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Original Article

The repercussions of bereavement on the everyday lives of adults who lost family members from complications from COVID-19

As repercussões do luto no cotidiano de adultos que perderam familiares por complicações de covid-19

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Abstract

Introduction: Bereavement can be understood as a dynamic process of meaning-making resulting from the rupture of a significant bond. In addition to emotional and physical manifestations, bereavement may also affect a person's everyday life, since everyday life expresses the subjective world of the person who is bereaved. The COVID-19 pandemic caused more than 716,000 deaths in Brazil at the time this study was written, leaving hundreds of thousands of Brazilians bereaved. **Objective:** To understand how bereavement after the loss of family members from complications of COVID-19 affected the everyday lives of adults. **Method:** This was an exploratory and descriptive study with a qualitative approach. Oral history was adopted for data collection and treatment. Data were collected through an online form and semistructured interviews. The data were analyzed using Content Analysis. **Results:** Six adults participated in the study and presented changes in their everyday lives as a result of the loss. The participants had to learn new activities; fully assume responsibilities that had previously been shared with the deceased family member; take responsibility for urgent obligations, such as providing for the household after the death of the provider; and assume activities of other bereaved family members who were vulnerable. Furthermore, coping strategies, such as psychotherapy, medication, religious/spiritual practices, and the resumption of meaningful activities (creative and expressive), also became

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part of this new everyday arrangement. **Conclusion:** This study contributed to understanding the repercussions of bereavement on everyday life. However, since five of the six participants were women, women's bereavement was described in greater detail in this study. Future research should investigate the current situation of people who lost family members from complications of COVID-19.

Keywords: Bereavement, Activities of Daily Living, Occupational Therapy, COVID-19.

Resumo

Introdução: O luto pode ser compreendido como um processo dinâmico de construção de significado em decorrência do rompimento de um vínculo significativo. Além das manifestações emocionais e físicas, o luto também pode repercutir no cotidiano da pessoa, uma vez que o cotidiano expressa o mundo subjetivo daquele que está enlutado. A pandemia de covid-19 provocou no território nacional, no período de escrita deste trabalho, mais de 716 mil mortes, deixando centenas de milhares de brasileiros enlutados. **Objetivo:** Compreender de que forma o luto pela perda de familiares por complicações de covid-19 repercutiu no cotidiano de adultos. **Método:** Pesquisa exploratória e descritiva, de abordagem qualitativa. Para a coleta e tratamento dos dados, foi adotado o método da história oral. Os dados foram colhidos por meio de formulário online e entrevistas semiestruturadas. Os dados foram analisados por meio da Análise de Conteúdo. **Resultados:** Seis adultos colaboraram com a pesquisa e apresentaram mudanças nos cotidianos em decorrência da perda. Os colaboradores precisaram aprender novas atividades; assumir totalmente responsabilidades que antes eram partilhadas com o ente falecido; responsabilizar-se por obrigações urgentes, como a provisão do lar, diante da morte do provedor; assumir atividades de outros membros enlutados, que se encontravam fragilizados. Ademais, estratégias de enfrentamento, como psicoterapia, medicação, práticas religiosas/espirituais e resgate de atividades significativas (criativas e expressivas) também passaram a compor esse novo arranjo cotidiano. **Conclusão:** Por meio desta pesquisa, foi possível compreender a repercussão do luto no cotidiano. No entanto, como dos seis colaboradores, cinco eram foram do gênero feminino, o luto da mulher foi mais detalhado neste trabalho. Recomenda-se que pesquisas futuras investiguem como as pessoas que perderam familiares por complicações de covid-19 se encontram atualmente.

Palavras-chave: Luto, Atividades Cotidianas, Terapia Ocupacional, Covid-19.

Introduction

In March 2020, the World Health Organization (WHO) declared that the world was experiencing the first pandemic of the 21st century, COVID-19 (Bueno et al., 2021). At the final writing stage of this study (March 2026), more than 716,000 deaths had been recorded in Brazil (Brasil, 2026), creating a scenario in which hundreds of thousands of Brazilians experienced bereavement, with possible bans and/or restrictions on their farewell and funeral rituals, which could hinder acceptance of the death of a loved one (Dantas et al., 2020; Kallyanna et al., 2025; Ornell et al., 2020).

According to Franco (2021) and Neimeyer (2001), bereavement can be understood as a dynamic process of meaning-making resulting from the rupture of a significant

bond. In the English-language literature, bereavement denotes a phenomenon that triggers two reactions: grief and mourning. Grief refers to the emotional and physical manifestations resulting from the loss; the term mourning, in turn, refers to the public manifestation of grief, which is deeply influenced by each person's culture (Zech & Stroebe, 2010). In addition to emotional and physical manifestations, the bereavement process may also have repercussions on everyday life, since everyday life expresses the subjective world of those who are bereaved (Corrêa, 2010; Dahdah et al., 2019; Nascimento dos Santos & Ricci, 2025; Ramano et al., 2022).

Thus, this study adopts bereavement as a multifaceted process implicated in people's everyday lives because, as Galheigo (2020) points out, understanding everyday life requires moving away from grand historical narratives and looking at the simple, routine, and often invisibilized experiences that shape people's lives, which reinforces the importance of examining bereavement processes in everyday ways of living.

