisal of the researcher when selecting a specific sample from a population (De Vos et al., 2002). Alase (2017) notes that a sample size of 5-10 participants is sufficient to obtain data saturation in an interpretive phenomenological study. Saturation is reached when new data is not likely to provide more information than provided by data already collected.

3.4. Data collection methods and procedure

Individual interviews were conducted with each of the participants (see Appendix: A). Interviews are commonly used in qualitative research to obtain in-depth and detailed information to understand participants' behaviours, and in this case, their motivations behind spiritual practices, their quality of life, and their views of loss, grief, and death during COVID-19. A semi-structured interview technique was used, which is conversational in nature, includes open-ended questions, and allows for flexibility for follow-up inquiries (Mouton, 2001).

Although this technique allowed for necessary topics to be discussed, and essential information to be obtained, participants were encouraged to be free to share their individual experiences and insights, without any constraints. A set time was agreed upon with each of the participants, based on their availability. Signed informed consent and permission to record the interview were obtained before conducting the interviews. Participants were interviewed in a natural setting where they felt comfortable and not threatened, such as their place of work, home, or online (via Microsoft Teams). Interviews were conducted in a way that ensured that participants' privacy was not violated. After interviews were conducted, data was transcribed, and these transcripts were safely and securely stored with only the principal researcher having access to it. During the interview process, the researcher also took field and observational notes which consisted of non-verbal cues such as facial expressions and the researcher's thoughts and feelings.

3.5. Data analysis method

Data were analysed using the Interpretative Phenomenological Analysis (IPA) method, which is an inductive research method that aims to understand how individuals interpret their experiences (Alase, 2017). The researcher collected qualitative data, through interviews, and analysed it to uncover the themes and meanings of the study. The process involved several steps such as initial notes, which allowed the researcher to gather notes and comments from the qualitative data. Following the steps outlined by Alase (2017), the initial notes were refined into experiential statements and assertions, with Personal Experiential Themes (PETs), which were used to identify common trends across participants. PETs encompass conceptual, theoretical, semantic, and practical aspects. The review and refinement entailed continuously

reviewing and refining the PETs for each participant ensuring a thorough analysis of the data and key concepts and patterns. In summary, IPA provides insights into how people make sense of their experiences, emphasizing an open-ended and curious approach during data collection (Smith, 2015).

3.6. Trustworthiness

Unlike quantitative research which uses statistical techniques for validity and reliability, qualitative research focuses on the trustworthiness of observations and data. Trustworthiness, or procedural reliability, is assessed by the repeatability of observations, considering contextual differences. If similar data can be consistently collected from similar samples, the research is deemed procedurally trustworthy. If other researchers can interpret and conclude similarly from the data set, the research is considered valid. A qualitative study must meet four criteria to be deemed trustworthy: credibility, transferability, dependability, and confirmability (Wagner et al., 2021).

Lincoln and Guba (1985) explain these criteria and how they can be achieved in qualitative research. According to Lincoln and Guba (1985), transferability is the extent to which research findings apply to new contexts or with different participants. This was achieved through a thick description, which entails sufficient recording and reporting of the data. Dependability refers to the provision of sufficient evidence that will enable the replication of the study with the same or similar participants in the same or a similar context. The researcher ensured dependability was achieved through a meticulous audit trail of the research process. Confirmability is about ensuring that the findings directly emerge from the data and not researcher bias, which was achieved by remaining reflexive throughout the research process to diminish bias and keeping a clear audit trail (Lincoln & Guba, 1985). Credibility is analogous to internal validity in quantitative research, as it refers to how accurately the researcher represented participants' experiences (Scott & Branson, 2023). In this study, credibility was achieved by triangulating multiple cases, referential adequacy by recording interviews and keeping process notes, and member checks where participants were asked to check if the researcher accurately reflected what they shared (Lincoln & Guba, 1984; Scott & Branson, 2023).

3.7. Reflexivity

In the process of reflexivity, it is imperative for the researcher to become aware of their assumptions, biases, beliefs, and preconceived ideas about the research phenomenon. In an interpretative phenomenological research design, researchers are required to be aware of how their assumptions and presuppositions can affect the research process (Hein & Austin, 2001).

I maintained reflexivity by ensuring that I did not speak to personal experiences that were faced by myself, close peers, parents, and family, and that assumptions I had gathered from what I had heard or read in the literature did not filter into the interview process, and that this was mainly a space for participants to share their own experiences. Death for me is viewed as a transition rather than an end. I believe it involves the soul leaving the physical body and continuing its journey through reincarnation. Rituals, such as cremation and prayers, guide the soul's passage. Karma plays a crucial role, in shaping future lives based on actions in this one. Death is inevitable and understanding this transition for me, is the end of a cycle and helps one to live a more fulfilled and enriched life. Notwithstanding my own beliefs, as a South African, respectful of our multi-cultural, multi-religious country, during the data collection and data analysis processes, I remained reflexively aware of my own beliefs and presented the findings as participants from diverse faiths and cultures reflected their experiences.

The global impact of the COVID-19 pandemic prompted my interest in researching spirituality and its role as a coping mechanism during the psychological challenges faced by many in a South African context, including grief, loss, and death. During the pandemic, people across the world experienced various forms of change and loss, and this prompted the researcher's interest in the study.

3.8. Ethical Considerations

Ethics are particularly important during a study. Various ethical considerations need to be met to abide by the ethical principles that guide research. These include informed consent, voluntary participation, confidentiality, anonymity, non-maleficence, and beneficence as per the Department of Health (2015). During the informed consent process (see Appendix C)

participants were made aware of the nature and purpose of the research, the advantages, and disadvantages of their participation, and how the findings will be disseminated. Participants were also informed that their participation in the research study was voluntary and that they had the right to refuse to participate, including the right to withdraw from the study without any consequences. This allowed participants the opportunity to make an informed decision about their participation in the study. In addition, information about support services was provided should participants experience any psychological distress during the research (as per Appendix D). All participants were requested to sign an informed consent form, before being interviewed both for the interview and for recording the interview (see Appendix B).

Confidentiality and anonymity were practised in the study by ensuring proper safeguards were put into place to protect the privacy of participants and their information from unauthorised access, use, disclosure, modification, loss, and theft. Participants' data was anonymised using pseudonyms.

The researcher stored hard copies of the data in a secure place with access only available to the researcher and electronic data was safeguarded on a database with a secure password that only the researcher and supervisors have access to. Participants were also informed that any publications that may emerge from the study will not be directly linked to them.

The principle of non-maleficence means to not harm, harm can be both physical and/or psychological such as stress, pain, anxiety, diminishing self-esteem, or an invasion of privacy. The researcher ensured non-maleficence by briefing participants on the sensitive nature of the topic as it could have been emotionally evocative for some participants. In such a case, participants were referred for counselling support to the Counselling and Advisory Services-Clinical Psychologists with whom prior arrangements were made for participants as needed (see Appendix D).

The principle of beneficence necessitates not only avoiding harm but also benefiting participants and promoting their welfare (Varkey, 2021). Participants were notified of the benefits, such as understanding their coping mechanisms for dealing with loss, grief, and death and finding a deeper meaning to life, that they and the broader population may derive from the study.

3.9. Conclusion

This chapter focused on the methodology that guided the study, it included the research design, study setting, population and sampling, data collection methods and procedure, data analysis method, trustworthiness, reflexivity, ethical considerations, and conclusion. The next chapter will present findings that emerged from the qualitative analysis of the data and will also integrate the discussion.

CHAPTER 4

FINDINGS AND DISCUSSION

4.1 Introduction

The previous chapter outlined the research methodology and ethical imperatives that underpin this study. This chapter presents findings that emerged from the qualitative analysis of interview data and are structured according to the superordinate- and subordinate themes that emerged, which aligns with the objectives of the study. Using a qualitative interpretative research design and the Kubler-Ross stages of change, loss grief, and death theory, the study sought to explore, through semi-structured interviews participants' subjective experiences and perceptions of life and death and delve into psychological tools and coping mechanisms, including spirituality and religious coping mechanisms they used to deal with loss and grief during harsh lockdown and restrictions imposed as a result of the COVID-19 pandemic. The study particularly explored meanings participants ascribed to life and death, the impact, including psychological impact, of government restrictions, loss, and death during COVID-19, coping mechanisms participants used, including the role spirituality played in coping with loss, death, and grief.

To present participants' perceptions and experiences, this chapter provides a narrative account using extracts from the interview transcripts. The chapter further illustrates how the study is situated within the broader context of the spiritual, and psychological coping strategies and tools used and adopted during the highs and lows of loss of life, grief, and death and ascribing meaning to the lessons of life and the journey during a pandemic, while also situating the study findings in existing literature and previous research studies.

The researcher first delineates participants' demographic data, and then provides a summary of the primary themes and sub-themes that surfaced from the data, and results and discussion are then presented according to themes and sub-themes that emerged. The chapter concludes with a summary of findings to present the essence of this phenomenon, as expressed by participants.

4.2 Demographic data of participants

Ten purposively selected participants from various monotheistic religions (Judaism, Islam, Christianity, and Hinduism) and Indigenous belief systems in Sandton, Johannesburg, South Africa were recruited to participate in this study. Table 4.1 below disaggregates the demographic data of the participants.

Table 4.1

Demographics of participants

Participant	Age	Gender	Employment	Religion	Education Level
Participant 1	49	Male	Claims Reworks Specialist	African Traditional /Christianity	/Grade 12
Participant 2	50	Female	Professional Assistant	Judaism	Diploma
Participant 3	30	Female	Medical Professional	Islam	Postgraduate Degree (Doctorate)
Participant 4	31	Female	Health Claims Specialist	Hinduism	Undergraduate Degree
Participant 5	35	Male	Team Coach	Christianity/Spiritual	Undergraduate Degree
Participant 6	44	Male	Analyst	Christianity	Undergraduate Degree
Participant 7	39	Female	Senior Training Team Leader	Christianity	Postgraduate Degree
Participant 8	31	Female	Health Claims Specialist	Hinduism	Grade 12

Participant 9	33	Female	Auditor	Christianity	Postgraduate Degree
Participant 10	47	Male	Claims Exceptions Specialist	African Traditional/Christianity	Grade 12

As can be gleaned from Table 4.1 above, all participants were within the age range of 30-50 years, the majority were female (n=6), and in terms of level of education, three participants completed Grade 12 and the rest (n=7) had a tertiary education. An equal number of participants had either a post-graduate degree (n=3) or an undergraduate degree (n=3) and one participant had a diploma. Most participants ascribed to Christianity (60%) with 20% of these also ascribing to traditional African beliefs alongside Christianity and one participant ascribing to a form of spirituality. The rest of the participants followed Hinduism (n=2), Islam (n=1), and Judaism (n=1). While the sample is skewed towards participants following Christianity, it should be noted that the sample is in line with general demographics on religion in South Africa as outlined in the literature review (South African Embassy, 2021).

4.3 Categories and themes

This section delineates primary and related themes derived from the data analysis of participants' experiences concerning COVID-19. Participants articulated their experiences in extensive and reflective detail, spanning from the initial awareness and knowledge of the pandemic to navigating through lockdown restrictions, losses, grief, death, mental health challenges, coping strategies, and the utilisation of available resources as necessary. Table 4.2 below delineates superordinate a priori themes (aligned with the research objectives of this study), offers a summary of these key themes, and outlines key subordinate themes identified in the data.

Table 4.2 *Analysis*

SUPERORDINATE THEMES	SUMMARY OF THEME	SUB-THEMES
The diverse Meanings of Life and Death	This theme encompasses the wide range of interpretations, beliefs, philosophies, and perspectives that individuals and cultures attribute to the concepts of life and death.	<ul style="list-style-type: none">▪ General view of life and death.▪ Multi-religious perspectives of life and death.▪ Culture and meanings of life and death.
Impact of government restrictions, loss, and death during COVID-19	This theme explores the participant's journey, using the Kubler-Ross model of perspectives of loss, grief, and death and changes during the COVID-19 pandemic, responses to the lockdown, family, home, personal and work-related matters faced during this time.	<ul style="list-style-type: none">▪ The suddenness of the restrictions.▪ Lockdown and its implications.▪ Loss, death, and grief during the pandemic.

Coping mechanisms used during the pandemic	This theme focuses on the role of resources in participants' experiences. This ranges from the various resources, including personal, spiritual, or religious which they drew on to cope during the pandemic and when faced with loss, grief, and death challenges.	<ul style="list-style-type: none"> ▪ Acknowledgement of loss as key to coping. ▪ General coping strategies used during the pandemic. ▪ Spirituality and religion as coping mechanisms. ▪ Coping with mental health challenges post-pandemic.
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Findings are presented under the following sub-themes: (i) Meanings participants ascribe to life and death, (ii) Impact of government restrictions, loss, and death during COVID-19, and (iii) Coping mechanisms used during the pandemic. Initials are used as pseudonyms to refer to participants throughout this study.

4.4. The diverse meanings of life and death

This theme encompasses a wide range of interpretations, beliefs, philosophies, and perspectives that individuals and cultures attribute to the concepts of life and death.

This section was guided by the first objective, that is, exploring subjective experiences of the meanings that participants ascribe to life and death, it is comprised of two sub-themes: (1) general view of life and death, (2) multi-religious perspectives of life and death and (3) culture and meanings of life and death.

4.4.1 General view of life and death

This sub-theme takes into consideration that participants may have their unique interpretation of the meaning of life and death based on their personal experiences, values, and worldviews, and within this, there is diversity. One participant, particularly grappled with existential questions and tried to make sense of life and death, as demonstrated in the following excerpt:

So, for me, I don't know when I die... I, don't... know, I'm back and forth because of my whole rethinking, my religion and spirituality, and that I'm back and forth about what happens to us when we die, can we? Umm, can we really, you know, see our loved ones who stay behind? Will we see them again in the afterlife like that? But for myself, I don't think I, you know, I haven't thought about death... For me, it's more about ... how it will affect the people around me. (YM)

While this participant expressed some sort of ambivalence or uncertainty about death, the excerpt alludes to concern for those who are left behind when the participant dies. Participant FO, however, links death and its acceptance to how one lives, acknowledging that death is a reality, but feels that because of the full life she has lived, it is not an issue for her at all. She states:

It [i.e., death] happens [and there] is nothing you can do about it. I do believe that everything is written the day you were born, the day you're going to die. So, there's nothing you can do to avoid it and you can't change the way it's going to happen ... I'm definitely not scared of dying. Umm, I just pray to God that it's not in a painful way. If it happens, it happens. I don't mind. I feel like I've lived a full life. (FO)

Another participant displayed an indifferent or unconcerned attitude towards death or about the prospect of death, noting:

So, in general, I'm actually very harsh. You get born, you live, and you die, right...My dad passed away 17 years ago when I was overseas for rugby ... So, when it comes to

death, I know it's a natural biological process. When it comes to grief, [I] probably emotionally shut out on that world like it's not something that really grabs me a lot. (JP)

The above excerpt suggests a detachment from the idea of death but could also be signalling a lack of emotional attachment or fear regarding the inevitability of one's own mortality and hence avoidance of dwelling on thoughts of death or perhaps the participant may not be particularly phased by discussions or reminders of death. Facing one's own death and managing the fear of one's own death are important existential, psychological, and clinical issues, particularly for older people. One's own death is unique from an existential point of view because it is associated with "the most extreme possibility," that is, that one could no longer exist in any shape or form and will thus be unable to be involved with or engage in anything that exists in this world (Heidegger, 1996). Considerations of one's own death are crucial because this process involves such existential issues (Hirano et al., 2021).

Another participant expressed that she initially felt indifference to life and death but, due to COVID-19, she started thinking more about death and preparing for their death:

Yeah, death is, is. It's such and it's definitely there but when you think of your own death, are you preparing? I'm not that religious, so yeah, I can't really comment about that. But from my side, when I contracted COVID initially I looked at my life cover. So, I mean, I reviewed like that my life cover, and I started telling my mom that when I passed away, I wanted to do 1, 2, 3, and that would make me happy in my life. She needs to ensure that she gets me like a proper tombstone as [a] remembrance... (KL)

Participant KL on the other hand, noted that death was a certainty: "*Death, death is like, it's inevitable, it happens, it is a certain[ty] in life, it is like taxes*" (KL), which was the general sentiment among participants. Another participant took the certainty of death to the next level indicating that if death is a certainty, then life after death is also true:

Some other people, they don't, they don't believe in life after they've [died] because they say if you are dead, you are dead. You are not going anywhere. Not everybody's

believing (sic) in that there is life after death, but on my side or my opinion, there is life after death. I believe that if I can die now, I know there's there is life after death. (HN)

The above demonstrates that participants generally have divergent views about what life and death constitute.

4.4.2 Multi-religious perspectives of life and death

Several psycho-social factors can impact a person's behaviour, with one of the most significant being their belief system (Bautista et al., 2017). Different religious beliefs provide diverse insights into life and death, with guidelines for comprehending the purpose of life, the nature of the soul and life after death. Montiel (2003, as cited in Bautista et al., 2017) outlines the scientific definition of death, stating that it occurs when vital functions, that is., cardiac, and respiratory activities cease, leading to the termination of brain functions, thereby concluding one's entire existence, which is death. Contrary to the scientific notion of death, which ends with death itself, participants from different religious beliefs see death as a transition to a different form of existence, an afterlife. Christians generally hold the belief in an afterlife wherein the soul ascends to heaven, descends to heaven or hell, or undergoes purgatory following death, which is contingent upon individual beliefs and conduct throughout life.

The following excerpt from HN who is a devout Christian, demonstrates the Christian belief in death and the afterlife:

You know, I believe in life after death. I believe that if a person dies and if maybe let's say I can maybe like die now ... The minute that I can say to God, can you please God, please forgive me for all my sins and all my mistakes and everything that I have done wrong to you because ... I believed in you, but I was always failing you. And please can you please write my name in the Book of Life, and all is going to be well that is what I believe is going to happen ... because of there is life after death, that then means that you do get straight to God. (HN)

Another participant, who identified as a Christian, noted that she was not a practising Christian in terms of formal religious rituals and customs, but she nevertheless believes in God, and her view on life is one where she does not see negative life experiences as being a “punishment” or “lesson” from God, stating:

It's more just, that, it's not that I lost my faith, but I have had a bit of a speed bump because I don't know, just experiences in that where I, you know, you question things and trying to figure out where I sit with things because a lot of the things that you're taught... So, my religion is uh, I'm Christian, born and raised... It's just, you know, believing in like God in general, whether it is the God for Christians or Muslims or Jews or Hindu, you know, just that I think that with the way that we do religion in the world sometimes leads to unnecessary pain and wars and stuff... So, I'm in, in between soul searching kind of phase ... Believing blindly, you know when people were saying things like ... when someone's got cancer, it's like, oh, God's trying to teach you a lesson, like, well, that's not good... So, I would never give my child the disease to give to teach them a lesson. (YM)

This extract demonstrates YM’s grappling with religion and views of the divine, which is a core dimension, one of seven conceptions and beliefs that people hold regarding life, as proposed by (Krok, 2015), that is, having positive optimistic beliefs about one relationship with the divine as far as religion is concerned. Such existential contemplations or questions are frequently prompted by human beings’ encounters with a variety of personal, environmental, and socio-cultural events and processes (Bautista et al., 2017). According to Krok (2015), individuals can find meaning in life when their experiences convey significant and understandable information or when their lives make sense. This meaning entails comprehension, which showcases humans' capacity to understand and make sense of their lives, including themselves, the external world, and their role within it.