Stroebe & Schut (1999) developed the Dual Process Model of Bereavement, conceived to explain the different ways individuals deal with the loss of someone significant. The model does not maintain that the bereavement process occurs through stages or phases, but rather that it is an oscillatory, continuous, and flexible process in which bereaved people oscillate between strategies oriented sometimes toward loss and sometimes toward restoration while they are immersed in their everyday lives, which are filled with demands (Stroebe & Schut, 1999).

Loss-oriented coping strategies refer to the resources that bereaved people use to deal directly with the absence of the loved one. These strategies involve remembering the person who died, recalling moments experienced together, thinking about events related to the death, feeling longing, looking at old photos, imagining how the person would be if they were alive, and expressing emotions through crying. It is, therefore, a process marked by various emotional reactions, which may range from comforting feelings to experiences of intense pain (Stroebe & Schut, 1999). Restoration strategies include coping with the consequences of the loss, such as assuming activities that previously belonged to the deceased person, making adjustments to the routine, developing new skills, or reconstructing identity (for example, moving from "wife" to "widow"). In this case, the focus is on how to deal with the practical and symbolic challenges of continuing life (Stroebe & Schut, 1999).

In adulthood, the life stage that constitutes the focus of this study, bereavement is intertwined with multiple responsibilities, internal and external demands, and the search for autonomy. These characteristics may directly influence how the loss is experienced and processed (Kovács, 1992).

In cases of grief after the death of someone significant, a new everyday arrangement may be constructed (Nascimento et al., 2022). Bereaved people may have difficulties maintaining their work life, self-care, and involvement in social and leisure activities (Souza & Corrêa, 2009). Furthermore, in addition to these difficulties in performing activities, restoration-oriented coping strategies also become part of this new everyday arrangement under construction, as proposed by the Dual Process Model of Bereavement (Stroebe & Schut, 1999).

However, the transformations in everyday lives during the COVID-19 pandemic period were not triggered only by bereavement. During the pandemic, social distancing led to profound transformations in ways of working, studying, socializing, and engaging in several leisure activities, such as going out with friends, traveling, going to the gym, among other

activities (Morato et al., 2022; Nascimento et al., 2023). Thus, people who experienced the bereavement process processed their losses within a broader context of ruptures and reorganizations of everyday life resulting from the pandemic (Souza & Lukachaki, 2025).

According to Galheigo (2003), a person's everyday life unfolds through the articulation of external and internal reality, the network of their social relationships, the activities they perform, and manifestations of solidarity. Occupational therapists have a privileged position to contribute to the critical elaboration of a person's everyday life.

Given the above, it is relevant for occupational therapy to investigate bereavement processes in everyday lives, since such results may assist in understanding the phenomenon and reflecting on the occupational-therapeutic follow-up of bereaved people. The profession can contribute to this process by promoting interventions that support the reorganization of everyday existence through intentional and culturally meaningful activities capable of offering new perspectives and meaning to life (Ramano et al., 2022).

Thus, this article aims to understand how bereavement after the loss of family members from complications of COVID-19 affected the everyday lives of adults, presenting part of the findings from a master's research study entitled: "The repercussions of bereavement on the everyday lives of adults who lost family members from complications of COVID-19".

Method

This was an exploratory and descriptive study with a qualitative approach. When applied to health, qualitative methodology aims to understand not the phenomenon itself, with all its implications, but the meaning and influence of this phenomenon in people's lives (Turato, 2005).

For the collection and processing of the interviews conducted in the study, the Oral History method was adopted. According to Silva & Barros (2010), its proposal is to use narratives and accounts about a phenomenon, period, or event. The Oral History methodology proved relevant because it provides access to the subjective and singular experiences of the bereavement process while respecting the meanings attributed by the collaborators themselves.

According to the Oral History method, a pre-interview and an interview are conducted. The pre-interview aims to establish the first contact with the collaborator and prepare them for the interview itself, with a semistructured script. In the pre-interview, the collaborator is informed of the objectives of the study and how the process of recording and publishing the data will occur. No script and/or instrument is necessary at this stage (Silva & Barros, 2010; Meihy & Ribeiro, 2011). For the interview, however, a script was prepared by the researcher. It is relevant to clarify that this study is classified as thematic oral history, given its focus on the theme of the bereavement process, which allows the use of a semistructured script with guiding questions (Meihy & Holanda, 2015).

Collaborators

The study aimed to include bereaved adults as collaborators. The inclusion criteria were being between 20 and 50 years of age; being bereaved after having lost one or more family members from complications of COVID-19; and living in the state of São Paulo. Having another family member participating in the study was an exclusion criterion.

The 20-to-50-year age range was chosen because it includes adults at different stages of adult life, from young adulthood to maturity, a period in which the experience of bereavement may generate significant changes in the organization of everyday life and in family and professional responsibilities. The geographical delimitation to residents of the state of São Paulo was based on logistical reasons, seeking to facilitate follow-up, data collection, and analysis considering a specific territorial scope.

It should be noted that, if the study included collaborators who were related to each other and others without such a relationship, some interviews could provide additional information or more in-depth insights into the family dynamics related to the loss, whereas other narratives would present only individual perceptions. This heterogeneity could generate asymmetries in the dataset, making the uniformity of the analysis difficult.

Considering these aspects, the study adopted an inclusion criterion that prioritized the analysis of bereavement based on individual experiences, excluding the participation of family members from the same core family group. This decision proved more methodologically appropriate for the objectives of this study, which sought to understand the repercussions of bereavement on the everyday experience of different individuals, with no intention of deepening the analysis of the effects of the loss on family organization and dynamics.

In total, 14 people answered the questionnaire expressing interest in participating in the study, but eight did not participate. Of these eight, seven did not meet the inclusion criteria, since five had not experienced family losses from COVID-19, one lived outside the state of São Paulo (the area delimited for data collection), and one did not fall within the age range established in the inclusion/exclusion criteria. The person who answered the form and met the inclusion criteria did not respond to two contact attempts to conduct the pre-interview.

Therefore, in total, six people became research collaborators and completed the data collection stages, with no withdrawals.

Data collection instruments

Two instruments were used for data collection: 1. Sociodemographic questionnaire and general information on the loss; and 2. Semistructured interview script.

1. **Sociodemographic questionnaire and general information on the loss:** composed of closed and open-ended questions aimed at characterizing the collaborator, including data such as name, age, gender, city of residence, religion, and educational level. It also included information related to the loss process, such as the date of death of the loved one, the age of the deceased person at the time of death, and the place where the death occurred.
2. **Semistructured interview script:** a script was prepared by the researcher, composed of seven open-ended questions. The questions addressed aspects such as the loss process, whether farewell rituals were conducted, perceived changes in everyday life (including abandonment or introduction of activities), the strategies used to deal with bereavement, and perceptions of mental health immediately after the loss and at the current moment. The possibility of experiencing a prolonged process of bereavement elaboration was also addressed. Finally, one expressive question was included, asking the collaborator to formulate a message addressed to the deceased family member.

Pilot study

Before data collection itself, a pilot study was conducted with three participants between January and February 2023, who met the inclusion criteria. The objective was to verify whether the sociodemographic questionnaire and interview questions addressed the objectives of the study.

Three women participated, aged between 28 and 50 years, who had experienced family losses from complications of COVID-19: one had lost her father; another, an aunt and a cousin; and the third, her husband. The participants answered the questionnaire and the interview, without a pre-interview, since this was an initial phase of instrument adjustment.

These participants were invited by the researcher.

The study led to changes in the questionnaire: reorganization of the questions into two blocks and the addition of two questions about the age of the deceased person and whether they lived together at the time of death. The semistructured interview script was not changed.

Study dissemination

After the pilot study and the instrument adjustment phase were completed, dissemination for data collection began. The study was disseminated through an invitation image on social networks (Instagram® and WhatsApp®), between February and May 2023, both on the personal profiles of the researcher and advisor and in the program's research groups.

The invitation image included a brief text explaining the objective of the study, the inclusion criteria for collaborators, and a link that directed interested individuals to the sociodemographic questionnaire, which served as the entry point for collaboration.

Setting and data collection

The collection stages involving the administration of the sociodemographic questionnaire and general information on the loss occurred online, through the Google Forms platform, between March and May 2023. The pre-interview stage occurred online, through Google Meet, with an average duration of 10 minutes. Finally, the interviews were conducted in a hybrid format, that is, at home (n=2) or through a virtual platform (Google Meet) (n=4), according to the collaborator's place of residence. The average duration of the interviews was 43 minutes.

In the pre-interview, the participants were instructed to choose a private place, without other people present, at a suitable time and with a stable internet connection for camera use. The researcher also organized herself in a reserved environment. The interviews occurred without interruptions or unforeseen events, both remotely and in person, and the participants who used Google Meet did not report losses resulting from the remote format.

Data analysis procedures

- **Information from the Google Forms questionnaire:** The information collected through Google Forms was automatically transferred to an Excel® spreadsheet and analyzed descriptively, using tables.
- **Interview processing and analysis:** For interview processing, as suggested by Meihy & Holanda (2015) based on the Oral History technique, three procedures are performed to construct the written document: transcription, textualization, and transcreation.

- **A. Transcription:** the first phase is absolute transcription, in which the documentary corpus is constructed. At this stage, everything that was said is put into words. The interviewer's questions are maintained, as are errors, repetitions, and words without semantic significance. An online program called "Reshape" was used for transcription.

- **B. Textualization:** in the textualization phase, the aim is to construct a clear and fluid narrative, eliminating questions, noise, grammatical errors, and terms without semantic weight. Nevertheless, it is essential to preserve the rhythm, atmosphere, and emotions of the interview.

- **C. Transcreation:** transcreation arises from the need to reformulate the literal transcription so that it becomes more comprehensible when read. In this study, very few changes were made after the textualization process. Some words were added so that the original message would become clearer. For example, when the collaborator said that the family member did not have other associated diseases that could increase the chance of death from COVID-19, the word "comorbidity" was added to facilitate the reader's understanding of what the interviewee meant.