Moreover, Krok (2015) explains that meaning includes purpose, indicating overarching and enduring life goals that align with one's identity and inspire corresponding actions. Another key tenet of the Christian faith on life, death and the afterlife are linked to the resurrection of

Jesus Christ, which is seen as a symbol of victory over death and the promise of eternal life for Christians. In this regard, one participant noted:

[People with mental health challenges] can cope with medication because sometimes they can go high so they can take their medication which can help them. But the problem is that there is no cure for that. They will live with it until Jesus comes back... God will never let you down. God is still existing, and Jesus is on his way. He will come soon. Anytime. When they say Jesus is coming, he, Jesus is around the corner. I know that one day Jesus will come back. (HN)

The quote shows how HN's beliefs guide his views and how it would essentially influence his actions or the way he responds to reality (Bautista et al., 2017). Within the Islamic faith, death is also perceived as a passage to the afterlife, where individuals are judged according to their faith and actions. As demonstrated in the following quote, Muslims hold the belief in resurrection and the Day of Judgment, where the virtuous are granted entry into paradise while the unrighteous face retribution in hell.

My personal view is similar to my (sic) religious beliefs, [i.e., Islam]. I believe that basically, everybody has an assigned time, so we [are] all meant to go. We believe in life after death, so we will be brought up at a certain point on the day of judgment and be questioned for our deeds. That's why we need to be conscious of what we do and how not to harm people, because everything has its time and we believe that after you get judged on the day of judgment, there's a further and continuous life and that's either hell or heaven and actually the eternal life. (YE)

This view aligns with the advice of Prophet Muhammad who instructed Muslims to live in the world as though they were strangers or travellers, emphasising the transient nature of earthly existence (Khan, 1996). In this context, death signifies a new beginning rather than an end. Muslims believe that life and death are per the will of Allah (God), with each individual's lifespan predetermined, death represents the transition to the Hereafter, which is considered the ultimate destination (Kristiansen et al., 2021).

Similar to Muslims and Christians, Jews also believe in an afterlife described as a spiritual realm where souls are believed to go after death, and they also believe in the resurrection of the dead, where the righteous will go and a realm where the wicked will dwell in. Overall, Jewish beliefs on life after death emphasise the importance of leading a righteous and ethical life, with the hope of being rewarded in the afterlife.

I'm a Jewish person. I grew up in a kosher home and we were observant, not religious. So, I want to go quick [i.e., die quick], I don't want to say I don't want like it's uh, it's weird and like I want to go quick for me, and I want to go quick for my family. I don't want there to be suffering... If I'm going to go 6 feet under, right, but it's the reality is you don't want to die younger before you're all before your time kind of thing. If you can live longer and please God, it's a good life. (CK)

The same participant explained the various rituals that accompany death and grieving, stating:

... So, the concept is we bury as soon as possible. So, they can move up to heaven straight away, so ... their soul will move into the better place... We say certain prayers on certain Jewish holidays... and also, we have the day of remembrance of the Hebrew date of when they passed away and it's called Yahrzeit. So, you, it is the prayers that we do [on] the seven holidays, and your remembrance is basically the anniversary of their death. (CK)

These views of life and death, of the eternal nature of the soul in the Christian, Islamic and Jewish faiths align with existing literature. Similar results were reported in Italy by Toscani et al., (2003) who found that participants in their study depicted death as a transition, an event that individuals encounter—an enigmatic encounter beyond the reach of direct or indirect empirical understanding. They note that it can evoke feelings of dread and fear, and its impact is anticipated to be profound for those who undergo it (Toscani et al. (2003). Bautista et al. (2017), citing Bauman (2007) argue that individuals strive to reconcile with the inevitability of

death, often turning to cultural constructs for solace. They note, that among these constructs, the notion that death is not a finality but a transition from one world to another stands out prominently. In this perspective, the deceased do not depart from the existing world to dissolve into oblivion; rather, they embark on a journey to an alternate realm, where they persist in existence albeit in a transformed state (Bautista et al., 2017).

Religious systems offer a comprehensive framework of beliefs, perspectives on existence, objectives and interpretations that aid individuals in understanding the complexities of the world and navigating personal challenges and dilemmas (Krok, 2015). These may encompass notions such as the existence of a singular or multiple deities, understandings of divinity, the soul, and the afterlife, as well as the significance of life and death.

Hindus, for example, believe in reincarnation, which is a cycle of birth, death and rebirth governed by the law of karma. The goal of Hinduism is to achieve liberation (moksha) from the cycle of rebirth and attain union with the divine (Brahman), (Highland 2023). One participant explained this cycle as follows:

We believe that we get reincarnated like you either become... like you can be like an animal or person and ... like after the person passes away, they spread it out that powder. [I] don't know what it is. It's not the ashes, but they spread it out and everyone does not use that room for that entire night. And this is in the house of the person that passed away. And the next morning, you actually see a print, like it looks like, almost like a baby's foot or even like a bird foot or something. So, we believe in reincarnation. (DB)

Even though DB believed in reincarnation, she nevertheless had her own view regarding the end of life, noting that her biggest fear is dying a cruel death and she believed that whilst the physical body comes to an end, the soul remains on a continuous journey.

... I don't have like any or too many emotions [regarding death and dying]. I'm like if it happens, it's fine. I don't really care as much no, no, as long as it is not like brutal or anything like that. It is not something I'm afraid of. I think I'm going to; I don't know. I

think I'll be reincarnated or actually didn't even put so much thought into that part of it because I feel like that maybe once you pass away like you're free of everything and you are, you know, you're just like, free. There's like no responsibility or, but I know that is just like your body just dies. I know your soul still travels or goes on. I don't know how to answer that. (DB)

The preceding views demonstrate the existence of some different constitutive features of life and death, life after death, and the destiny of those who were righteous as opposed to those who were bad or evil. Awareness of such differences may assist palliative care professionals in meeting the actual needs of terminal patients (Toscani et al., 2003).

4.4.3 Culture and meanings of life and death

In most African communities, culture is a vital aspect of identity, values, norms, and beliefs, and, thus, culture plays a significant role in the everyday lived routines of individuals as well as death. Within this context, Appel (2011) notes that the reaction to death is influenced by how death is assimilated into a specific culture. Africans believe that death completes an elaborate life cycle, as demonstrated in the ensuing extract by participant HN:

Maybe, let's say a person has an accident. When a person has an accident in our rituals, we will go there and we decide we go with the Sangoma [i.e., traditional healer] ... to fetch his spirit so that it cannot lie there ... where the accident happened. (HN)

Death in the African traditional belief system is also understood as a rite of passage that allows the person's spirit to travel on to the next world away from the physicality of this life (Obamwonyi, 2016; Rugonye & Bukaliya, 2016), which also denotes an afterlife. However, this passage to the afterlife only happens when proper rituals and rites are conducted, and the person has received a proper funeral. This point is clarified in the following excerpt:

... On the time of day of the funeral, [the] dead body is not allowed to come into the house. It must stay outside because of the accident because of the site they say in our ritual if the person goes inside the house, that means that person will call another person to die in an accident. (HN)

Since rituals facilitate the rites of passage to the next world, not completing such rituals may block a person's entry into the afterlife. Another participant shed more lights on this matter, confirming that:

If people pass off this planet and then those who stayed behind..., which means you still have something to do, still need to complete what is required. On the traditional side they celebrate but also mourn and cry. OH, like when a person dies, we need to do rituals, but they are almost similar. We wear black clothes. And you need to stay at home and observe and mourn the person who passed away. Wife must stay in a separate room if her husband died and she cannot look in the elders' eyes, must look down. They need to like isolate. What's the reason behind this is just to show respect to one passed away. (HD)

Failure to observe these rites can lead to the deceased coming back to trouble the surviving and living family members (Rugonye, & Bukaliya, 2016). Many traditional South Africans combine traditional African beliefs with Christianity. One participant, who identified as a Christian, explained his beliefs about death and dying and the role of the 'Sangoma' (traditional healer) noting:

In our religion, maybe, let's say a person has an accident. When a person has an accident in our rituals, we will go there and we decide we go with the Sangoma, and it is the same woman, and we're going to fetch his spirit. So that it cannot lie there in where the accident happened. That is what is our belief and ... on the time of day of the funeral, [the] dead body is not allowed to come into the house. It must stay outside because of the accident because of the site they say in our ritual if the person goes inside the house, that means that person will call another person to die in an accident. (HN)

Furthermore, it is an African cultural belief that to be in the world of the dead confers supernatural powers over those in the world of the living, such as the ability to bless or to curse, and to give life or to take life among others. African indigenous beliefs “patla,” (speaking, praying talking) to the ancestors and can communicate with them is seen as a “calling”. (Zanardi, 2015). This belief in the ancestors and their role in the lives of the living is explained in the ensuing quote:

So how I do things is that before anything else I pray first, which I pray to God and then after praying, that's when I will... Now that's speaking to like, patla, when I patla, it's like speaking to my ancestors and also with my ancestors. It's like in English I can call them angels... It's because of that's people that ... lived and then they passed on... Also, when I speak, when I patla and speak to them, I don't speak to them with like saying no, this like I speak to them as people that have lived before that understand what needs to be done... (TM)

The African cultural perspective on death revolves around the belief that the deceased continues to exist in another realm, and individuals with a specific calling can establish communication with ancestors to aid the living. This theme illustrates how interpretations and cultural practices can lead to varying levels of belief about life and death within religious traditions.

4.5. Impact of government restrictions, loss, and death during COVID-19

The year 2020 presented human beings with mixed experiences and this study particularly explores individual participants’ experiences in conjunction with their religiosity during the global COVID-19 pandemic, which changed life as many knew it. The study unpacks experiences and perceptions on various matters such as life, loss, grief, and death and how spirituality and religious beliefs have been a foundation and transformation for South Africans from various backgrounds. Some participants experienced drastic changes and some participants welcomed aspects of much-needed change.