After the written document was constructed from the three stages described, before continuing the analysis of the interviews using the content analysis proposed by Bardin, which will be referenced and contextualized in a later paragraph, the stage that Oral History calls the "validation stage" was conducted.

- **D. Validation:** validation is one of the most important stages proposed by Oral History, since it is the non-hierarchical conclusion of the entire process of interaction with the collaborator (Meihy & Ribeiro, 2011).

At this stage, the text resulting from the interview, after passing through transcription, textualization, and transcreation, is returned to the collaborator so that they can correct possible errors and validate the production of knowledge (Meihy & Ribeiro, 2011).

Thus, all texts were given to the collaborators, who read and validated the content of the transcription. Two collaborators said that they cried emotionally when reading the text because it was like "hearing themselves tell it" (SIC). All the others also expressed gratitude for the fidelity with which their story was being told.

Once all texts had been validated, the analysis process continued with the steps described below. According to Bardin (2016), content analysis follows two subsequent stages: A. pre-analysis; and B. material exploration and categorization.

- **A. Pre-analysis:** pre-analysis is the organization phase that precedes all other stages. Its objective is to systematize the initial ideas into a precise analysis plan.

For this study, the following points were used in the pre-analysis: a. floating reading, which is the first contact with the documents, letting oneself be affected by impressions and orientations (Bardin, 2016); and b. preparation of the material, which refers to the formal preparation of the material. In this study, it can be said that the material was prepared according to the guidelines of the Oral History method (transcribing, textualizing, transcreating, and validating), so that floating reading could then begin.

- **B. Material exploration and categorization:** this phase aims to categorize the material analyzed. The repetition of words and/or terms may be a strategy adopted in the process to identify recording units, with the purpose of creating the initial analysis categories (Bardin, 2016).

This article discussed the repercussions of bereavement on everyday lives, highlighting the following subcategories: the activities that were changed, interrupted, or incorporated, as well as the coping strategies that became part of this new reality experienced by the bereaved collaborators.

Ethical aspects

The study was approved by the Human Research Ethics Committee of UFSCar (CEP/UFSCar) in October 2022. The opinion number is 5.717.276.

This study followed the ethical principles established by CNS Resolution No. 510 of 2016. The collaborator was required to read and agree to the Free and Informed Consent Form (FICF), which was included in full in the form, before accessing the questions in the sociodemographic questionnaire, which initiated data collection.

Results and Discussion

General characterization of the collaborators and general information on the loss

Most collaborators were women (n=5), White (n=4), single (n=4), and had no children (n=4). All reported following a type of Christian religion, being Evangelical (n=3) or Catholic (n=3). The ages varied within the proposed age range. Three collaborators were in their 20s; one was in their 30s; and two were in their 40s (Table 1).

Table 1. General characterization of the collaborators.

	Gender	Age	Race	Religion	Marital status	Children	Education	Employment status
C1	Male	46	White	Catholic	Widower	2 children	Complete high school	Formal employment
C2	Female	43	White	Evangelical	Widow	2 children	Complete higher education	Formal employment
C3	Female	25	Brown	Catholic	Single	No children	Incomplete higher education	Formal employment
C4	Female	20	White	Evangelical	Single	No children	Complete high school	Informal employment
C5	Female	31	White	Evangelical	Single	No children	Incomplete higher education	Informal employment
C6	Female	25	Black	Catholic	Single	No children	Complete higher education	Not working

Source: Prepared by the authors (2023).

Regarding the loss of the family member because of illness from COVID-19, all family members died in the hospital, most between March and July 2021. Half received medical care in the public health system and the other half in the private health system. The mean age of the family members at the time of death was 52 years, with the youngest person being 42 years old and the oldest being 68.

Regarding the degree of kinship between the collaborator and the family member, two lost their spouse, two lost their father, one lost her mother, and one lost two uncles. Half of the collaborators lived in the same house as this family member when the death occurred, two had lived in the same house at some point in their lives, and only one person had never lived with the family member.

The following Table 2 systematizes this information:

Table 2. General information on death.

	Degree of kinship with the deceased family member	Age of the loved one when they died	Date of family member's death	Place of death	Medical care	Did they live together?
C1	Wife	42	March 2021	Hospital	Private health system	Yes
C2	Husband	42	July 2021	Hospital	Private health system	Yes
C3	Father	50	June 2021	Hospital	Public health system	They lived together at some point in life
C4	Father	45	March 2021	Hospital	Public health system	Yes
C5	Mother	68	May 2021	Hospital	Private health system	They lived together at some point in life
C6	Two uncles	52 and 65	June 2020 and April 2021	Hospital	Public health system	They never lived together

Source: Prepared by the authors (2023).

After the descriptive presentation of the collaborators, the findings from the interviews are presented.

Repercussions of bereavement on everyday lives

Activities that were changed, interrupted, or incorporated

To present and discuss the repercussions of bereavement on everyday lives, accounts portraying the adoption, abandonment, and modification of everyday activities will first be presented, followed by the coping strategies adopted.

After the death of a spouse, it becomes necessary to assume or learn new activities, but without the support of the person one used to rely on, making the experience of bereavement for widows and widowers a process of crisis that encompasses changes in customs, habits, behaviors, and identity reconfiguration, since the person ceases to be a "spouse" and becomes widowed (Ferreira et al., 2008). The following account is from a man who lost his wife:

> *My wife did everything for the family: she cooked, she washed the clothes, she cleaned the house. I had to learn to do all of that. There are things I keep paying attention to among the women at my work, how they do things, how they cook, the way they wash clothes and hang them on the clothesline. Some tricks, some important tips they give, and I try to implement that in my life today. So today I'm the one who washes my clothes and some of my children's things. I'm the one who cleans the house, I'm the one who cooks in my house (C1)*

This account describes a process of reconfiguration of household activities after widowhood, in which the man needs to learn to perform household activities, and he does so by observing other women and incorporating practical strategies.

Luna's (2019) study, with three men bereaved by the death of their wives, also presents this context in which, after the woman's death, transitions in activities occur. For example, in the cited study, the men reported that they needed to assume "household matters", such as cleaning, preparing meals, and caring for clothes (washing and ironing), which they had "never done and did not know how to do properly" (in their words), but which became necessary.

Furthermore, the investigation by Araújo & Antoniassi Júnior (2023), which sought to understand the experience of the bereavement process among people who lost family members from complications of COVID-19, highlights that widowers also report difficulties performing household activities (cooking and washing clothes) after the death of their wives.

Returning to the findings of the present study, in the case of a widowed woman, the following excerpts from the collaborator's account can be highlighted:

> *The routine became extremely heavy because we [she and her husband] shared all the tasks. I took care of the house, he took care of the garden, he took care of the car. [...] I had to assume more responsibilities in caring for the house, in the children's education, which is no longer shared, it's mine [...] There were also many issues with the car, because I had to change a tire, and I didn't know I had to do some things. And there was a problem with the tires because of that. So there were several things I had to learn regarding car care. They were things that were added [...] Today I continue only with my permanent position because last year [the double shift] was temporary. The double shift was not permanent. And then, this year, [...] I chose not to work the double shift, also because of M. and B. [children]. I think they needed me here, right? To manage this issue of the relationship between them (C2).*

> *Financially, our salaries were similar, so my income fell by half [...]. Although we did a lot together, J. was the provider [...] Like, if something broke in the car, and we had to pay for it, he would do some other side job [...] so it wouldn't affect the budget. And then these issues weigh on me, because I feel very insecure. What if an emergency happens? Where will the money come from? Last year, I managed to get a double shift, to work both periods as a teacher (C2).*

The widow's account reveals a process in which the woman had to assume responsibilities that had previously been shared with her spouse, such as caring for the children, the house, and financial provision, in addition to learning new skills to deal with tasks previously performed by her husband. As proposed by the Dual Process Model of Bereavement (Stroebe & Schut, 1999), the collaborator experienced efforts directed toward the restoration of everyday life, which emerged as adaptive responses necessary for life to continue, even amid pain.

This expansion of responsibilities was also evidenced in the investigation by Batista et al. (2019), which aimed to understand women's everyday restoration-oriented activities in the first six months after the death of their spouses. One of the participants also highlighted the need to assume activities previously performed by her husband, such as financial administration and repairs in the domestic environment.

Elements present in the collaborator's account also show similarities to the study conducted by Ferreira et al. (2008) with a widowed woman. The participant highlighted that her husband represented a source of guidance and direction, and that his absence brought insecurity, indecision, and a feeling of inability to manage family and household care demands that could arise. Furthermore, the participant, like the collaborator cited, states that it was painful to fully assume responsibilities (not detailed in the text) that had previously been shared.

For the young adult and single women, between 20 and 31 years of age, who lost their father or mother, the grief was so intense that it changed several spheres: self-care, performance of household, work, and study activities, leisure, and social participation.

To illustrate this, consider the following excerpts:

> *I had to suspend my enrollment at college because, at the time, I was about to return to do my supervised internship [...] but I couldn't enter a hospital, I couldn't have contact with sick people. [...] Some days, I felt better working, because then I distracted my mind. Other days, I simply didn't want to get out of bed. I just didn't want to deal with anything [...] So it was a time when my performance at work dropped a lot and I suspended my enrollment at college.*

> *I did the basics to survive, which was, like, eating because I had to. Sleeping because I had to, and showering because I had to. So I literally lost the will to live. I didn't do things with the same willingness and pleasure I used to have (C3 - lost her father).*

> *I lost the will to do some things. For example, I have writing as a hobby. But I couldn't. I would pick up my*

> *notebook, but I couldn't do anything. Everything I used to like seemed to no longer have any meaning. You know, I think I was so worried… I thought: "wow, I need to help here at home, and doing these things I do won't help anyone (C4 - lost her father).*

> *I really liked going out, even if it was just to go downtown, walk around, and not buy anything. Today I only go when it's extremely necessary [...] Because I withdrew a lot, I end up not feeling like doing much anymore. That's the truth. As for work, I was already a manicurist. I asked my clients for one week and all of them understood [...] but I couldn't stop, because I'm self-employed [...] I did feel like stopping, but I couldn't stop working. And the same goes for household activities: we do them because we have to. [...] Honestly, after this happened, even a little now, what I wanted was really not to do anything anymore. It was to abandon everything [...] and stay in my room (C5 - lost her mother).*

Based on the accounts, it can be said that the loss of one parent affected everyday life by triggering changes in self-care, considering that the collaborator cared for herself "to survive" (in her words), forcing herself to eat and shower; changes in study activities, as she had to temporarily cancel her undergraduate enrollment and delay the progress of other courses; decreased performance at work; the need to be absent from work for a period; performing household activities only out of necessity; feeling no desire to perform leisure activities, such as writing and going out; and reduced social participation, portrayed by the desire to be alone.