This theme relates to the participants’ journey, using Kubler-Ross’s model on loss, grief and death and changes concerning the impact of the COVID-19 pandemic, as well as responses

to the lockdown, family, home, personal and work-related matters faced during this time. The Kubler-Ross model is used during life stages of change management and perspectives of loss, grief, and death. The theory allows us to gain valuable insights into how people face change. It shows how personal performance, energy and mood vary through the normal process of human change. Analysis of participants perceptions and experiences on the impact of COVID-19 generated the following sub-themes: (i) Impact of the suddenness of the restrictions, (ii) Lockdown and its implications, and (iii) Loss, Grief, and Death during the pandemic.

4.5.1 Impact of the suddenness of the restrictions

South Africa promptly took decisive action to halt the spread of the virus and implemented a nationwide lockdown to safeguard the well-being of its population (Stiegler & Bouchard, 2020). This rapid response led to the closure of schools and businesses, and all public gatherings were brought to a halt (Omary et al., 2020). Shock, uncertainty, and fear were some of the initial stages of change that most participants faced during the COVID-19 global pandemic, based on the declaration by WHO and the South African government in March 2020. The initial phase was filled with uncertainty since the pandemic came suddenly and many were not aware of what was happening or the gravity of the pandemic. The following excerpt demonstrates this point: “...*I didn't know what was happening because we were just told not to come to work*” (YE). Similar sentiments were expressed by another participant who noted, “...*In the beginning, before lockdown, I didn't think it was that big of a deal because it was like in another country and I've never experienced a pandemic, ever*” (DB). This alludes to an initial sense of denial as proposed by Kubler-Ross, whilst the same participant, however, also stated that despite the initial lack of knowledge and unfamiliarity, once more information was obtained, fear rose, and shock set in:

...So, then I thought it wasn't going to impact me, but then, like, watching news, ... and then there was a lockdown like the hard lock down, and it was a huge shock to my system. (DB)

As confirmed by another participant in the ensuing quote, when the numbers of infected people and the rates of mortality increased, and the various COVID-19 related public health and safety measures were enforced, such as masks, sanitising, social distancing, travel restrictions, and working remotely, participants were presented with many changes, and thus shock, uncertainty and fear increased. One participant stated: "...Then the reality set in, and we realised the impact of it and then the death rate started escalating and the masking started happening and the sanitizing and the fears were rising" (YE).

Another participant pointed out: "I think the total lockdown thing was a surprise because now you as a person in your family are (sic) literally in your own little jail. And so yeah, that was that was COVID kickoff" (JP).

This initial sense of the unexpected announcement of the COVID-19 pandemic shared by participants seems to illustrate the uncertainty of what changes were experienced in the initial stages of the pandemic and the immense shock and fear participants faced during this time. As the stages of change occur Elizabeth Ross's model advises that anytime someone hears bad news, the instinctive reaction is denial, uncertainty, shock, or fear. Ultimately, the initial stage is the most challenging and overcoming denial, uncertainty, shock, or fear appears to be a challenge most people face in an overwhelming situation such as the COVID-19 pandemic. Making the shocking discovery and denying the harsh reality is seemingly the beginning of a long journey when dealing with an unknown pandemic and what to expect in many aspects of life as noted by one participant in the ensuing quote: "...Covid was a preview to what is coming..." (HD). "*It was scary, as I said, because you don't know what to expect. But most of the people didn't want to do the vaccination or lockdown. Whatever they believe now we know this is now an Antichrist system*" (HD).

For some participants, worry about the unknown extended beyond themselves as alluded to by one participant:

I'm more worried about, you know, my parents and in-laws... The people who were in that typical age range of the people that are to be a complication asked me in the world. So, the people are sixty with the chronic conditions and so on... I wasn't even, like, scared of the (sic) for myself, definitely scared of sort of the death and dying associated with COVID that was more about just concern about making sure that the people that I love were taking care of themselves.

Thus, the unexpectedness of the lockdown had various implications for participants and led to increased levels of worry and stress.

4.5.2 Lockdown and its implications

The South African government implemented lockdown restrictions as there was a rapid rise and spread of COVID-19 infections in March 2020. Lockdown restrictions included stay-at-home orders, which were to ensure the safety of citizens, and involved staying at home except for essential workers, self- quarantine, and isolation (BusinessTech, 2020). These were measures taken by the government that restricted the movements of people as a mass quarantine strategy for mitigating the spread of the pandemic (BusinessTech, 2020). Recognising and accepting change of the new norm of the pandemic became the reality of the world.

Lockdown measures were enforced to prevent and protect people from the spread of the virus, and as people became more aware of what was happening, they anticipated that such measures would be implemented, as noted by one participant, “...*I kind of expected it, I was waiting for it because I was tracking CNN News*” (JP). Another participant endorsed this view that lockdown was inevitable:

...So, when it started in December in China, you know, and they showed that the hospitals were being built in like a couple of days because they were running out of space... You know, we saw that happening and followed along with the news and knew..., It was just a matter of time before it hits South Africa. (YM)

Initially, when lockdown measures were implemented in South Africa, many of the participants welcomed the lockdown. One participant noted: “...I felt like I needed [it]. You know, like a saving grace for the lockdown because I was not emotionally well, like a week before the COVID, the COVID lockdown” (KL). Most participants enjoyed spending quality time with their family and in their homes with close ones, children and partners while also working from home stating, “...at first it was fun. We were like in a bit of a holiday. We watched movies, we had food, and we ate with family” (YE), and “...I think that initial time at the beginning of COVID when we had to be at home permanently with our son ... I think that that beginning part was almost fun because it was something new” (YM).

The preceding excerpts reveal the human ability to adapt to changing circumstances. Jurmain et al. (2013) note that from a scientific perspective, humans demonstrate an ability to adapt to different environments and circumstances, as evidenced by the diverse range of subjective experiences and emotions encountered by individuals and communities throughout the various stages and challenges presented by COVID-19. Despite initially welcoming lockdown measures during COVID-19, it was not long before participants encountered numerous hardships. Many people’s daily lives were disrupted, and they started to experience loss in multiple ways. The pandemic and lockdown measures brought with it uncertainty, altered daily routines, financial pressures, and social isolation. These kinds of losses are what Imperil (2021) referred to as shadow losses, which also lead to the experience of grieve. Such losses are outlined in the following quotes:

Yeah, that was the bad thing. Bad thing has happened to us because many people lost their lives and many people lost their jobs and many people, they have lost their houses, then they had to adapt. How many people now are on the unemployment rates there is a lot and people are still struggling even now, even if we can, we can say we are going to recover is we are going to take like more years to recover. COVID has made us live like this, how many people now they are still looking for jobs and all that, and companies have closed... (HN)

... It's hard because you don't know what everyone else is going through, and it's just horrible to hear, you know, that one or two have been successful during COVID. There were one or two uh suicides which, like you, think, like why, you know, and young people and then now we back to working. Other pressures are extra because you [are] going to make up for the money. We lost during COVID... (CK)

It is clear from these excerpts, and as reported by other studies, that broader lockdown measures, particularly limitations on mobility and economic operations, imposed substantial hardships on individuals, families, and communities (Swart et al., 2022). Many people worried about getting sick, and questioned how long the pandemic would last, and how their jobs would be affected and what the future would bring. Another participant expressed the gravity of the situation stating that it was "... exceptionally hard during COVID. (CK)

I think the only impact that I felt was financially, because during COVID as my mom and brother ... were released from work... because yeah, the industries that they were in, they did not need them and then they had to shut down. So financially, like I was... the bread winner... and I had to ensure that I was able to take care of all the household expenses. (KL)

This indicates that COVID-19 had huge financial implications, which aligns with reports of over a million South Africans losing their jobs due to the initial five-month-long lockdown (Koopman, 2021). According to Mbunge et al. (2020), a significant number of deaths were experienced in the country, leading to the loss of many breadwinners, and this placed families under financial strain and increased the risk of poverty. Socio-economic challenges linked to the pandemic and the lockdown restrictions were directly linked to people's psychological well-being (Dubey et al., 2022). Participants expressed feelings of fear, sadness, worry, and anxiety because of the different kinds of losses they suffered. One participant stated: "*I'm sad for the job losses, and I'm sad for what it did to the country... and then it was it destroyed businesses where we couldn't travel into provincially...*" (CK). Another participant highlighted the psychological impact of the deaths due to the pandemic:

...It was very it was scary, like in the beginning. It was that people like you know, hearing on the news that people are dying and you did not like know how much or how many people. But then, as it went on, people that I like knew, ... even family members started passing away. So, it was like it impacted us emotionally and yeah, it was just a big shock... (DB)

Feelings of isolation and loneliness were on the rise due to the pandemic and restrictions, and some participants found social isolation very difficult. One participant noted:

Ok, not being around people, but I did really struggle during those heavy lockdowns. Even though I talk[ed] to people on my computer daily with training, I see people. I really needed to have actual contact with humans, so it was. I did reach a point where I was feeling really, down in dark. (YM)

These findings are supported by studies in South Africa and abroad. In a study conducted by DUBY et al. (2022) in South Africa, it was found that COVID-19 restrictions on movement, continuous lockdown, and forced quarantine exacerbated stress and anxiety with participants expressing emotions ranging from fear, despair, frustration, boredom, and isolation to loneliness.

The strain on mental health was further compounded by various other psycho-social and economic factors, including household job losses, food insecurity, financial pressures, and domestic violence. In a study conducted in the United States by Trnka and Lorencova (2020), it was found that feelings of fear, health, finances, medical care, food supply, isolation and mortality attributed to COVID-19 increased. Benfante et al. (2020) also found a robust correlation between the COVID-19 pandemic and heightened anxiety levels within the Italian population.