In the accounts of the three collaborators, loss of interest in previously meaningful activities can be observed, as well as the desire to remain in their rooms. Based on the Dual Process Model of Bereavement (Stroebe & Schut, 1999), such manifestations can be understood as a predominant experience of loss orientation, marked by intense emotional pain, longing, and a loss of meaning in the absence of the loved one.

It should be noted that, because of physical distancing measures, the pandemic context imposed significant restrictions on everyday lives, limiting activities such as outings and in-person meetings with friends and family. However, the collaborators' accounts indicate that their permanence at home was not a direct consequence of these restrictions imposed by the pandemic, but rather pointed to their experience of pain caused by the loss. In this sense, activities that had previously been present in their everyday lives, such as leaving home, going out, or going downtown, lost meaning regardless of distancing restrictions.

A young adult interviewed in the study by Canuto et al. (2023), who also lost his father from complications of COVID-19, reported that, during the process of bereavement elaboration, he interrupted physical activities (walking and cycling), neglected his eating habits, lost the will to work, and "does not feel like doing things", in his words. As with the collaborators in the present study, losing a father or mother caused a significant disorganization of everyday arrangements because of the pain of loss.

In addition to the changes in activities mentioned, for one of the women in the present study, the death of her father also meant losing the family provider. Thus, it

became necessary to add work to this new everyday arrangement, as illustrated in her account below:

> *At that time, my father was the only one who was working [...], and I had just left school [...] I knew nothing about work, and I had to start looking for it too. My whole family had to start looking for work. [...] So we were in this phase of depending on people. People had to help us with food because we had no money. [...] I had some job interviews [...] and in October of last year I got a job as a caregiver (C4).*

In another family, the male figure is identified as the main provider or sole provider. Thus, given the death of the provider, all family members quickly had to mobilize to have a source of income, and, for a period, while the financial aspect was not yet organized, they needed help with what was necessary to survive, such as food.

Similar results were identified in the study by Canuto et al. (2023), conducted with bereaved adults who lost family members from complications of COVID-19. In the study, one participant reports that, after the death of the family providers (father and grandfather), at the age of 19, she had to quickly develop a strong sense of responsibility to provide for the household and support the other family members, who were also experiencing the grief of the loss.

Therefore, given the loss of the family provider(s), in this new everyday arrangement under construction, there is an urgent need to include an activity that generates income, so as to support the entire family, which had become disorganized both emotionally and financially.

Based on what was presented about the Dual Process Model of Bereavement (Stroebe & Schut, 1999), it can be observed that everyday demands, because they were intense and emergency-related, overlapped with the emotional repercussions of the loss and led collaborators C4 and C2 to assume restoration-focused coping strategies necessary for life to continue, such as needing to have a source of income (or double the workload) to maintain the household financially, for example.

In the account of the collaborator who lost two uncles, her mother's brothers, she points out that, because of her mother's experience of bereavement, which was marked by considerable grief during that period, she had to assume, together with her sister, the responsibility for cooking:

> *Here at home, we've always taken turns a lot. But my mother, she was always very connected to the kitchen. So she's the one who cooks. At that moment, at that stage, she spent the whole day in bed crying. So my sister and I took turns, you know, to assume that (C6).*

Many people who lose loved ones may experience disinterest in the activities they usually perform and reduce their productivity, requiring understanding from family members, friends, and coworkers (Souza & Corrêa, 2009). In this configuration, the collaborator in this study reported being the family member who understands the other's fragility and assumes something for herself that she generally did not perform.

According to Galheigo (2020), everyday life reveals suffering, delicacy, and affection, as well as the possibilities of cooperation and transformation of oneself and others. Based on these words, then, it can be said that this aspect of everyday life is much more

significant than merely assuming a task; rather, it concerns the sensitivity, affection, and cooperation necessary during a period of family fragility.

Coping strategies

Regarding coping strategies, which also became part of the new everyday arrangements of the bereaved collaborators, the following can be cited: psychotherapy and use of medication in some cases, religious/spiritual practices, physical exercise, expressive and creative activities, and the resumption of meaningful individual or group activities.

Only Collaborator 1 (C1), who lost his wife, did not seek professional help to elaborate bereavement. Thus, all the women reported seeking professional help, considering the loss of a husband, father, mother, and uncles.

The professionals mentioned by the participants were psychologists identified as "bereavement therapists". In addition, some collaborators reported using medications during this period, which indicates that they also resorted to physicians for prescriptions.

This information can be observed in the following accounts:

> *I also did therapy. A friend of mine recommended a friend of hers who was a psychologist, who is a bereavement therapist. [...] I think therapy helped me a lot to organize my thoughts and so on [...] I did therapy until June of last year (C2).*

> *I started doing therapy and all that. With a psychologist, also remotely, a specialist in bereavement. That was what helped me get back on my feet [...] I think I learned to resignify things because, at the time, my dreams had lost their meaning. Staying alive had lost its meaning. So, with therapy, I managed to resignify those things (C3).*

> *I went to the psychologist throughout 2021, every Monday [...] She showed me that [...] there is a healing process and that everyone has their own time in this process [...] I also had to go through a medication process. I had to take sertraline, which is an antidepressant (C4).*

> *In addition to the antidepressant, I had to take a mood stabilizer for a while. It's a medication for bipolar disorder (C5).*

> *I started therapy during the pandemic [...] after the death of that first uncle of mine. I spent a few months with her, and it was remote. And since everyone was at home [parents and siblings], I didn't really feel like talking about some things, you know? Remote therapy is awful. But then time passed, there was a little more flexibility for things to be in person, and then I found an in-person therapist (C6).*

Bereaved people may see health professionals as someone with whom they can talk about the deceased loved one and find empathetic listening. The management conducted by health professionals may be nonpharmacological, with individual, family, and group therapy and cognitive and behavioral interventions, or pharmacological, when necessary (Mason et al., 2020).

The work of health professionals with bereaved people consists of assisting them along a path in which meanings that restructure their shattered world can be found or constructed. The aim is to promote a new personal view, restore order, foster growth, and bring some degree of relief from pain (Gillies & Neimeyer, 2006).

A study conducted with 831 bereaved adults who lost loved ones from complications of COVID-19 showed that approximately 43% of the participants sought professional help to elaborate bereavement (Lee & Neimeyer, 2020), which is a significant percentage and suggests that nearly half of the participants may not have identified in themselves the resources necessary to elaborate the loss, and therefore considered it necessary to seek professional help.

According to Araújo & Antoniassi Júnior (2023) and Scaramussa et al. (2023), people who lost family members from complications of COVID-19 express a great need to share their experiences and emotions arising from the loss. Thus, these authors highlight the creation of listening spaces mediated by mental health professionals as a beneficial aspect for bereavement elaboration, since these spaces provide emotional support, assist bereaved people in reflecting on their own process, and foster interpersonal identification among participants.

The collaborators also reported that seeking spiritual/religious support, attending churches, or understanding that God has a purpose/was in control helped and continues to help in the process, as can be seen in the excerpts below:

> *And I had in mind that what relieved me was seeking Jesus, seeking God, going to church; it helped me a lot in my recovery [...]. (C1).*

> *Participating in the SG [small church group], for example, is an activity that we maintain and that does us a lot of good (C2).*

> *Because we think a lot about the physical, right? My father isn't here physically, but he will always be with me, one way or another. And I know that, wherever he is, whichever plane he is on today, he is fully aware of the things that are happening [...] I'm going to leave it in God's hands and believe that he received the best care possible (C3).*

> *Today, what comforts me is understanding that God has a purpose for everything (C5).*

The search for religious practices and faith/spirituality by people who have lost family members is very present in the literature: widowed women see the search for God, religion, and other forms of spirituality as a means of support (Batista et al., 2018); families who lost young homicide victims have the practice of faith/religion and attachment to God as a source of comfort amid the pain of loss (Costa et al., 2017; Domingues et al., 2015); and parents who lost children also highlighted religious beliefs as a source of consolation (Morelli et al., 2013).

A study that aimed to investigate how the loss of family members from COVID-19 infection affects family dynamics found, unanimously among the five participants, that religion was an important source of emotional support in the face of loss (Araújo & Antoniassi Júnior, 2023). Similarly, in the study by Kallyanna et al. (2025), participants

who lost family members because of COVID-19 reported finding in God a source of support and meaning attribution in the bereavement process.

Other strategies reported were in the sphere of doing: doing something that helped manage emotional pain and/or provided moments of leisure (such as reading, listening to music, and watching series), as well as learning something new or resuming activities that had previously been meaningful. Physical exercise was also cited, as can be seen below:

> *For a period, I was walking every day, around 12 kilometers (C1).*
>
> *So, I did a lot of reading about bereavement and so on. That helped me organize myself better. It gave me a certain direction [...] I think a lot while listening to music. In moments when, especially when I'm more alone, I play songs that help me (C2).*
>
> *At that time [...] since I had suspended my enrollment at college, I started working out. Then, because the gym was closed, I worked out at home with a friend of mine (C3).*
>
> *I tried to focus on doing something new. I started my advanced English course [...] I gradually started doing something again, writing. I started painting classes, also to calm down. I also learned to play two musical instruments. So, I had to spend a lot of time on that because, to learn an instrument, you have to invest in it. So I learned to play the guitar, and I'm still learning the keyboard. So that was something that helped me a lot, you know? Investing in those things (C4).*
>
> *I tried to keep myself very busy, you know. I watched a lot of series [...] I tried to study other things, online courses, to try not to think about those things [...]. I'm kind of connected to the arts, you know? [...] So, I drew a lot, spent the night drawing, doing my things [...]. And I think that was the way to face it because when I'm drawing, I don't think about the problems, you know? I try to concentrate on what I'm doing at the time, and it's pleasurable. The hours pass. I think I became a little attached to that (C6).*