4.5.3 Loss, grief, and death during the pandemic

Loss, death, and grief are inevitable parts of the human journey, and loss and grief can be experienced because of a loss of life, career, or routine, or the end of something that was part

of life's day-to-day activities was taken away, such as the pandemic. This is emphasised in the following excerpt:

I think it's important for us to acknowledge all kinds of losses and not just focus on the big ones like the, you know, a death or an end of a marriage or in the friendship and that kind of thing. (YE)

This indicates that loss during COVID-19 was not just perceived in terms of death, but also concerning any kind of loss experienced. The same participant elaborated this notion of loss as being all-inclusive, but at the same time associated loss with a divine decree:

Loss means that something is taken away that you were used to, or someone taken away. This [is] in your circle, so when it's snatched away, it forces you to change your perception or your reality or day-to-day. For me, I perceive loss as everything for me happens for a reason and when we refer to loss of life; I know there's a time for everyone, so as much as you may want to ... plan life, I feel everybody is being tested anyway, so if it's a loss of life, especially the closer to you, it does take time for us as humans, to get used to the loss, but I don't feel it was unclear or forced on. I see it was their time and we need to make peace with that. When there's loss of a job or loss of something else.

I feel still, it's a wake-up [call] all the time for us in some way or the other, ... don't always perceive it to be negative. Sometimes I think it's a wakeup call for us to either change the pathway. What do you need to look at in other avenues? (YE)

The experience of loss was very common for most of the participants, and all have faced some form of loss on their journey during COVID-19. One participant noted that besides the loss of various socio-economic aspects, as alluded to previously, death and loss of life were a widespread occurrence, "*Many people have died, and their families are still crying. They still trying to pick up, but it's difficult for you to pick up if you are on the ground ...*" (HN). Other participants stated:

During COVID I lost my grandfather's younger brother, and he was like a grandfather also to me... So, it really affected me... Initially I thought I was going through the grieving stage when I was very sick, and only after when I realized that I actually had contracted umm, TB..., it really hit me because he was like a father figure to me... (KL)

I think there were a lot of loss[es] [in lockdown. My uncle, my mother's brother, so I lost him. I didn't even get to go to the funeral, which is very sad and just. I just thought it wouldn't end. To be honest, I thought it was like going to be forever and will always use this mask will always be restricted... I've only lost my uncle during COVID, and then my grandmother. But then she was like old, but it was still so sad because I was really close to her, ... it does take a toll on you and like it depends on what gets you through the day. Basically, cause at in the beginning, ... it's like everything's sad and you need to think of doing or living day by day and then afterwards it does get better. But like, there will always be that... umm, that, that feeling that you won't see them again. Or like when it's Mother's Day. Uh, you know you're not going to be able to, like, see or buy anything. (DB)

Similarly, besides anxiety about survival and finances, Duby et al. (2022) also found that participants also had to deal with the grief of losing a close relative. Besides the loss of close family members, the pandemic also brought about a unique experience of witnessing the deaths of others from a distance due to COVID-19. This distant encounter with loss, which was all around, whether at work or on the news, often prompted a range of complex emotions and difficulties to navigate. Other people experienced loss or death in different ways. One participant, for example, stated:

It was just, the, I think it was more about the hearing about other people's losses and at work when they sent, you know, an email to like this person has died now or, you know that those kinds of things. (YS)

Other participants experienced loss and suffering in not being able to perform religious rituals to send off the dead, as shown in the succeeding quote:

Traditionally people suffered as they could not do their rituals and it is a big part of their culture and who they are, they could not sacrifice when someone died and feed the community. They were lost. (HD)

Loss and grieving were experienced in multiple ways by participants and the stages of grief as espoused by Kubler-Ross manifested differently. One participant, for example, clearly displayed various stages as indicated below (emphasis added):

We [i.e., my sister and I] had a disagreement about something, and she has refused to talk to me now for a long time, umm, and it was very difficult in the beginning ... I was so distraught about it. I was like heartbroken. It's a very sad, distraught, you know, I would just sit the moment that I stopped just, you know, if I wasn't working or busy keeping myself busy, the mum, dad, just sit and my brain can go on and thought I would just start crying at some point. I think that was sort of that sad and I'm then it was like that depressive phase about it, where anything was just, I wanted to even just avoid thinking about it ... So anyway, so I was really angry for a long time at my dad and his wife at my sister's ... And then one day, I just realized that I'm when something happened that made me think of her, I actually felt ok. I don't get that sort of panic feeling of you know, my heart rate increasing and I'm feeling a little bit, you know, that sort of shaking feeling. And I wasn't angry either. Don't feel like crying? Like, OK, like I could accept it. (YM)

As noted by Kubler Ross (1996), anger was experienced and expressed by the participant and directed at close family members, YM experienced depression and depressive symptoms including sadness, crying, distress, panic, elevated heart rate and shaky, and she tried to avoid thinking about her loss, and then came acceptance. Understanding how these stages may work differently, not necessarily linearly, irrespective of the type of loss, may guide practitioners to support patients optimally.

4.6 Coping strategies utilised to deal with loss, death, and grieving

Death, grief, negativity, and maladaptive life experiences (such as adjusting to COVID-19 restrictions and pandemic ramifications) are unavoidable aspects of life, and overcoming these challenges, obstacles and adversities constitute a significant pursuit (Phan et al., 2020). Considering the unique circumstances and restrictions imposed due to COVID-19, dealing with loss, death and grieving was extraordinarily difficult for many people.

This superordinate theme unpacks the coping mechanisms participants used to deal with the various challenges related to loss, death, dying and grief during the pandemic. The findings and discussion are presented under the following two sub-themes: (1) Acknowledgement of loss as key to coping, (2) General coping strategies used during the pandemic, and (2) spirituality and religion as coping mechanisms.

4.6.1 Acknowledgement of loss as key to coping

Participants generally felt that the first step to overcoming loss is to acknowledge the loss so that they can work through the grieving process. This is illustrated in the following excerpts:

I think that we have to acknowledge our losses so that we can give us the opportunity to actually feel it and work our way work our way through that so that we can get you know, if we work through our stages of grief, whether you are aware of it or not. (YM)

Grieving according to Smith et al., (2024) is a very individual experience. Grieving is dependent on several factors including someone's faith, life experience, personality and coping style, and the significance of the loss to the grieving person (Smith et al., 2024). The authors suggest that the first step is to face one's feelings by acknowledging the pain instead of suppressing the grief and avoiding it, which will prolong the grieving process and lead to further health or mental health challenges such as anxiety, depression, and substance abuse (Smith et al., 2024). Aligning to Smith and colleagues' suggestions, the participant further demonstrated how the acknowledgement of her loss was instrumental in her moving forward:

... When I allowed myself to acknowledge that that was a that loss of that relationship and I could work through, like the grieving process of that relation, because even if we sort of makeup, it's there will always be a damaged portion that will affect us, and it was really tough in the beginning for me. But when I realized that I just need to accept, like, allow myself to go through the grieving process, it went a lot better. So, umm I think I've reached acceptance... (YM)

Another participant alluded to the importance of acceptance, and provided a detailed account of how the participant sees the process unfold between the interaction of the brain and the heart and how prayer can assist this process:

You know you are not your emotions. They're coming from your heart, and then there is a brain. Emotions come from the heart and connect with the brain. If the brain accepts that, that means there's those emotions they're going to destroy you because each time when everything comes from your brain is the one that they have to control all the emotions. If you don't, you don't control the emotions through your brain. I just pray to God to make me overcome because of to tell the truth my emotions are controllable. I control my emotions myself. (HN)

The acknowledgement of one's loss is thus a central initial step to coping with any loss, whether linked to COVID-19 or not.

4.6.2 General coping strategies used during the pandemic

This sub-theme focuses on diverse resources and coping strategies, whether negative or positive, that participants drew on to deal with and cope with the negative outcomes of COVID-19 concerning loss, death, dying and grieving. Most participants relied on their immediate family and close friends as a support structure, as demonstrated in the following excerpt: “...*I didn't face many challenges because I think that I had a strong support structure which was my friends and my family and my partner, so it wasn't that difficult*” (TM).

Given that human beings are inherently social, various forms of social support structures were identified as remarkable coping mechanisms (Lim, 2022). As demonstrated in the following quote, another participant highlighted the importance of friends as a support structure to provide guidance and support:

I didn't do anything to take care of myself, to help myself cope. It was just, you know, trying to survive every day between juggling work and parenting the family... I did reach a point where I was feeling really, really, down in dark, umm and spoke to a friend about it and she sort of nudged me. [She] said please, you know, go see your doctor. (YM)

While physical distancing measures may have been in place, many people tried to stay connected with friends and family through WhatsApp, phone calls, video chats, or social media as indicated in the following quote:

What did help though, was family, and my family started, and this is not my extended family. If all of us get together, we ... are close to sixty people, but we started doing quiz nights in April of 2020... We had these virtual quiz nights on WhatsApp on our family WhatsApp group, and then we each participated as a family... each household was a team... And that really helped a lot when I focused on that and because it was something fun. (YM)

Thus, many individuals embraced digital solutions and online platforms amidst the COVID-19 pandemic to address their social, spiritual, and professional needs. The digital realm flourished as a vital means of communication during the lockdowns and travel constraints, serving as the primary avenue through which people stayed connected.

...Travel was a big thing. I'm just to see like my parents because there were certain restrictions, and you couldn't go over the province... So, my parents, whenever I needed to... and they were more technology efficient so that I could at least see their face and they'd show me what's new in the house. So, regarding that, we actually advance[d] what we did know, we advanced in our Qu'ran readings and we advanced technology, so we could still be close to each other in some way. (YE)

As can be gleaned from the foregoing and the ensuing excerpts, technology was utilised as a coping mechanism by many participants, they worked from home, attended online church services, and funerals, listened to podcasts, made video calls with family during the restrictions, lockdown, social distancing, travel bans, and curfews. One participant noted that she listened “to [motivational] podcasts or audiobooks” (YM) while walking and stated:

Harriet Lerner, who wrote a book why won't you apologize, and... the podcast on unlocking US? I listened to that, you know, while I was walking because I am walking is a sort of my way to break away... So, when I know when I, when I'm not exercising, it becomes more difficult for me to cope. So, exercise my walking and listening to the podcast and the books... That's a big sort of coping thing for me, but for this specifically, you know ... (YM)

Another participant pointed out that meditation and mindfulness are important for healing.