Furthermore, in the sphere of doing, the accounts reveal a search to engage in activities with family and other people:

> *We [she and her children] really like watching series, so when things are too heavy, we leave everything and watch something. [...] Putting puzzles together has been [...] an activity that we have done together quite regularly [...] it's something we've done together, and it's good for us [...] Every month, they [the girls from school] have a gathering [...]. So, this year, I set myself the goal of doing that [...] with them monthly. And I think all of this helps me have healthier mental health (C2).*

> *And I tried to enjoy the moments with my siblings. When we could do something different among ourselves, we did it, you know, without thinking too much (C6).*

Thus, as a way to promote self-care, the collaborators included physical exercise, readings about bereavement, comforting songs, courses, the resumption of meaningful activities (writing and drawing), and investment in learning new things (learning to play a musical instrument) in their everyday lives. Activities with family, conversations with friends, and conversations with coworkers were also seen as beneficial means that were included in everyday life, despite the restrictions of the pandemic.

These strategies reveal the search for ways to deal with the pain of loss and reorganize everyday life after the family member's death. In this sense, the exercise of creativity through the production of music, drawings, or texts can favor the bereavement elaboration process, since creative processes help the reality of the loss to be gradually endured and resignified (Andrade et al., 2017). These findings converge with the study by Santos & Soares (2024), which recognizes artistic expressions, such as cinema, photography, music, and writing, as sensitive instruments in the constructionist-narrative approach to caring for bereaved people. According to the authors, artistic languages help express complex emotions, favor the reconstruction of the life narrative, and produce new meanings in the face of loss (Santos & Soares, 2024).

According to Neimeyer (2011), human beings live in a world of meanings, which encompasses their memories, hopes, reflections, beliefs, regrets, and so on. In other words, beyond living in a physical and tangible reality, we live in a symbolic world in which we feel safe. However, brutal situations, such as the loss of a loved one, for example, have the potential to launch the bereaved person into an unknown world by rupturing the fragile fabric of meanings they carry. Thus, the bereaved person finds themself having to reorganize a world of meanings that has been shaken by the loss (Neimeyer, 2011). Anguish, so closely linked to the loss of loved ones, has found space for expression through art since the beginnings of humanity. Artistic languages, therefore, can contribute to bereavement elaboration as tools for creating new meanings (Thompson & Neimeyer, 2014).

Occupational therapists who assist bereaved people also report using artistic, expressive, physical, and social activities as therapeutic resources. These professionals cited handicraft practices, physical activity, culinary activity, photo album assembly, visits to squares and markets (to resume contact with the world), as well as the written production of letters and poems (Saciloti & Bombarda, 2022; Ramano et al., 2022).

Therefore, life gradually becomes possible through the reelaboration of existence, which includes new discoveries, new learning processes, new activities, new games, and new ways of living. For this, the presence of partners, such as friends and family members, proves beneficial (Camargo et al., 2018).

The findings of this study contribute to substantiating the importance of occupational therapy in the care of bereaved people. Everyday repercussions triggered by strategies oriented sometimes toward loss and sometimes toward restoration were identified, so that looking at this everyday life becomes essential in the care process of those who are bereaved. Occupational therapists can act by assisting bereaved people in developing restoration-oriented strategies, organizing their everyday lives (accommodating the new activities and responsibilities), and mobilizing the support network.

Final Considerations

All bereaved adults reported significant changes in their everyday lives resulting from the loss. Among them, the need to assume activities previously performed by the deceased person, to become fully responsible for previously shared tasks, such as childcare, and to ensure the family's financial support in the absence of the provider stand out. In some cases, they also assumed the roles of other bereaved family members who were emotionally vulnerable.

The collaborators also reported temporary interruption of work and academic activities. Among those who lost a father or mother, the decrease in interest in everyday activities was particularly notable, such as meeting friends, dedicating themselves to hobbies or, at times, performing basic actions, such as getting out of bed.

Restoration-oriented coping strategies also became part of this new everyday life, such as psychotherapy, medication use, religious or spiritual practices, resumption of meaningful activities (creative and expressive), learning new activities, and greater involvement with family members and friends.

As a limitation of the study, the predominance of female participants stands out (five of six collaborators), which prevented a broader understanding of bereavement experiences. Thus, future studies should investigate the everyday repercussions of bereavement across different genders and in other groups, considering different historical and situational contexts.

Finally, considering the magnitude of the COVID-19 pandemic, new studies should investigate the current situation of people who lost family members from complications of the disease, seeking to identify possible evidence of prolonged grief, its implications for everyday life and mental health, as well as the forms of assistance offered by the health care network. Investigations of this nature can contribute to planning care strategies that are more appropriate for this population, incorporating occupational therapy as a resource offered to bereaved people.

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Author's Contributions
Ana Paula Nascimento dos Santos was responsible for the study design, collection and analysis of data, and manuscript drafting. Éllen Cristina Ricci contributed to the study design, data analysis, and manuscript revision. All authors approved the final version of the text.

Data Availability
The data supporting the results of this study are available from the corresponding author upon request.

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