Definitely meditation and that it allows the mind to calm down and the cortisol levels, not to go out of hand when you [are] excessively stressed... Your emotions are on [a] heightened level... when the stress is not being managed. So, for me, just breathing exercises are very important because when you [are] breathing, you are stimulating the vagus nerve and automatically creating some calm in the mind. So breathing is very important, the meditation is important so that you can start levelling out the hormonal levels in your body and you can think clearer and create better awareness, and also with the meditation, you are more aware of your surroundings. You aware of yourself symptoms when you hyping yourself up more than when you should? And then another coping mechanism is to journal. (YE)

These extracts demonstrate healthy ways of coping used by participants. These kinds of coping mechanisms align with what Stallman (2020) refers to as healthy coping techniques, which include self-soothing techniques, engaging in leisure or distraction activities, seeking social support as family and friends, as well as accessing professional support. One participant suggested that medication can help with coping and having a routine:

So, umm, I went on antidepressants in November of 2020 after I had a really, really, rough time. So, I know that during that time, I really did not umm, take care of myself. Like I ... never [had] issues with, you know, self-harm or suicide thoughts, but I did wish that something else would kill me... And then like I made myself go back to, you know, that routine of going for walks and stuff, you know, making sure I get away, setting reminders on my calendar to say, OK, this is the end of your workday. (YM)

The stress brought on by COVID-19 restrictions of working from home and having a family while not being able to socialise and blurred boundaries in terms of work hours made it quite difficult for many participants to cope. Research by Shoba (2020) revealed that numerous individuals were unprepared to confront the ramifications of the COVID-19 pandemic, including illness, loss of life, quarantine, and self-isolation, all while experiencing fear and anxiety.

While suggesting medication to deal with mental health challenges, another participant noted that medication becomes harmful when people do not use it properly or mix substances with the medication:

OK, I think medication, I know people say medication, some people say that medication makes them worse. But what I have realized is that when people go on antidepressants, they use other substances that are the persons like alcohol, you know, which makes it worse, and you can't be mixing them. An antidepressant with alcohol, so I think, yeah, the medication is there to help you cope better. Like I've seen people coping and that they think less about killing themselves when they are on medications. (KL)

Notwithstanding the need for medication under certain circumstances, preceding quotes allude to unhealthy coping behaviours that people may resort to that can be more harmful to their mental health and well-being. Stallman (2020) highlights various unhealthy coping strategies which include, harmful behaviours (such as using medication with other substances), social withdrawal, negative self-talk, as well as suicidality or even thoughts of wanting to be dead as experienced by YM. Other participants felt that medication can help noting, “...*I would need to get medication to cope with my life, but if I had to be OK to a stage where I would need*

to take medicine, then I would...” (KL), but it is not the ultimate answer as one need to learn to cope in other ways and not become reliant on medication as noted below:

...I think Urbanol is and can be a wonder drug some days, umm, but the people must now try and move away... But probably my saving grace is the medicine at the moment ... because you just, you can't, it's too much or I cry. (CK)

Another form of negative coping is avoidance as indicated by participant JP, who stated, “*When it comes to grief, probably emotionally shut out on that world like it's not something that really grabs me a lot*” (JP).

This sub-theme demonstrates that coping was a personal journey that the participants underwent subjectively, which allowed them to navigate through the pandemic, with various coping strategies, some positive and some negative highlighted. It is clear that a supportive environment comprising family and friends, access and use of technology, and exercise played an important role in navigating mental and emotional challenges linked to COVID-19-19, restrictions, loss, death, and grieving. Medication, spirituality, and religion were also deemed as important coping mechanisms.

4.6.3 Spirituality and religion as coping mechanisms

Spirituality and religion have been integral to the human experience for centuries in our multicultural, multi-faith world, including South Africa. This theme explores the role of participants' specific spiritual and religious belief systems in helping them cope with pandemic-related challenges. Numerous individuals find a sense of purpose, comprehension, and psychological support in religious beliefs, thereby bolstering their capacity to confront adversity and navigate life's stresses (Park, 2013).

Participants of this study explained how spirituality and their religious affiliation in many ways helped them during the pandemic to get through uncertain times when the country and world were still uncertain about the magnitude of the pandemic. One participant noted the role prayer plays in his life:

I pray to God and even if there are delays, He will come through. There is a quote in the bible for everything and I go to church every week. At our church every day of the week you can pray for something, relationships, finances, ... health. We are children of God... You see traditionally the people use trees, plants, nature to heal and make remedies when they sick or feel stuck in some area of life... Like when you angry or you are too sad, or you cry all the time. You need to pray and allow yourself to feel those emotions and trust God as a Christian. (HD)

Another participant indicated that her faith was deeper during the pandemic and her relationship with the divine increased, she turned more to Islam as her supportive structure and followed the practices of the faith.

And if we stick to that often, you'll be grounded ... Yeah, it's such a powerful tool that it is one of the simplest things... in Islam. So, I find that in the religion, there's a lot of things that help me. Not only through the pandemic but through life, if we use it the way it's meant to be used. And then if we [are] stuck in life, we've reverted to the Quran [i.e., Muslim scripture], where whatever guidance you need, whether it's finance, whether it's whatever, and at some point, where you need to surrender your problems to God alone. (YE)

The same participant advised that she prayed a lot and surrendered to the divine for guidance and realised that she and people are not in control of the happenings and destiny of what is to happen. She used her belief practically and adapted her coping strategy to her experiences of spirituality and science, as she is a medical professional.

...It helped me to know that I had a bigger being that was actually in control and not me. And it also helped me that the Quran doesn't say just sit and you wait for everything will be fine. You need to do your part, so I got up and I got to work and eventually, that happened. (YE)

Thus, this participant turned to her religious beliefs to find comfort and support. This aligns with a study by Krok (2015) who found a connection between religious coping and psychological well-being, highlighting that individuals turn to religious beliefs and practices to seek meaning in complicated or difficult and incomprehensible occurrences. As demonstrated in the ensuing quote, one participant noted that during COVID-19, she just resorted to prayer:

So, I'm Hindu. I think at the time, I didn't realize that it actually happened or anything, but I realized that I started praying a lot more and my faith did become stronger. It was probably because I just had an empty space and with my brain overworking. So, I think that would have helped my spiritual beliefs. I'm so I'm not very religious, but I'm spiritual if that makes sense. (FO)

Religion for the same participants became a sense of peace and a source of comfort, as noted in the following quotation: “...*I just automatically felt this peace*” (FO). *Another participant noted: “It's like I rely on it [i.e., religion], so it's praying and speaking to my mother ... for emotional support”* (DB).

Studies suggest that spiritual and religious beliefs may enhance coping. In a review of existing literature on the role of religion and spirituality as coping mechanisms in dealing with terminal illness, Huda et al. (2022) found that religion and spirituality were utilised as primary means of coping and were crucial for patients to find meaning in their illness. They recommend that health-care professionals should be aware of and sensitive to the value of religion in caring for ill patients.

Participants turned to their faith and spiritual practices to deal with loss and death during and in the immediate aftermath of the pandemic, even though new and adaptive mediums of technology such as online platforms, seem to have coped better during the pandemic. The following quotes illustrate this point:

...I align [to] me to religion a lot, I prayed daily because, like, on even on hard days like you, you won't expect like a small win or something good to happen or something that you thought would be hard actually turned out to be easier to manage. (DB)

...I believe in God that God is there. So how I do things is that before anything else I pray first, which I pray to God and then after praying, that's when I will, "Patla," when I "Patla," It's like speaking to my ancestors and with my ancestors. It's like in English, I can call them angels. To me they are angels. (TM).

Yeah. most of the people used to online services. So, we used to attend services online. We will give all of our online everything. Yeah, there was something missing for me, but it was how the times were. It was difficult for me not physically being there [in church]. (HD)

While on-line platforms allowed some participants to remain connected spiritually, this quotation demonstrates that it was still difficult to adjust to this new normal because the in-person interaction was missing. Across numerous faith traditions and cultures, prayers, ceremonies, rituals, mourning practices, traditions, and festivals are observed to honour the deceased or emphasise death as a focal point of celebration (Osteberg, 2023). These rituals serve as passages to facilitate healing, acceptance and closure for grieving families and friends of the deceased who are left behind (Osteberg, 2023). This diversity can be seen in the following perceptions and experiences of participants in this study:

For us, it is well family always being around you and then the religious part of it [i.e., Hindu traditions when someone died, is that we only eat boiled food for like the first 10 days because I think like long ago, they said that if you have spicy food, it just makes you feel worse, like physically. So, then it would impact your emotional well-being so far as I said, it's the diet and then [the] family is always around you and they're with you for the first 13 days. (DB)

The other thing we do is [that] the males of the household, so my brother did it, it's called Kaddish the prayer for mourning. So, every morning, every night, he said a special prayer for when my mom and dad passed away ... And then certain holidays ... we have the day of remembrance of the Hebrew date of when they passed away and it's called Yahrzeit... It is the prayers, that we do the seven holidays, and your remembrance is basically the anniversary of their death. ... We allowed to light a 24-hour candle, ... (CK)

So usually, we bury the body and that was still continued. In this case, with COVID, We couldn't. They couldn't wash certain of the bodies regarding COVID rules and the bodies couldn't come home because we pray, and I see that for those it happened in our community. They struggled a bit because it's the sort of sense of closure when you see the body and you praying. So, I see that it's a bit hard, but how we adapted with it is they ask the hearse to just drive past the house. So, to some sort of a goodbye or some sort of a closure is most in that. (YE)

In their spiritual and religious journeys, people can take several pathways toward significant destinations in their lives. At their core, both religion and spirituality involve dynamic and exploratory processes centred around the sacred (BGSU, 2023). Spirituality and religion are multi-dimensional and multi-level processes. These paths are not necessarily followed in isolation from other people. So, the meanings of religion and spirituality continue to evolve over time.

4.6.4 Coping with mental health challenges post-pandemic

Stressful situations in life's journey have various impacts on different people. Coping with mental health challenges post-COVID can be a complex and multifaceted process. This sub-theme focuses on both post-COVID mental health challenges and ...The preceding themes have shown how participants in this study have had different subjective experiences during the pandemic. The coronavirus outbreak generated increased depressive symptoms, stress, anxiety, insomnia, denial, fear, and anger all over the world (Torales et. al., 2020). However, for some, many of the challenges they experienced during COVID-19 remain. This is clear from the following quotation: “... *I'm having more stress now than I had in COVID times, and all of this is because of the easing back into the into how things now and how COVID for me were*” (TS). To this end, dealing with mental health challenges post-pandemic is a priority. In addition to various coping mechanisms highlighted by participants in the previous themes, participants also emphasised the importance of certain factors to cope with mental health challenges post-COVID.

One key factor highlighted by participants is raising awareness to change existing misconceptions about mental health. This was deemed extremely important as many people suffer in isolation. In the following excerpt, the participant alluded to the importance of knowledge, beliefs, and awareness concerning mental health:

There's still, there's still strong stigmas out (sic) there, or misconceptions and perceptions out there [about mental health]. I think what makes it difficult is how people that are not impacted by it all [view it] ... being impacted by somebody that's going through major depression or serious anxiety or stuff like that ... This kind of like those things don't exist, and now we know they exist. And the way those things impact us has changed a lot and that's something not so easy to deal with because it has [an] impact on [the] work environment. It's got an impact on [your] relationship. (JP)

Mental health literacy is thus important for both the patient and the caregivers. This means having appropriate knowledge about specific mental illnesses, their triggers and the risk factors related to particular mental disorders (O'Connor et al., 2014), will facilitate coping for both carers and patients.

Access to knowledge about mental health includes being aware of available professional intervention services, knowing factors that encourage seeking help, and identifying those that contribute to personal mental health and well-being, as well as effectively managing them (O'Connor et al., 2014). Another participant emphasised the importance of awareness, stating:

I think now it's getting more exposure... and seeing people like celebrities doing that, it makes you think that it's not something to be embarrassed about and stuff like it was previously because seeing someone's mental health used to be like a joke or like an insult because like, this stupid or something. (DB)

Besides awareness and access to resources, participants also emphasised understanding and support from others such as immediate families, caregivers, or friends. One participant noted:

So, you know, you've got to be able to cope with it within your time frame and you can't let the people around you force you to do it any quicker or any slower than what you feel is right for you (sic). And you've got to listen to your gut type of thing. And because you're you know what you need, you know some people don't, you know. But if they get the correct help being at a social worker at a health coach or even medicine... (CK)

Possessing adequate knowledge and understanding of particular mental disorders, their triggers, and associated risk factors, along with access to suitable support and services, can facilitate the effective management of mental health difficulties and improve coping for both caregivers and patients. Limited understanding of mental health disorders, insufficient resources, and the stigma surrounding mental illness present substantial obstacles to accessing available mental health services (Korhonen et al., 2019).

4.7 Summary findings

This chapter presented results infused with an in-depth discussion of the findings that emerged from the exploration of participants' subjective experiences and perceptions on life and death and delved into the psychological tools and coping mechanisms, including spirituality and religious coping mechanisms they used to deal with COVID-19 related loss death and grief. Through all shared experiences, many unique accounts from each spiritual and religious background emerged, which highlighted the multifaceted nature of the meaning participants ascribe to life and death.

Participants' experiences are not bound to one experience or event but can be viewed as an amalgamation of various events, feelings, and processes – one sometimes leading to the other. Through participants' narratives, the ramifications and challenges of COVID-19 and the ensuing lockdown measures were apparent. These ranged from the uncertainties experienced during the initial phase of the declaration of the global pandemic, then restrictions, lockdown, limitations, and then psycho-social and economic ramifications, which resulted in adaptation to a new norm. Various coping mechanisms that participants drew on ranged from spiritual, religious, and cultural practices to social support, technology, self-care, exercise, knowledge,

and information resources. The following chapter provides the conclusion of the study.

CHAPTER 5

CONCLUSION

5.1 Introduction

The novel coronavirus SARS-CoV-2, commonly known as COVID-19, is a highly contagious respiratory infectious disease, which was first identified in the capital city of Hubei, Wuhan, in central China at the end of 2019. In response to the global spread of the virus, various public health and restrictions measures were enacted to curb its transmission. The primary aim of this study was to investigate diverse spiritual resources, psychological strategies, and coping mechanisms employed by participants in response to loss, grief, death, and pandemic-related challenges within the context of South Africa. This aim was realised by exploring meanings participants attributed to life and death, psychological repercussions of loss and death on participants, and various coping strategies participants drew on to navigate loss, death, and grief, including the role of religion and spirituality as coping mechanisms.

This chapter provides a summary of key findings, highlights the significance of the study and theoretical implications of the findings, limitations, and recommendations for future research. Results indicate that participants attributed both convergent and divergent meanings to life and death. While all participants acknowledged death to be a reality, some participants displayed a detachment from death, an indifferent or unconcerned attitude towards death or about the prospect of death. One participant, particularly grappled with existential questions and tried to make sense of life and death. These views may be indicative of a lack of emotional attachment or fear regarding the inevitability of one's own mortality, which explains why they avoid dealing with the subject of death.

Meanings of life and death are particularly aligned when linked to faith, religion, and traditions. Contrary to the scientific notion of death, where life ends when vital organs stop functioning, many religions envision it differently. They see death as a transition to a different form of existence, often referred to as an afterlife.

The Abrahamic faiths (Christianity, Islam, Judaism) hold the belief in an afterlife, a spiritual realm where souls are believed to go after death until resurrection and Judgement Day, where the virtuous are granted entry into paradise while the unrighteous face retribution in hell, which is contingent upon individual beliefs and conduct throughout life. Hindus believe in reincarnation, which is a cycle of birth, death and rebirth governed by the law of karma, whereas traditional African belief systems believe ancestors play a central role in the lives of the living. Religious systems therefore offer a comprehensive framework of beliefs, perspectives on existence, objectives and interpretations that aid individuals in understanding the complexities of the world to navigate personal challenges and dilemmas (Krok, 2015). For example, all the religions emphasise the importance of leading a virtuous life to attain a positive afterlife, which provides a sort of solace that Bautista et al. (2017) believe helps individuals reconcile with the inevitability of death.

Results show that life, death, and loss became more pronounced during the COVID-19 pandemic. The pandemic had profound socio-economic and health implications and caused disruptions in many people's lives. Most participants were overwhelmed by the deaths of immediate family, extended family, neighbours, friends, and colleagues. All participants experienced losses, which were not just perceived about death, but other losses experienced during this time while dealing with accompanying grief. Shadow losses during the COVID-19 pandemic refer to the intangible impacts that affect our lives, even if they don't involve direct deaths. These losses include canceled events (like weddings), missed social experiences (such as parties or football games), and the inability to communicate with loved ones in "normal" ways. While grieving deaths is acknowledged, recognizing and discussing these smaller losses is essential for our mental health (Knight, 2021).

The imposition of various restrictions which include, social distancing, lockdowns, stay-at-home orders, and limits on in-person gatherings, affected the grieving process for families and friends. For example, crucial spaces for the performance of religious activities and rituals, which are necessary for mutual support in general, and deemed to be fundamental in this complex period of elevated loss, grief, and bereavement, were lacking. The closure of numerous social, religious, and spiritual gathering places during the pandemic created a sense of void in

participants' lives, particularly as they navigated this challenging period. Many participants were unable to be present with their loved ones during their final moments. This reduced access to in-person support during these difficult times and significantly impacted the mourning and grieving process for many. The psychological impact of COVID-19 had various stages of highs and lows pre and post the pandemic. Wellbeing was an important part of many people during this uncertain time, mental, physical, emotional, and spiritual aspects, as well as practices were adapted for participants and people around them. The study shows that coping was a personal journey that participants underwent subjectively, which allowed them to navigate the pandemic in their own way. Findings from the study highlight the importance of acknowledging loss and pain as a general first step to working through the grieving process to healing. This can prevent further health or mental health challenges as proposed by Smith et al. (2024). Healthy coping mechanisms or techniques, highlighted by participants included, seeking social support from immediate family and close friends, exercise, breathing, prayer, meditation, nature, on-line platforms, medication as well as obtaining professional help if symptoms continue.

Many individuals embraced digital solutions and online platforms to address their social, spiritual, and professional needs. Technology was utilised as a coping mechanism by many participants, they worked from home, attended online church services, and funerals, listened to podcasts, and stayed connected with friends and family through WhatsApp, phone calls, video chats, or social media. While the digital realm flourished as a vital means of communication during the lockdown for some people, the same cannot be said for many South Africans from low-income contexts, who struggled financially during this time and could not access these resources. Rituals and spiritual practices played a crucial role as coping mechanisms for dealing with loss, death, and bereavement during and after the COVID-19 pandemic. Incomplete rituals could potentially hinder a person's transition to the afterlife, and failure to observe these rites might result in the deceased troubling the surviving family members (Rugonye, & Bukaliya, 2016).

The findings support the African view on grief, which involves activities and rituals that mitigate the impact of loss, protect the bereaved from severe suffering, and complete final bereavement rituals to help the bereaved comprehend and accept that grief has a clear start and

end (Makgahlela, 2016; Nwoye, 2005). The majority of participants advised that faith in their religious and spiritual scriptures has advised them to surrender and continue to have faith even if the world changes, hence COVID-19 enhanced the spirituality of participants as the unknown nature of the virus became overwhelming. They used their own mechanisms and some of them sought a higher power and their belief system to a God's mercy for their life, loss, grief, and death. The study indicates a prevalent belief in the power of prayer over medical intervention among COVID-19 patients. The patients' religious and spiritual practices were found to significantly influence their recovery from various physical and mental health challenges. While medication used to deal with mental health challenges emerged as an important coping mechanism, it was also highlighted as a cause for concern if not taken as prescribed or mixed with substances such as alcohol. This aligns with what Stallman (2020) regards as unhealthy coping strategies which include harmful behaviours such as using medication with other substances. Other forms of negative coping that emerged from the study were social withdrawal, negative self-talk as well as suicidal ideation.

5.2 Implications of findings

The COVID-19 pandemic brought significant changes to participants' lives, including disruptions to daily routines, financial pressures, and social isolation. Concerns about illness, job security, and an uncertain future weighed heavily on their minds. The deluge of information and misinformation left some feeling overwhelmed and powerless. Participants experienced fear, shock, stress, and a glimmer of hope for the future. These burdens were amplified for those in low-income contexts, where limited access to resources hindered coping. External support and resources were crucial during this intense pandemic.

Participants faced amplified struggles when lacking appropriate resources or when existing resources fell short. Their coping strategies and perspectives on life, loss, grief, and death informed recommendations. The study underscores the urgency of addressing psychological challenges. Participants emphasized the difficulty of resource access and explored facilitators and barriers. The pandemic's impact, both highs and lows, is reflected in participants' subjective

journeys. Religion and spirituality played a foundational role during this time. Insights from this study can inform coping strategies and self-care related to mental health during future health emergencies. Health professionals and institutions can reference this study for designing effective public health and mental awareness interventions.

There is ample room for social science research to delve into individual scenarios and the sociopsychological motivations behind people turning to religion and spirituality as coping mechanisms during health challenges. Such research could inform medical recommendations or guidelines for addressing loss, grief, and death.

5.3. Theoretical Implications

Amid the global health crisis triggered by COVID-19 in 2020, individuals grappled with significant stressors, including loss, grief, and mortality. These challenges profoundly impacted their core self-perceptions and life beliefs. While most people anticipate life's typical trajectory—education, career, marriage, family—unexpected deviations occur. Tragedies like a child's disability or death defy our usual expectations. In the face of shadow losses and life upheavals—job loss, financial strain, relationship difficulties, housing instability—our world shifts. Our previously held worldviews fracture and meticulously crafted life plans abruptly alter.

Navigating this immense challenge transforms everything—for both us and our loved ones, as witnessed during the COVID-19 pandemic. Amid discussions about life during this period, participants often delve into spirituality and religion. This exploration stems from the human quest for meaning and acceptance, especially when grappling with existential questions. Sometimes, formidable trials reveal the necessity of seeking a deeper purpose. Notably, participants with stronger spiritual or religious beliefs appeared to resolve their loss, grief, and mortality more swiftly and thoroughly than those with limited convictions. Additionally, participants emphasized mental health awareness and various coping strategies, ranging from reading to walking, listening to podcasts, attending webinars, and using medication and sedatives to navigate life's journey.

5.4 Limitations

Research endeavors inherently carry limitations arising from their design and implementation adjustments. In this study, the utilization of a qualitative research design necessitated a purposive sampling approach, which restricts the generalizability of the findings. While the study contributes to our comprehension of death, loss, grief, coping, and COVID-19, it is essential to recognize that the results reflect a small subset of South Africans primarily from health, financial, and educational backgrounds. Consequently, these findings cannot be extrapolated to the broader South African population.

The intricate nature of human responses to loss, grief, and mortality defies a fixed time limit or prescribed timeline. Views on these matters remain subjective and individualistic, shaped by unique circumstances. Additionally, spiritual, and religious beliefs, broadly interpreted by each person, contribute to the rich diversity of perspectives. When engaging with individuals who have recently experienced loss, grief, and death, sensitivity is paramount. Some participants may decline participation due to the profound impact of their experiences. While we cannot definitively attribute attrition to unresolved bereavement issues or dissatisfaction with the circumstances of death, it underscores the need for compassionate and respectful research approaches.

5.5 Recommendations

Given the study's constraints, which focused on a homogeneous and small sample, it is advisable to conduct a more extensive investigation using a mixed methods approach. This expanded study could involve focus group discussions with individuals from diverse backgrounds, including varying socio-economic statuses, religious affiliations, cultural contexts, age groups, and genders. Coupled with a survey, this comprehensive approach would yield deeper insights into the impact of spirituality and religion on healing and coping.

The findings indicate that the absence of spiritual or religious beliefs may introduce risks and potentially complicate grief. Therefore, further exploration is crucial to inform the development of targeted intervention strategies

5.6. Conclusion

Spiritual and religious convictions serve as a framework for comprehending the human condition, fostering connections among those who share similar perspectives, and facilitating existential contemplations. These beliefs significantly impact how individuals experience and express grief during interactions with healthcare professionals. To combat mental health stigmas, it is advisable to develop nationwide campaigns using an interfaith approach to raise awareness about mental health and disseminate information on available resources.

Furthermore, loss, grief, and mortality signify profound life changes, often leading to substantial social, psychological, and spiritual transformations. These experiences prompt reflection on social bonds, re-evaluation of core life values, and necessary adjustments to one's path.

“There is a certain limit to the appropriate length of any time in this world. Just as the fruits and vegetables are limited by the seasons of the year, everything should have its beginning, its life, and its ending, after which it should pass away. Wise people willingly submit to this order.” — Marcus Tullius Cicero

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APPENDIX A

Research Questions for Interviews

- Describe who you are briefly, so that I can get a “picture” of who you are as a person. (e.g., Who you are, how old, where you live, what are your occupations, briefly what kind of work you do or did and your religious/spiritual belief.)
- Please tell me your view of COVID-19?
- What was your individual experiences that you would like to share during this time of your life and how did your religious/spiritual belief play a role in your life?
- What are some of the highs and lows you experienced in the past 3 years?
- What are the challenges faced personally and professionally, and how did you cope with these challenges?
- What coping skills have you used in past crises in relation to your religious/spiritual belief?
- How do you feel about life now and how do your religious practices support you?
- What is your religious/spiritual belief and how does it play a role during covid, or did you adopt any new practices?
- What motivates about life and brings meaning to you, also elaborate the role your religious/spiritual beliefs have?
- What are views on changes of loss, grief, and death and what your religious/spiritual beliefs advise?
- What are some emotions or stages you experienced?
- How do you motivate others and stay motivated personally with life and what role does your religious/spiritual beliefs contribute to this aspect?
- What is your motto you live by in your life?



Consent to participate in this Study

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname..... (please print)

Researcher's signature..... Date.....



Participant Information Sheet

Title: The role of spirituality in coping with the psychological impact of the COVID19 pandemic

2023

Dear Prospective Participant

My name is Kevisha Samlal, and I am doing research with Dr Naiema Taliep and Dr Ghouwa Ismail, a Senior Researcher and Academic Contract in the Institute of Social and Health Sciences towards a Master of Arts in Psychology at the University of South Africa. We are inviting you to participate in a study entitled the role of spirituality in coping with the psychological impact of the COVID19 pandemic.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to get a deeper understanding of how participants make sense of life and death and explore the various coping mechanisms they used to deal with loss and grief and associated challenges during the COVID19 pandemic in a South African context.

WHY BEING AM I INVITED TO PARTICIPATE?

Why did you choose this person/group as participants?

The objective of this research is to explore an individual's perspective and interview participants experiences on grief, loss and death and the role of spirituality impacted during the COVI19 pandemic.

There will be semi-structured interviews. The interview will not take longer than one hour.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The semi-structured interviews will be conducted with six participants who reside in South Africa, who are from the various religious beliefs and are members or leaders, of the various religious, spiritual faiths/beliefs. The principal language will be English. An appointment time will be established with the participant's availability. The participants will be interviewed in a



Request for Support Services

Appendix: Request for Support Services

Kevisha Samlal
DATR: 06/04/2023

Re: Masters in Psychology Research Study Titled: The Role of Spirituality in Coping with the Psychological Impact of the COVID-19 Pandemic

Dear Emmanuel Davel,

I trust you are well.

My name is Kevisha Samlal, and I am doing research with Dr Naiema Taliep and Dr Ghouwa Ismail, a Senior Researcher and Academic Contract in the Institute of Social and Health Sciences towards a Master of Arts in Psychology at the University of South Africa. The overall aim of my study is to explore the various spiritual tools and rituals adopted as coping mechanisms, when faced with loss and grief and associated challenges during the COVID-19 pandemic in a South African context.

As per my request I would like to request your services if the need arises to provide emotional and psychological support to participants for the duration of the interviews conducted for my postgraduate research study and, if required, afterwards. I will liaise and make arrangements for scheduling sessions with your practice for participants as required when the need arises and is identified.

I will as the researcher be liable for fees for the participants for the support services for the duration of the research process and participants may advise the researcher or discretion used for support needed during the interviews and I will arrange sessions with your practice.

I am truly grateful for your kind support.

Sincerely Yours,



APPENDIX E

Ethical Clearance for the study



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

26 April 2023

Dear Ms Kevisha Samlal

NHREC Registration # :
Rec-240816-052
CREC Reference # :
36092665_CREC_CHS_2023

Decision:
Ethics Approval from 26 April 2023 to
26 April 2024

Researcher(s): Name: Ms. K. Samlal
Contact details: 36092665@mylife.unisa.ac.za
Supervisor(s): Name: Dr. N Taliep
Contact details: taliep@unisa.ac.za
Supervisor(s): Name: Dr. G Ismail
Contact details: ismaig@unisa.ac.za

Title: The Role of Spirituality in Coping with the Psychological Impact of The Covid-19 Pandemic

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *medium risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.



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27 FEBRUARY 2024

EDITING CERTIFICATE

I hereby confirm that I have proof-read, formatted and edited the style, layout, references and language of

Dissertation submitted in partial fulfilment of the requirements of

Masters in psychology

By

Kevisha Samlal

at

The University of South Africa

On the Topic

The role of spirituality in coping with the psychological impact of the COVID-19 Pandemic

(126 pages, 36 570 words)

Note: The edited work described here may not be identical to that submitted. The author, at its sole discretion has the prerogative to accept, delete or change amendments made by the editor before submission.